

## STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) David Cu	IZZI		
II. Name of lobbyist's partnership, f	irm or corporation, if any:		
Prospect Hill Strategies			
(Name of partnership,	firm or corporation)		
PO Box 174	Manchester	NH	03105-0174
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603-716-0569	( )	david.cuzzi@pros e-mail	pecthillstrategies.com
(Telephone)	(Fax)		
III. This statement covers: (Choose of reportable expense transactions whi	ch are not attributable to any or	ne client).	
NH Society of Physician			
	lient as it appears on the Lobbyist Re	gistration Form)	<del></del>
All reportable transactions by the lounrelated to any particular client.  IV. Date of Report April 28, 202  Reports cover: activity from date of reactivity from 7/1/2  activity from 7/1/2	1	July 28, 2021  Jerom 4/1/21 to 6/30/21  January 26, 2022  January 10/1/21 to 12/31/	
V. There have been no fees received fithis box is checked, complete just the State House, Room 204, Concord, NH  VI. Check if additional reports are a If you have received fees or made  If you have paid an honorarium or Expense Reimbursement  If you, your firm, or your family have paid an honorarium or Expense Reimbursement	is form and submit it to the Secreta 03301. Attached: expenditures, you must file Adde reimbursed expenses, you must fi	ary of State's Office, 10  ndum A– Fees and Ex ile Addendum B– Rep	penses ort of Honorariums or
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle  (Signature of lobbyist)  David J. Cuzzi	<b>bbyist</b> 14-C and RSA 664 and hereby sw dge and belief.		oregoing information is true
(Print Name of lobbyist)			

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## STATE OF NEW HAMPSHIRE



## Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) David Cuzzi	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Prospect Hill Strategies	
(Name of partnership, firm or corporation)  III. Name of Client NH Society of Physician Assistants	Date 10/27/2021
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:  a) Total of all fees received in this reporting period	relations, or public relations service
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ 1000.00 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 17500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_none
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of ser than \$25, but not greater than \$50 by expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 10500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	<sub>b)</sub> §none
c) Total of all itemized expenditures reported in detail in section VI.	<sub>c)</sub> §none

d) Total expenses for this reporting period	<sub>d)</sub> \$ 10500.00
<ul> <li>(Add lines a, b and c)</li> <li>e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)</li> <li>f) Total of all expenses year to date</li> <li>VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.</li> </ul>	e) \$ 7000.00 f) \$ 17500.00  Obbbying fees during this reporting
Paid to:	Amount:
TIONE	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	
is true and complete to the best of my knowledge and belief.	10/27/2021
(Signature of obbyist)	(Date)
David J. Cuzzi	
(Print Name of lobbyist)	