### STATE OF NEW HAMPSHIRE

### 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT **25** 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

| I. Name of Lobbyist(s  | James Demer                                | s, Thoma                               | ıs Prasol                             | , Nancy S                             | tiles, Bet                    | te Lasky                                |                                 |            |               |
|--|--|--|---------------------------------------|---------------------------------------|-------------------------------|---|---------------------------------|------------|---------------|
| II. Name of lobbyist's   | partnership, firm o                        | r corporat                             | ion. if anv:                          |                                       |                               | .:: :                                   | .::                             | ·          |               |
| Demers & I   |  |  |                                       |                                       |                               |   |                                 |            |               |
| ··· (Nam   | ne of partnership, firm o                  | r corporation                          | <u> </u>                              | · · · · · · · · · · · · · · · · · · · |                               | ··· · · · ·                             |                                 | -          |               |
| 72 North Main  | Street Suite 30                            | 1 Conc                                 | ord                                   |                                       | NH                            |   | 03301                           | ···        |               |
| Business Address: (Str   | ** **                                      |  | /City)                                |                                       | (State)                       |   | (Zip Code                       | (i         |               |
| 603 228.1498   |  | (2) ·                                  |                                       | e-m                                   | <sub>ail</sub> James          | s.Demer                                 | s@Dem                           | ers-Pra    | asol.cor      |
| (Telephone)  |  | ,                                      | (Fax):                                | ĭ                                     | ·                             | ·:: :                                   |                                 | 7:         | :             |
| I. This statement co   | vers: (Choose one –                        | file separa                            | te reports l                          | or each clie                          | nt. OR vou                    | mav file a                              | :::::<br>separate r             | eport fo   | r iiiii       |
| portable expense tr  |  |  |                                       |                                       |                               |   |                                 |            |               |
| All réportable trans   | portions occurring in                      | tha mantha                             | nnián to tha                          | manaintinis da                        | a malativia ta                | 46 - 3-11                               |                                 |            | . ::          |
| An reportable trans  | sactions occurring in                      | uie monuis                             | prior to the                          | reporting da                          | e relative to                 | the follow                              | ing citent:                     | :::        | II::I         |
| <u> </u>   |  |  |                                       |                                       |                               |   |                                 |            | · . :         |
| :<br>  | (Full Name of Client                       | as it appears o                        | on the Lobby                          | ist Registratio                       | n Form)                       |   |                                 |            |               |
| All reportable trans   | actions by the lobbyi                      | ::<br>st (including                    | the lobbyi                            | st's family)                          | or the lobby                  | ing firm lis                            | iiiii<br>ted below:             | which an   | e ::::::      |
| related to any particu   | ılar client.                               | : ::::                                 | : ::::                                | :::                                   |                               | . :                                     | :                               | ···i···    |               |
|  |  |  |                                       |                                       | <u> </u>                      |   |                                 | :          | .::<br>:.     |
| Date of Report activities  | April 28, 2021<br>ty from date of registra | :::::::::::::::::::::::::::::::::::::: | • • • • • • • • • • • • • • • • • • • |                                       | , 2021 🗆                      | n. :::::::::::::::::::::::::::::::::::: |                                 |            | 11::1         |
| poris cover: activi  | October 27, 2021                           | <b>.</b>                               |                                       | activity from 4                       | 71721 10 0/30/<br>726, 2022 [ | _ '::                                   | :::-::                          |            | ** :          |
|  | activity from 7/1/21 to                    |  |                                       | activity from                         |                               |   |                                 |            |               |
| The second secon |  | i, iii                                 |                                       |                                       |                               |   |                                 |            |               |
| . There have been this box is checked, o   | no tees received a                         | nd no rep                              | ortable tra                           | ansactions<br>ecretary of S           | made since<br>tate's Office   | e the last<br>> 107 Norti               | r <b>eport.</b><br>'a Main Stra | <br>oot    | :::`:         |
| ate House, Room 204  |  |  |                                       | cor clary by b                        | iare s office                 |   | . Main Sir C                    | ,          |               |
| I. Check if additions  | l renorts are attach                       | ed•                                    |                                       | :                                     |                               | :::                                     | .: :.:::                        | : :        | :.·:.<br>:· : |
|  | ed fees or made expen                      |  | u must file                           | Addendum /                            | A – Fees and                  | Expenses                                |                                 | :::        |               |
| 1  | n honorarium or reim                       |  |                                       | •                                     |                               |   | Ionorarium                      | ıs or      |               |
| xpense Reimburseme   |  |  |                                       | .*!!                                  |                               |   | 1.111                           |            |               |
| If you, your firm, o   | or your family has ma                      | de political                           | contributio                           | ns, you must                          | file Adden                    | dum C- P                                | olitical Cor                    | itribution | ıs ::         |
|  |  |  |                                       |                                       |                               |   |                                 |            |               |
|  |  |  |                                       |                                       | :::::::                       | :::::::                                 |                                 | : ::       | :.:::         |
| worn Statement/Affi<br>have read RSA 15, RS  |  |  | 4 and herel                           | ov swear or a                         | ffirm that th                 | e foregoins                             | informati                       | on is true | ;             |
| d complete to the bes  |  |  |                                       |                                       |                               |   |                                 |            |               |
| Lm.  | 1/emen                                     |  |                                       |                                       | 10/2                          | 0/2/                                    |                                 |            |               |
| Signature of lobbyist)   |  | · :::::                                | . :::                                 | · :                                   | (I                            | Date)                                   | f                               | :::-::     |               |
| James !  | M Deme                                     | M                                      |                                       |                                       |                               |   |                                 |            |               |
| Print Name of lobbyis  | st) · · · · · · · · · · · · · · · · · · ·  |  |                                       |                                       |                               |   |                                 | . :::      |               |

