

STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 0 9 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Paul Runk	<u> </u>		·
II. Name of lobbyist's partnership, firm of AmeriHealth Caritas Se	ervices, LLC		
(Name of partnership, firm or	• •	EL 00040	
117 Glenhaven Terrace		<u> </u>	(7) (7)
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>850-527-9761</u> (Telephone)	(Fax)	e-mail pronkwame	rihealthcaritas.com
III. This statement covers: (Choose one - i reportable expense transactions which are			y file a separate report for
All reportable transactions occurring in the	he months prior to the rep	orting date relative to the	e following client:
AmeriHealth Caritas Se		_	•
(Full Name of Client as	s it appears on the Lobbyist	Registration Form)	
All reportable transactions by the lobbyist unrelated to any particular client.	(including the lobbyist's	family), or the lobbying	firm listed below which are
IV. Date of Report April 30, 2025 Reports cover: activity from date of registration October 29, 2025 activity from 7/1/25 to 9/30	✓	July 30, 2025 ity from 4/1/25 to 6/30/25 January 28, 2026 y from 10/1/25 to 12/31/25	
V. There have been no fees received an If this box is checked, complete just this form State House, Room 204, Concord, NH 03301	and submit it to the Secr	sactions made since the etary of State's Office, 16	ne last report 37 North Main Street,
VICheck if additional reports are attache	ed:	-	
If you have received fees or made expen			
If you have paid an honorarium or reimb Expense Reimbursement	oursed expenses, you must	t file Addendum B– Rep	ort of Honorariums or
If you, your firm, or your family has made	de political contributions,	you must file Addendur	n C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge ar	and RSA 664 and hereby s	swear or affirm that the fo	oregoing information is true
RUIL		10/08/2025	
(Signature of lobbyist)		(Date	
Paul Runk			
(Print Name of lobbyist)			

P L E A S E P R I N

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Paul	Run	k
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II. Name of lobbyist's partnership, firm or corporation, if any:

AmeriHealth Caritas Services, LLC

(Name of partnership, firm or corporation)

 $_{
m III.\ Name\ of\ Client}$ AmeriHealth Caritas Services, LLC $_{
m Date}$ 10/08/2025

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

a) Total of all fees received in this reporting period

- _{a)\$} 12,441.00
- _{b) \$} 12,441.00 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)
- c) Total of all fees received to date (Add lines a and b)

24,882.00

d) Indicate the amount of any such fees that are due, but have not yet been paid

_{d) \$} 0.00

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25,00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits. support staff, and office expenses, related directly or indirectly to lobbying.
- $_{a)}$ 0.00
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.
- 0.00 c) \$ 4,245.62

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4,245.62
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)	e) \$ 2,648.68
f) Total of all expenses year to date	_{f)\$} 6,894.30
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Travel costs for Paul Runk	_s 4,245.62
	\$
	
	\$ \$
	\$
	\$
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.	m that the foregoing information
RM	10/08/2025
(Signature of lobbyist)	(Date)
Paul Runk	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Pau	Runk		
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
AmeriHealth Caritas So	ervices, LLC	-	
	ership, firm or corporation)		-
III. Name of Client Ameril	lealth Caritas Se	ervices, LLC	Date 10/08/2025
Political Contributions For each-political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	ommittee to	Elect House F	Republicans
Amount of contribution $\frac{2}{3}$	<u> </u>	Office Candidate is Seeki	_{ing} Π/a
enter an estimated value and the		ove for amount of contrib	oution. If the actual cost is not known
Full name of candidate:	(Last Name)		
	•	(First Name)	(Middle Name/Initial)
Amount of contribution \$		_ Office Candidate is Sec	eking
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	e a description of the goo	ds or services provided, and enter the oution. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution C		Office Condidate in Sa	

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amountain the contribution of the line above for amountain the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amountain the contribution of the line above for amountain the contribution of the line above for amountain the contribution of the line above for amountain the line above for a line and line and line above for a line and line a	_ ,
enter an estimated value and the word "estimate."	i.
·	
(If more than three contributions were made, report additional contribut	ions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and believed.	
RM	10/08/2025
(Signature of lobbyist)	(Date)
Paul Runk	
(Print Name of lobbyist)	

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