

Paula Minnehan
(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 1-9 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

Paula Minnehan, Stephen Ahnen, Kathy Bizarro-Thunberg, Nick Carano I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: **New Hampshire Hospital Association** (Name of partnership, firm or corporation) 125 Airport Road 03301 Concord (Town/City) **Business Address:** (Zip Code) (Street) (603) 225-4346 pminnehan@nhha.org (603) 225-0900 III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable 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: (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 unrelated to any particular client. April 28, 2021 IV. Date of Report July 28, 2021 \Box Reports cover: activity from date of registration to 3/31/21 activity from 4/1/21 to 6/30/21 October 27, 2021 January 26, 2022 activity from 7/1/21 to 9/30/21 activity from 10/1/21 to 12/31/21 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. 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 I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

APR 1-9 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Paula Minnehan, Stephen Ahnen, Kathy Bizarro-T	hunberg, Nick Carano
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Hospital Association	
(Name of partnership, firm or corporation)	
III. Name of Client	Date
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 groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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)
c) Total of all fees received to date (Add lines a and b)	c) \$
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 repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report responses 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 example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (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 by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business es than \$10 that is given to the person down that a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
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	a) \$ _ 17,870
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$17,870
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) \$
f) Total of all expenses year to date	f) \$17,870
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, 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 is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	4/15/2021 (Date)
Paula Minnehan	
(Print Name of lobbyist)	



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

RECEIVED

APR 19 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Paula Minnehan, Stephen A	hnen, Kathy Bizarro-	-Thunberg, Nick Carano
II. Name of lobbyist's par	rtnership, firm or corpor	ation, if any:	
• •	ampshire Hospital Association	•	
	tnership, firm or corporation)	<u> </u>	
THE NAME OF STREET			Data
III. Name of Client			Date
Political Contributions			
			ter 664 paid on behalf of the
client/lobbyist and lobbyis	ng firm, indicate the follow	ving:	
Full name of candidate:	NH Senate Republicans		
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking Senate
Amount of contribution \$		_ Office Canadate is	
Full name of candidate:	Giuda	Bob	
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Seeking Senate
If the contribution is an in-k actual cost of the in-kind column enter an estimated value and	ntribution on the line above for	escription of the good or amount of contribu	ls or services provided, and enter that its services provided, and enter the actual cost is not known
Full name of candidate:	Ricciardi	Denise	
•	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	250	Office Candidate is	Carleina Consto

	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known enter an estimated value and the word "estimate."
Tida in	TAMENTAL CONTRACTOR OF THE PROPERTY OF THE PRO
	(If more than three contributions were made, report additional contributions on separate addendum C forms.)
	Sworn Statement/Affirmation by Lobbyist
	I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
	(Signature of lobbyist) (Date)
	Paula Minnehan (Print Name of lobbyist)

.



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

New Hamps	hire Hospital Association		
(Name of p	eartnership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby	oution that is reportable		ter 664 paid on behalf of the
Full name of candidate:	Avard	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	250	Office Candidate i	s Seeking Senate
enter an estimated value an	d the word "estimate."		
enter an estimated value an			ution. If the actual cost is not know
enter an estimated value an	Hennessey	Erin (First Name)	(Middle Name/Initial)
	Hennessey (Last Name)	Erin (First Name)	
Full name of candidate: Amount of contribution \$ If the contribution is an inactual cost of the in-kind c	Hennessey (Last Name) 250 kind contribution, provide ontribution on the line abo	Erin (First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking Senate ds or services provided, and enter th
Full name of candidate: Amount of contribution \$	Hennessey (Last Name) 250 kind contribution, provide ontribution on the line abo	Erin (First Name) Office Candidate is a description of the good	(Middle Name/Initial)

(If more than three contribu	tions were made, report additional contribut	ions on separate addendum C forms.)
Sworn Statement/Aff	irmation by Lobbyist	
	SA 15-B and RSA 664 and hereby s the best of my knowledge and belie	
(Signature of lobbyist	Juneha	4/15/20

