

## STATE OF NEW HAMPSHIRE

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

OCT 23 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of I	Lobbyist(s) JESSICA E	ESKELAND & I	MICHAEL P DE	NNEHY _
	lobbyist's partnership, firm HY & BOULEY GI			
-	(Name of partnership, firm	or corporation)	\$	
17	<b>DEPOT ST</b>	CONCORD	NH	03301
Business Add	ress: (Street)	(Town/City)	(State)	(Zip Code)
$()$ $\frac{603}{(Te}$	3-228-1601 (	)(Fax)	e-mail	
III. This sta reportable e	tement covers: (Choose one expense transactions which a	– file separate reports for re not attributable to any	each client, OR you may one client).	file a separate report fo
All repor	rtable transactions occurring in	the months prior to the rep	orting date relative to the	following client:
CONC	ORD HOSPITAL C	ONCORD REGIO	ONAL HEALTH	CARE
		as it appears on the Lobbyist		<u> </u>
	table transactions by the lobby any particular client.	ist (including the lobbyist's	family), or the lobbying t	irm listed below which are
IV. Date of Reports cover	Report April 30, 2025 activity from date of registrati October 29, 2025 activity from 7/1/25 to 9/	on to 3/31/25 activ	July 30, 2025 vity from 4/1/25 to 6/30/25 January 28, 2026 y from 10/1/25 to 12/31/25	
If this box is	ave been no fees received checked, complete just this fo Room 204, Concord, NH 033	rm and submit it to the Secr	sactions made since the etary of State's Office, 10	e last report.  7 North Main Street,
VI. Check i	f additional reports are attac	hed:		
100	ave received fees or made exp	SECTION OF POLICY AND DESCRIPTION OF THE PROPERTY OF THE PROP		• KONTANIAN NA
The state of the s	ave paid an honorarium or reii imbursement	nbursed expenses, you mus	t file Addendum B-Rep	ort of Honorariums or
7	your firm, or your family has n	nade political contributions	, you must file <b>Addendur</b>	n C-Political Contributio
	ement/Affirmation by Lobby RSA 15, RSA 15-B, RSA 14-0		swear or affirm that the fo	oregoing information is tru
	e to the best of my knowledge			
(Signature	Saland of lobbyist)		10-14- a	5
JESSIC	CA E ESKELAND			250
	e of lobbyist)	##		

## 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/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: DENNEY & BOULEY GROUP LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): CONCORD HOSPITAL CONCORD REGIONAL HEALTHCARE
Date of Report (check one):
April 30, 2025 □ July 30, 2025 □ October 29, 2025 ☑ January 28, 2026 □
, ·
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobby(st) (Date)
MICHAEL P DENNEHY
(Print Name of lobbyist)