

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JAN 26 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobb	yist(s)Kris	ty A. Merrill	; Ryan Hale				
IL Name of lo	bbyist's part	nership, firn	n or corporation, if	any:			
New Han	ipshire Bank						•
	(Name of partr	iersnip, iirm oi	corporation)			•	
PO Box 2586			Concord		_NH	03302-2586	
Business Address:	(Street)		(Town/City)		(State)	(Zip Code)	
(603)224-5	373	()_N/A	e-mail	kmerrill@1	nhbankers.com	
(Telepho	ne)		(Fax)			•	
			file separate reports not attributable to			y file a separaté rep	ort for
LX All reportable	transactions	occurring in t	the months prior to th	e reporting da	te relative to th	e following client:	
New Har	npshire Ban	kers Associ	ation		,		
OP	(Full Na	me of Client a	s it appears on the Lobl	yist Registratio	n Form)		
OR Li All reportable tr unrelated to any pa			(including the lobbyi	st's family), o	the lobbying f	firm listed below whi	ch are
IV. Date of Report April 29, 20 Reports cover: activity from date of regist			July 29, 2 activity	2020 i from 4/1/20 to (6/30/20 ·		
		ober 28, 2020 ty <i>from 7/1/20</i> 9/30/20		January <i>activity froi</i>	27, 2021 LX n 10/1/20 to 12/	31/20	*
V. There have be If this box is checke House, Room 204,	d, complete j	ust this form	d no reportable to and submit it to the S	ransactions i Secretary of St	made since tl ate's Office, 10	ne last report. 17 North Main Street,	, Statę
VI. Check if addit	ional ranarts	ara attacha	d.				
			u: tures, you must file A	Addendum A	Food and From		
	n honorarium		d expenses, you must				
If you, your firm,	or your family	y has made p	olitical contributions	, you must file	Addendum C	C- Political Contribut	ions
Sworn Statement/: have read RSA 15 and complete to the	, RSA 15-B, I	RSA 14-C an	d RSA 664 and here d belief.	by swear or at	firm that the fo	oregoing information	is true
Sygnatury of Tools	Me vist)	uill			_1/21/2021 (Da	te)	
Kristy Merr (Print Name of lob	ill	···-	-		·	,	

P L E A S E P R I N

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

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 AssociationDa	ate1/21/2021
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 ser-
a) Total of all fees received in this reporting period	a) \$10,566.52
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) \$25.149.18 aar)
c) TotaAdildlheses andeb)ed to date	c) \$35,717.70
 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 represes. 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 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 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 may be filed for the lobbyist(s), a aggregate total of all expenses expenses; (b) the aggregate total of le: meals purchased during a bus st than \$10 that is given to the ped with a value of \$25.00 or less; or ting period of greater than \$25.0 ue of greater than \$25, purchase or than \$25, but not greater than a expense reimbursement, or police.
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) \$21,339.59
in a), of \$25 or less.	H§ 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) \$39,339.59
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) \$135,822.85
f) Total of all expenses year to date	f) \$175,162.44
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.	
Paid to:Gallagher, Callahan & Gartrell, PC quarterly	Amount:
(monthly \$6000) lobbying retainer paid by NH Bankers Association.	\$18,000.00
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
2000yist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the foregoing informa
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.	1/21/2020
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. (Signature of tubbylist)	m that the foregoing information that the foregoing information and the foregoing information an

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STATE OF NEW HAMPSHIRE

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

(Name of parti	nership, firm or corporati	on)		
III. Name of Client		····	Date	
Political Contributions For each political contribut client/lobbyist and lobbyin	g firm, indicate the	ble pursuant to RSA (e following:		
Full name of candidate:	Friends of (La	Chris Sununu(Fi	rst Name)	(Middle Name/Initial)
Amount of contribution \$	250.00	Office Candid	ate is Seeking	Governor
	1			
Full name of candidate:	(Last Name)	(First Name)	(M	iddle Name/Initial)
Full name of candidate:	(Last Name)	(First Name) Office Candid	(M ate is Seeking	iddle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind contribution contribution contribution contribution is an in-kind contr	(Last Name) I contribution, provibution on the line a	(First Name) Office Candid	(M ate is Seeking goods or servi	iddle Name/Initial)
Full name of candidate: Amount of contribution \$ f the contribution is an in-kind contributed cost of the in-kind contributer an estimated value and the	(Last Name) I contribution, provibution on the line are word "estimate."	(First Name) Office Candid ide a description of the	(M ate is Seeking goods or servi ntribution. If t	iddle Name/Initial) ces provided, and enter the he actual cost is not known,
	(Last Name) I contribution, provibution on the line a	(First Name)Office Candid ide a description of the above for amount of con (First Name)	(M ate is Seeking goods or servi ntribution. If t	iddle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the actual cost of the in-kind contribution on the line above for amount of corenter an estimated value and the word "estimate."	goods or services provided, and enter the artibution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions on se	purate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief.	affirm that the foregoing information
(Signature of Tobbyist)	1/21/2021(Date)
Kristy A. Merrill (Print Name of lobbyist)	

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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.

(Print Name of lobby ist)

Sworn Statement/Affirmation by 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 29, 2020 July 29, 2020

□ October 28, 2020 □ January 27, 2021 - 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): Addendum A(s). Addendum B(s). 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) Ryan Hale