. •

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

	Hospital Association		
(Name of partr	nership, firm or corporation)		
III. Name of Client			Date
Political Contributions	ion that is reportable	nursuant to DSA Chant	ter 664 paid on behalf of the
client/lobbyist and lobbying			ter 004 pard on behan of the
chena locoy lot and locoy in	s mm, maioate the re		
Full name of candidate:	Carson	Sharon	0.000
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25		Office Candidate is	S Seeking Senate
Full name of candidate:	French	Harold	
Full name of candidate:	French (Last Name)	Harold (First Name)	(Middle Name/Initial)
_	(Last Name)	(First Name)	· .
Amount of contribution \$ _2	(Last Name)	(First Name) Office Candidate is	Seeking Senate
Amount of contribution \$ _2 If the contribution is an in-kir	(Last Name) 50 and contribution, provide	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kir	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter th
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the contribution is an in-kind content of the content of the content of the contribution is an in-kind content of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution is an in-kind of the contribution in the contribution in the contribution is an in-kind of the contribution in the contribution i	(Last Name) 50 nd contribution, provide tribution on the line abo	(First Name) Office Candidate is a description of the good	Seeking Senate ds or services provided, and enter the actual cost is not known. If the actual cost is not known.
Amount of contribution \$ _2 If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name) 50 Ind contribution, provide tribution on the line abouthe word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contributions.	Seeking Senate ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Paula Minnehan
(Print Name of lobbyist)
·



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

I. Name of Lobbyist(s)Pat	ula Minnehan, Steph	,,,	-Thunberg, Nick Carano
II. Name of lobbyist's partner	ship, firm or corp	ooration, if any:	
New Hampshire Hos	pital Association		
	ip, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribution client/lobbyist and lobbying fire			er 664 paid on behalf of the
Full name of candidate:		t House Democrats	(Middle Name/Initial)
	(Last Name)	(First Name)	(Middle Name/midal)
Amount of contribution \$ 250		Office Candidate is	Seeking House
Eull name of one didate.	Rosenwald		
Full name of candidate:		Cindy	
	(Last Name)	Cindy (First Name)	(Middle Name/Initial)
Amount of contribution \$ 250			•
If the contribution is an in-kind of	(Last Name) ontribution, provide	(First Name) Office Candidate is a description of the good	Seeking Senate Is or services provided, and enter the
If the contribution is an in-kind c actual cost of the in-kind contribu	(Last Name) ontribution, provide ution on the line abo word "estimate."	(First Name) Office Candidate is a description of the good we for amount of contribu	Seeking Senate Is or services provided, and enter the ation. If the actual cost is not known,
If the contribution is an in-kind cactual cost of the in-kind contribution and the enter an estimated value and the	(Last Name) ontribution, provide	(First Name) Office Candidate is a description of the good	Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Signature of lobbyist) (Date)
Paula Minnehan
(Print Name 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.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to particular client):	any —
Date of Report (check one):	
April 28, 2021	
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, the following Addendums submitted with that Statement (insert the number of Addendum forms be submitted):	
X Addendum A(s).	
Addendum B(s).	
X Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	and
Paula Minnehan	
(Print Name 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.

Name of Lobbying part	nership, firm, or corpor	ration: New Hampshire	Hospital Association
Name of Client (leave by particular client):			corporation and not related to any
Date of Report (check	one):		
April 28, 2021	July 28, 2021 □	October 27, 2021 □	January 26, 2022 □
			nd Expenses described above, and tumber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
X Addendum C(s).		
I hereby swear or affirm complete to the best of (Signature of lobbyist)			ent and each Addendum is true and
Steve Ahnen			
(Print Name of lobbyis	t)		

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.

Name of Lobbying partnership, firm, or corporation: New Hampshire Hospital Association			
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any			
particular client):			
Date of Report (check one):			
April 28, 2021			
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):			
X Addendum A(s).			
Addendum B(s).			
X 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 lobbyist) Saw Trusley 4/15/21 (Date)			
Kathy Bizarro-Thunberg			
(Print Name 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.

	o unu Expenses for	•	
Name of Lobbying part	tnership, firm, or corp	oration: New Hamps	hire Hospital Association
Name of Client (leave	blank if Statement is f	for the partnership, firm, or	r corporation and not related to any
particular client):			
Date of Report (check	one):		
April 28, 2021 🗓	July 28, 2021 □	October 27, 2021	January 26, 2022 □
•			I Expenses described above, and the umber of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
X Addendum C(s).		
I hereby swear or affirm complete to the best of			nt and each Addendum is true and
Mans			4/12/21
(Signature of lobbyist)			(Date)
Nick Carano			
(Print Name of lobbyis	t)		