

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

APR 2 4 2024

NEW 11 MPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

Name of Lobbyist(s) Kristy A. Merrill / Ryar		
Name of lobbyist's partnership, firm or corporation, it	f any:	
lew Hampshire Bankers Association		
(Name of partnership, firm or corporation)	ed NILI	
PO Box 2586 Concor	· · · · · · · · · · · · · · · · · · ·	03302-2586
siness Address: (Street) (Town/City) , 603.224.5373 , N/A	` ,	(Zip Code)
· /	¢-man	nbankers.com
(Telephone) (F	ax)	
I. This statement covers: (Choose one – file separate rep		file a separate re
portable expense transactions which are not attributable	ie to any one chent),	
All reportable transactions occurring in the months prior	to the reporting date relative to the	following client:
ew Hampshire Bankers Association		•
(Full Name of Client as it appears on the	Lobbyist Registration Form)	_
<u>R</u>	,	
All reportable transactions by the lobbyist (including the l	lobbyist's family), or the lobbying	firm listed below v
related to any particular client.		
. Date of Report April 24, 2024	July 31, 2024	
ports cover: activity from date of registration to 3/31/24	activity from 4/1/24 to 6/30/24	
October 30, 2024	January 29, 2025	
activity from 7/1/24 to 9/3 0/24	activity from 10/1/24 to 12/31/24	_
There have been no fees received and no reportal	ble transactions made since th	e last report.
this box is checked, complete just this form and submit it to	o the Secretary of State's Office, 10	7 North Main Stre
ate House, Room 204, Concord, NH 03301.	•	
Check if additional reports are attached:		
If you have received fees or made expenditures, you must		
☐ If you have paid an honorarium or reimbursed expenses, spense Reimbursement	you must file Addendum B – Rep	ort of Honorarium:
If you, your firm, or your family has made political conti	ributions, you must file Addendun	ı C– Political Con
	,	
vorn Statement/Affirmation by Lobbyist		
nave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and d complete to the best of my knowledge and belief.	d hereby swear or affirm that the fo	regoing information
a complete to the best of my knowledge and benefit	4/24/2024	
WET VI	4/24/2024	
A marine of Classical	/m	`
insty Merrill	(Date)

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Bankers Association	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Bankers Association	on _{Date} 4/24/2024
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified abo to lobbying, including fees for services such as public advocacy, governme including research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations, or public relations servi- gross fee amount reported shall not
-> Takel -6-11 6	73 157 04
a) Total of all fees received in this reporting period	a) \$
	a) \$ 70,101.01 1 b) \$ 0.00
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	a) \$ 73,157.04
c) Total of all fees received to date	year)

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.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

_{a) \$} 42,109.59

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.

0.00 c) \$ 18,000.00

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period	d) \$ 60,109.59	
 (Add lines a, b and c) 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) f) Total of all expenses year to date 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. 	e) \$0.00 f) \$ 60,109.59 obbying fees during this reporting	
Paid to: Gallagher, Callahan & Gartrell, PC quarterly (monthly \$6,000) lobbying retainer paid by New Hampshire Bankers Association	Amount: \$ 18,000.00 \$ \$ \$ \$ \$ \$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affinistrue and complete to the best of my knowledge and belief. (Signature of lobbyist) Kristy A. Merrill (Print Name of lobbyist)	that the foregoing information $\frac{4/24/2024}{\text{(Date)}}$	

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STATE OF NEW HAMPSHIRE

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

P	I. Name of Lobbyist(s) Kristy A. Merrill II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Bankers Association			
L E				
A S				
E	(Name of partnership, firm or corporation)			
P	III. Name of Client New Hampshire Bankers Association Date 4/24/2024			
R I N T	Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:			
	Full name of candidate:	Birdsell (Last Name)	Regina (First Name)	(Middle Name/Initial)
	Amount of contribution \$ 12	, ,	Office Candidate is Seeking	
	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."			
	Spouse Contribution			
	Full name of candidate:	Stevens	Janet	
		(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$ 10	0.00	Office Candidate is Seekir	Executive Council
		ibution on the line ab		or services provided, and enter the on. If the actual cost is not known,
	Spouse Contribution			
			·	
	Full name of candidate:			
		(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$		Office Candidate is Seekir	19

(If more than three contributions were made, report additional	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
broth Statement Him matton by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is	
I have read RSA 15, RSA 15-B and RSA 664 and has true and complete to the best of my knowledge at	
	and belief.
is true and complete to the best of my knowledge at	and belief. 4/24/2024
	and belief.
is true and complete to the best of my knowledge at	and belief. 4/24/2024

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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	Stateme	ent/Affirma	tion by	Lobbyist
Statem	ent of I	ncome and	Expense	es for:

Name of Lobbying part	mership, firm, or corpo	oration: New Hampsh	nire Bankers Association
	blank if Statement is for	or the partnership, firm, or	corporation and not related to any
Date of Report (check	one):		
April 24, 2024 🗂	July 31, 2024 □	October 30, 2024 □	January 29, 2025 □
the following Addendu submitted):	ums submitted with th		nd Expenses described above, and number of Addendum forms being
Addendum A(s	s). X		
Addendum B(s			
Addendum C(s	s).		
I hereby swear or affire complete to the best of			ent and each Addendum is true and
Mundella.		4/2	24/2024
(Signature of lobbyist)			(Date)
Ryan Hale	<u>.</u>		
(Print Name of lobbyis	t)		