(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expense for LOBBYISTS (RSA Chapter 15)

JUL 22 2020

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

	(Name of partnership, fir	m or corporation)		
72 North	Main St. Suite 301	Concord	NH	03301
Business Add	dress: (Street)	(Town/City)	(State)	(Zip Code)
` '	28.1498		e-mail James.	Demers@Demers-Prasol
(T	elephone)	(Fax)		
III. This sta	atement covers: (Choose on	e – file separate reports	for each client, OR you n	nay file a separate report for
reportable	expense transactions which	are not attributable to	any one client).	
☐ All repo	rtable transactions occurring	in the months prior to the	e reporting date relative to t	he following client:
			- · - p · · · · · · · · · · · · · · · ·	
	(Full Name of Clie	ent as it appears on the Lobb	wist Registration Form	
<u>OR</u>	(I dil Maile of Cit	an as it appears on the 12000	yisi Registration Politi)	
	rtable transactions by the lobb	yist (including the lobby	ist's family), or the lobbyir	ng firm listed below which are
unrelated to	any particular client.			
IV Data of	Percent April 20, 2020	:7	fulu 20, 2020 M	
IV. Date of Reports cove			July 29, 2020 A activity from 4/1/20 to 6/30/2	<i>i</i> i
,			• •	v
	October 28, 202 activity from 7/1/20	0 [January 27, 2021 activity from 10/1/20 to 12/3	
	October 28, 202 activity from 7/1/20	0 [to 9/30/20	January 27, 2021 activity from 10/1/20 to 12/3	1/20
V. There b	October 28, 202	0 ' 10 9/30/20 I and no reportable to	January 27, 2021 activity from 10/1/20 to 12/3	1/20 the last report. □
V. There b	October 28, 202 activity from 7/1/20 nave been no fees received	0 ' to 9/30/20 I and no reportable to form and submit it to the	January 27, 2021 activity from 10/1/20 to 12/3	1/20 the last report. □
V. There h If this box is State House	October 28, 202 activity from 7/1/20 nave been no fees received schecked, complete just this j , Room 204, Concord, NH 03	0 ' to 9/30/20 I and no reportable to form and submit it to the 1 301.	January 27, 2021 activity from 10/1/20 to 12/3	1/20 the last report. □
V. There h If this box is State House VI. Check i	October 28, 202 activity from 7/1/20 nave been no fees received schecked, complete just this j , Room 204, Concord, NH 03 f additional reports are att	to 9/30/20 If and no reportable to form and submit it to the 1301.	January 27, 2021 activity from 10/1/20 to 12/3 ransactions made since Secretary of State's Office,	1/20 the last report. □ 107 North Main Street,
V. There h If this box is State House VI. Check i If you h If you h	October 28, 202 activity from 7/1/20 nave been no fees received checked, complete just this j Room 204, Concord, NH 03 if additional reports are atta ave received fees or made exave paid an honorarium or re-	to 9/30/20 If and no reportable to form and submit it to the stands. ached: penditures, you must file	January 27, 2021 activity from 10/1/20 to 12/3 ransactions made since Secretary of State's Office, Addendum A— Fees and 1	1/20 the last report. □ 107 North Main Street, Expenses
V. There had the state House VI. Check if If you had the supportant the support of the support o	October 28, 202 activity from 7/1/20 nave been no fees received schecked, complete just this j , Room 204, Concord, NH 03 if additional reports are atta have received fees or made expand an honorarium or re- imbursement	to 9/30/20 If and no reportable to form and submit it to the 1830/. ached: penditures, you must file imbursed expenses, you	January 27, 2021 activity from 10/1/20 to 12/3 ransactions made since Secretary of State's Office, Addendum A— Fees and I must file Addendum B— R	1/20 the last report. □ 107 North Main Street, Expenses

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s) ______ Thomas Prasol, Jessica Bourque, Nancy Stiles, Bette Lasky

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

(Name of partnership, firm or corporation)	
THE HEATH FREEDOM PLAN INCHA	MEDOS 7/70/20
III. Name of Client TUFTS HEALTH FREEDOM PIAN INSURA	Co. To
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 granded by any expenses:	that are related, directly or indirectly relations, or public relations services fee amount reported shall not
a) Total of all fees received in this reporting period	a) \$ /d, 308.00
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).	a) s 12, 500 - 00 b) s 12, 500 - 00 ear)
c) Total of all fees received to date (Add lines a and b)	0)\$ 25,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 of 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 lobbie (c) an itemized statement of each individual expenditure made during this report 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 greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fin e aggregate total of all expenses pa xpenses; (b) the aggregate total of a le; meals purchased during a busine ss than \$10 that is given to the perse ed with a value of \$25.00 or less); a orting period of greater than \$25.00 are are of greater than \$25, purchase of er than \$25, but not greater than \$3, expense reimbursement, or politic
	a) \$
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. 	a) \$ b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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)\$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	,
A. M. Dorner	7/20/20
Signature of lobbying) James M. Demen	(Date)
James M. Demens	
(Print Name of lobbyist)	