STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 3 0 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist	t(s) _Kristy A. Merrill / Th	omas F. Fahey / Rya	n Hale / Sandra Tr	acy
II. Name of lobby	vist's partnership, firm or	corporation, if any:	1	
	Bankers Association		<u>.</u>	
(Na	ime of partnership, firm or corp	orution)		
PO Box 2586		Concord	NH	03302-2586
Business Address: (S	Street)	(Town/City)	(State)	(Zip Code)
(603)224-5373_ (Telephone)	<u> </u>)(Fax)	e-mail	_kmerrill@nhbankers.com
	covers: (Choose one – file s transactions which are not			ou may file a separate report for
[X All reportable tra	ansactions occurring in the re	onths prior to the re	porting date relativ	e to the following client:
New Hamp	shire Bankers Association (Full Name of Client as it a	t opears on the Lobbyist	Registration Form)	·
	•	cluding the lobbyist	s family), or the lol	obying firm listed below which are
IV. Date of Report	April 24, 2019 activity from date of registra		July 31, 2019 activity from 4/1.	
	3/31/19 October 30, 2019 X		January 29, 202	
	activity from 7/1/19 to 9/30/1	y ac	tivity from 10/1/19 to	12/31/19
V. There have bee If this box is checked Concord, NH 03301.		o reportable tran I submit it to the Sec	sactions made si retury of State's Of	nce the last report. Nice, State House, Room 204.
	onal reports are attached: red fees or made expenditure	e von must file Ads	lendum A. Fees st	nd Evnenses
•	n honorarium or reimbursed	•		
	, or your family has made po	olitical contributions.	, you must file Add	lendum C- Political
I have read RSA 15,	ffirmation by Lobbyist RSA 15-B, RSA 14-C and F best of my knowledge and b		swear or affirm tha	t the foregoing information is true
(Signapore of Jobby)	Menul		10/30/2019	
Kristy A. Merill_ (Print Name of lobb	yist)			

actual cost of	the in-kind		on the line above for amount	of the goods or services provided, and enter the of contribution. If the actual cost is not known,
Given	by	family	member	
(If more than t	nree contrib	utions were mad	c, report additional contribution	ns on separate addendum C forms.)
Sworn State	ement/Af	firmation by	Lobbyist	
			I RSA 664 and hereby swiny knowledge and belief.	ear or affirm that the foregoing information
(Signature	r lobbyis	Herrie	1	10/30/2019 (Date)
Kristy (Print Name	Merrill e of lobby			

Р L E A S E P R ı N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

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NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

L Name of Lobbyist(s)Kristy A. Merrill / Thomas F. Fahey / Ryan Hale	: / Sandra	Tracy
II. Name of lobbyist's partnership, firm or corporation, if any:		
New Hampshire Bankers Association		
(Name of partnership, firm or corporation)		
III. Name of ClientNew Hampshire Bankers Association	Date	_10/30/2019
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 greduced by any expenses:	t relation	s, or public relations services
a) Total of all fees received in this reporting period	a) \$	_23,355.60
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 ye	b) \$ ar)	15,808.14
c) Total of all fees received to date (Add lines a and b)	c) \$ _	_39,163.74
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to regfees. 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 in 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 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 may be f e aggrega xpenses; le: meals ss than S ed with a porting per ue of gre- er than S; , expense	If expenditures are made by filed for the lobbyist(s)/firm. the total of all expenses paid (b) the aggregate total of all purchased during a business 10 that is given to the person value of \$25.00 or less); and iod of greater than \$25.00 for ater than \$25, purchase of a 25, but not greater than \$50, a reimbursement, or political
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) S	_30,851.56
in a), of \$25 or less.	t\$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	18,000.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$48,851.56
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) \$88,528.56
f) Total of all expenses year to date	f) \$ 137,380.12
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from keeperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:Gallagher, Callahan & Gartrell, PC quarterly (monthly	Amount:
\$6000) lobbying retainer paid by New Hampshire Bankers	\$18,000.00
Association	\$
	\$
	\$
	\$
	\$

