

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Da	via 3, Clizzi	<del> </del>		
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any:		
Prospect Hill Strategies				
	artnership, firm or corporation)			
III. Name of Client		Date <u>07/30/2019</u>		
Political Contributions For each political contributions client/lobbyist and lobbyi			er 664 paid on behalf of the	
Full name of candidate:	Lou D'Allesandro			
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 10	00	Office Candidate is	Office Candidate is Seeking State Senate	
enter an estimated value and	the word "estimate."			
			•	
Full name of candidate:	Chris Sununu	(First Name)	(Middle Name/Initial)	
-	(Last Name)	(First Name)	(Middle Name/Initial)	
-	(Last Name)		(Middle Name/Initial) Seeking Governor	
	(Last Name)  Outlier (Last Name)  A contribution, provide ontribution on the line above	Office Candidate is		
Amount of contribution \$ 50  If the contribution is an in-kactual cost of the in-kind co	(Last Name)  Outlier (Last Name)  A contribution, provide ontribution on the line above	Office Candidate is	Seeking Governor  ds or services provided, and enter	
Amount of contribution \$ 50  If the contribution is an in-kactual cost of the in-kind co	(Last Name)  Outlier (Last Name)  A contribution, provide ontribution on the line above	Office Candidate is	Seeking Governor  ds or services provided, and enter	

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	•			
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 10	0	Office Candidate is	Seeking Senate	
	ntribution on the line abo		ds or services provided, and enter the ution. If the actual cost is not known.	
Full name of candidate:	Chuck Morse			
-	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 15	0	Office Candidate is	Seeking Senate	
	ntribution on the line abo		ds or services provided, and enter the actual cost is not known,	
	Senate Democratic Caucus			
Full name of candidate: _	<del></del>		CALABLAN A STA	
_	(Last Name)	(First Name)	(Middle Name/Initial)	
_	(Last Name)			
Amount of contribution \$ 100  If the contribution is an in-kind contribution in the contribution is an in-kind contribution in-kind contribution in-kind contribution in-kind contribution.	(Last Name)  O	(First Name) Office Candidate is a description of the good		
Amount of contribution \$ 100  If the contribution is an in-kind contributed value and enter an estimated value and	(Last Name)  O	(First Name) Office Candidate is a description of the good	Seeking <u>Senate</u> ds or services provided, and enter the	
Amount of contribution \$ 100 of the contribution is an in-king contribution is an in-king content an estimated value and	(Last Name)  0 ind contribution, providentribution on the line abouthe word "estimate."	(First Name) Office Candidate is a description of the good	Seeking <u>Senate</u> ds or services provided, and enter the	
Amount of contribution \$ 100  If the contribution is an in-kinetual cost of the in-kind contenter an estimated value and full name of candidate:	(Last Name)  0	(First Name)  Office Candidate is a description of the good ve for amount of contribution (First Name)	Seeking <u>Senate</u> Is or services provided, and enter the ation. If the actual cost is not known,	
Amount of contribution \$ 100  If the contribution is an in-kind contributed value and enter an estimated value and Full name of candidate:  Amount of contribution \$ 50.  If the contribution is an in-kind contribution contribution contribution contribution is an in-kind contribution in-kind contribution is an in-kind contribution in-kind contribution in-kind contribution is an in-kind contribution in-kind contribution in-kind contribution is an in-kind contribution in	(Last Name)  O	(First Name)  Office Candidate is a description of the good ve for amount of contribution of the good vector amount of contribution of the good a description of the good a description of the good	Seeking <u>Senate</u> ds or services provided, and enter the ation. If the actual cost is not known,  (Middle Name/Initial)	
actual cost of the in-kind con enter an estimated value and  Full name of candidate:  Amount of contribution \$ 50	(Last Name)  O	(First Name)  Office Candidate is a description of the good ve for amount of contribution of the good vector amount of contribution of the good a description of the good a description of the good	Seeking Senate  Is or services provided, and enter the ation. If the actual cost is not known,  (Middle Name/Initial)  Seeking Nashua Mayor  Is or services provided, and enter the	

	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	00	Office Candidate i	s Seeking <u>Governor</u>
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line abo	a description of the goo we for amount of contrib	ods or services provided, and enter oution. If the actual cost is not kno
	-		· · · · · · · · · · · · · · · · · · ·
orn Statement/Affirmatio	n by Lobbyist		
		ereby swear or affirm	that the foregoing information
have read RSA 15, RSA 15	i-B and RSA 664 and h		that the foregoing information
nave read RSA 15, RSA 15	i-B and RSA 664 and h		that the foregoing information
have read RSA 15, RSA 15 ue and complete to the best	i-B and RSA 664 and h		07/30/2019
have read RSA 15, RSA 15	i-B and RSA 664 and h		
have read RSA 15, RSA 15 ue and complete to the best	i-B and RSA 664 and h		07/30/2019

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affi Statement of Income a	•	2	
Name of Lobbying partne	ership, firm, or corpo	oration: Prospect Hil	l Strategies
Name of Client (leave bla	ink if Statement is fe	or the partnership, firm, o	r corporation and not related to any
particular client):			· · · · · · · · · · · · · · · · · · ·
Date of Report (check on	e):		
April 24, 2019 🗆	July 31, 2019 🗹	October 30, 2019 🗆	January 29, 2020 □
			and Expenses described above, and number of Addendum forms being
✓ Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm a complete to the best of my	<b>-</b> -		ent and each Addendum is true and 07/30/2019
(Signature of lobbyist)			(Date)
David J. Cuzzi (Print Name of lobbyist)			RECEIVED
(			RECEIVED JUL 3 1 2019

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