

## STATE OF NEW HAMPSHIRE

### 2014 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

. Name of Lobbyist(s) Peter W. Leberman
I. Name of lobbyist's partnership, firm or corporation, if any:
Northeast Delta Dental
(Name of partnership, firm or corporation)
One Delta Drive, PO Box 2002 Concord NH 03302-2002 Susiness Address: (Street) (Town/City) (State) (Zip Code)
603 223-1168 (603 223-1035 e-mail plberman@nedelta.com (Fax)
II. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for eportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
Northeast Delta Dental (Full Name of Client as it appears on the Lobbyist Registration Form)
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are nrelated to any particular client.
V. Date of Report April 30, 2014  Supports cover: activity from date of registration to 3/31/14  July 30, 2014  activity from 4/1/14 to 6/30/14
October 29, 2014
7. There have been no fees received and no reportable transactions made since the last report.   [In this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
/I. Check if additional reports are attached:
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete the best of my knowledge and belief.
Peter W. Leberman (Print Name of lobbyist) RECEIVE

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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name of partnership, firm or corporation)		- 25
III. Name of Client Northeast Delta Dental	Date	4/10/14
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 greated by any expenses:	relations, oss fee an	or public relations serviount reported shall not
a) Total of all fees received in this reporting period	a) \$	0
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) \$ ear)	0
c) Total of all fees received to date (Add lines a and b)	c) \$	0
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report to 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 examp 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 reports.	elient and may be file aggregat kpenses; (le: meals pass than \$1 and with a vorting periode of greater than \$2	if expenditures are maded for the lobbyist(s)/ic total of all expenses of the aggregate total of our chased during a busing that is given to the persulue of \$25.00 or less); and of greater than \$25.00 ter than \$25, purchase 5, but not greater than
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 great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	, expense	reimbursement, or poli
ceremonial object to be given to the subject of lobbying with a value great- restaurant expenses for a legislative reception). Expenses for honorariums	, expense red on Add	reimbursement, or poli
ceremonial object to be given to the subject of lobbying with a value greaterestaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.  a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$	endum A.

d) Total expenses for this reporting period	d) \$	0
(Add lines a, b and c)		
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)	c) \$	0
f) Total of all expenses year to date	f) \$	0
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 fee	s during this reporting
Paid to:	Amount:	
	\$	<u> </u>
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the	foregoing information
Retu Tu-fu	4/1	0/14
(Signature or todoyist)		(Date)
Peter W. Leberman		
(Print Name of lobbyist)		