# P L E A S E P R I N T

## 0 11103

### STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

| I. Name of Lobbyist(s) James Demers, Thomas Prasol, Nancy  | Stiles, Bette Lasky                       |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |   |  |  |  |  |  |  |  |
| Demers & Prasol, Inc   |   |  |  |  |  |  |  |  |
| (Name of partnership, firm or corporation)   |   |  |  |  |  |  |  |  |
| III. Name of Client CONSMER HEALTHCARE PRODUCES ASSI   | 1 Date 10/20/21                           |  |  |  |  |  |  |  |
| 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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:  a) Total of all fees received in this reporting period  | t relations, or public relations services |  |  |  |  |  |  |  |
| 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 y   | b) \$ / 3 , 720 0 · 170                   |  |  |  |  |  |  |  |
| c) Total of all fees received to date (Add lines a and b)  | c)s 19,800.00                             |  |  |  |  |  |  |  |
| 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 report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A. |   |  |  |  |  |  |  |  |
| <ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>  | a) \$                                     |  |  |  |  |  |  |  |
| 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  | d) \$                               |
|--|-------------------------------------|
| (SUS 11 1 ) Que (Add lines a, b and c)   | ,                                   |
| HING THE CHARLES AND A STREET THE THE PROPERTY OF THE CHARLES AND THE THE CHARLES AND THE CHAR | e) \$                               |
| 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 period, including by whom paid or to whom charged.  | lobbying fees during this reporting |
| Paid to:   | Amount:                             |
|  | \$                                  |
| e consider consider the second | 105 14 15 1                         |
|  | \$                                  |
|  | \$                                  |
|  | \$                                  |
|  | \$                                  |
|  | ,                                   |
|  | ·                                   |
|  |                                     |
| 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    |
| complete to the best of my knowledge and belief.   |                                     |
| (Signature of Johnwich   | 10/20/21                            |
| (Application of 1000y15)   | (bate)                              |
| (Print Name of lobbyist)   |                                     |
| (1 till Maille of foodylst)  |                                     |