## STATE OF NEW HAMPSHIRE

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

## RECEIVED

MAY 12 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

(Name of partnersh	ip, firm or corporation)		
III. Name of Client			04/30/2025
Political Contributions For each political contribution client/lobbyist and lobbying fi			664 paid on behalf of the
Full name of candidate: NH	Senate Repu (Last Name)	blicans(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	Off	fice Candidate is Seeking	Senate
		lect House Rep	
Full name of candidate: Con	n mittee to El (Last Name)	lect House Rep (First Name)	(Middle Name/Initial)
Full name of candidate: C o n  Amount of contribution \$ 500  If the contribution is an in-kind cactual cost of the in-kind contribu	n m ittee to El (Last Name)  ontribution, provide a ation on the line above	lect House Rep (First Name) Office Candidate is Seekindescription of the goods	(Middle Name/Initial)  ng House  or services provided, and enter the
Full name of candidate: C o n Amount of contribution \$ 500  If the contribution is an in-kind cactual cost of the in-kind contribution and the senter an estimated value and the	n mittee to El (Last Name)  (Last Name)  (ontribution, provide a ation on the line above word "estimate."	lect House Rep (First Name)  Office Candidate is Seeking description of the goods are for amount of contribution of the goods are for a mount of contributio	(Middle Name/Initial)  ng House  or services provided, and enter ton. If the actual cost is not know
Full name of candidate: C o n Amount of contribution \$ 500  If the contribution is an in-kind c actual cost of the in-kind contribuenter an estimated value and the	n mittee to El (Last Name)  Contribution, provide a ation on the line above word "estimate."	lect House Rep (First Name)  Office Candidate is Seeking description of the goods to for amount of contribution	(Middle Name/Initial)  ng House  or services provided, and enter t

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(If more than three contributions were made, report addition		s.)
Full name of candidate: House Democra (Last Name)	t Victory Campaign(First Name) (Middle Nam	ne/Initial)
Amount of contribution \$ 250O	ffice Candidate is Seeking House	
If the contribution is an in-kind contribution, provide actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."		
actual cost of the in-kind contribution on the line above		
actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."		
actual cost of the in-kind contribution on the line above	e for amount of contribution. If the actual	l cost is not known,
actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and	e for amount of contribution. If the actual	l cost is not known,

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

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

(Print Name of lobbyist)

Sworn Statement/A Statement of Incom		yist		
Name of Lobbying par	tnership, firm, or corpo	oration:Prospect Hill St	rategies	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not	related to
any particular client): _		···		
Date of Report (check	one):			
April 30, 2025	July 30, 2025 □	October 29, 2025 □	January 28, 2026	
the following Addendorsubmitted):	ums submitted with the	he Statement of Income at Statement (insert the n		
Addendum A(s	s). <u>[U</u>			
Addendum B(s	3).			
Addendum B(s	). 1			,
I hereby swear or affir complete to the best of		formation on the Stateme lief.	nt and each Addendu	m is true and
AMA		04/30/20	)25	-
(Signature of lobbyist)		04/30/20	(Date)	
David J. Cuzzi				