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
Koobs Chernel	10/30/2019
(Signature of lobbyist)	(Date)
Kristy A. Merrill	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)K	1013 711 171011111		
II. Name of lobbyist's pa	rtnership, firm or corpo	ration, if any:	
(Name of partne	ership, firm or corporation)		
III. Name of Client	•	Date	10/30/19
Political Contributions For each political contributions client/lobbyist and lobbying			id on behalf of the
Full name of candidate:	Bradley	Jeb	
	(Last Name)	(First Name)	(Middle Name/Initia
Amount of contribution \$ Senate	00.000	Office Candidate is Seeking _	_State
If the contribution is an in-kind actual cost of the in-kind contributor an estimated value and the Given by family	ibution on the line above for a word "estimate."	amount of contribution. If the	actual cost is not know
actual cost of the in-kind contreents an estimated value and the Given by family	ibution on the line above for a e word "estimate." y member.	amount of contribution. If the	actual cost is not know
actual cost of the in-kind contri enter an estimated value and the Given by family	ibution on the line above for a e word "estimate." y member.	amount of contribution. If the	actual cost is not know
actual cost of the in-kind contreents an estimated value and the Given by family	ibution on the line above for a word "estimate." y member. Sununu (Last Name)	Chris(First Name)	e actual cost is not known
actual cost of the in-kind contrients an estimated value and the Given by family Full name of candidate: Amount of contribution \$25 If the contribution is an in-kind actual cost of the in-kind contri	Sununu(l.ast Name) (contribution, provide a describution on the line above for a line a line above for a line above for a line a l	ChrisChrisCrist Name) Candidate is SeekingGovernation of the goods or service	(Middle Name/Initia
actual cost of the in-kind contrent of an estimated value and the Given by family	Sununu(l.ast Name) Sunting (l.ast Name) Go.00Office I contribution, provide a descibution on the line above for see word "estimate."	Chris(First Name) Candidate is SeekingGovernment of the goods or service amount of contribution. If the	(Middle Name/Initia
actual cost of the in-kind contrenter an estimated value and the Given by family Full name of candidate: Amount of contribution \$25 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	Sununu(l.ast Name) Sunting (l.ast Name) Go.00Office I contribution, provide a descibution on the line above for see word "estimate."	Chris(First Name) Candidate is SeekingGovernment of the goods or service amount of contribution. If the	(Middle Name/Initia
actual cost of the in-kind contrent an estimated value and the Given by family Full name of candidate: Amount of contribution \$25 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the Given by family member.	Sununu Sununu (Last Name) Office Contribution, provide a descibution on the line above for a describution of the line above for a described or a described o	ChrisChris	(Middle Name/Initia
actual cost of the in-kind contrenter an estimated value and the Given by family Full name of candidate: Amount of contribution \$25 If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the Given by family member.	Sununu(l.ast Name) Sunting (l.ast Name) Go.00Office I contribution, provide a descibution on the line above for see word "estimate."	Chris(First Name) Candidate is SeekingGovernment of the goods or service amount of contribution. If the	(Middle Name/Initia

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 pa	ertnership, firm, or corporation;New Har	mpshire Bankers Association		
Name of Client (leave	blank if Statement is for the partnership, fi	rm, or corporation and not related to		
any particular client):				
Date of Report (check	k one):	···		
April 24, 2019 a	July 31, 2019 🗆 October 30, 2019 X	January 29, 2020 □		
	RSA 15-B, RSA 664, the Statement of Inco dums submitted with that Statement (insert	•		
_X Addendum	A(s).			
Addendum	B(s).			
_X Addendum (C(s).			
•	rm that the foregoing information on the Sta f my knowledge and belief.	atement and each Addendum is true and		
Vanne	es Valar	10/30/2019		
(Signature of lobbyist)		(Date)		
Thomas F. Fahey	/			
(Print Name of lobbyi	st)			

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

____Ryan Hale_____(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: New Hampshire Bankers 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 24, 2019 a January 29, 2020 July 31, 2019

October 30, 2019 X 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): $X_{\underline{}}$ 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.

(Date)

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 Incom	ne and Expenses for:		
Name of Lobbying partnership, firm, or corporation:New Hampshire Bankers 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 (chec	k one):		
April 24, 2019 🗆	July 31, 2019 a October 30, 2019 X	January 29, 2020 □	
1 have read RSA 15, the following Adden submitted):	RSA 15-B, RSA 664, the Statement of Incordums submitted with that Statement (insert the statement)	ne and Expenses described above, and he number of Addendum forms being	
_X Addendum	A(s).		
Addendum	B(s).		
_X Addendum	C(s).		
I hereby swear or affi complete to the best	irm that the foregoing information on the Sta of my knowledge and belief.	tement and each Addendum is true and	
	X	10/30/2019	
(Signature of lobbyic	/	(Date)	
Sandra Tracy			
(Print Name of lobby	vist)		