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STATE OF NEW HAMPSHIRE

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NEW HAMPSHIRE DEPARTMENT OF STATE

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

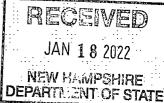
I. Name of Lobbyist(s)	James	Demers,	Thomas	Prasol	, Nancy S	Stiles, Be	tte Lask	y		
II. Name of lobbyist's	partnershi	p, firm or	corporatio	n, if any:		.: ::::				
Demers & F	Prasol, In	iC	::. : :::::::::::::::::::::::::::::				ii :::		:	
(Name	e of partners	hip, firm or c	corporation)	: :::		<u> </u>	.:: ::			.:: .::
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Business Address: (Stre	<u> </u>		(Town/C		1111	(State)		(Zip Code)		
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(603) 228.1498 (Telephone)	.:::::	<u>.:: i.</u> ::(): <u> </u>	(Fax)	e-n	_{nail} Jame	s.peme	rs@Deme	rs-Prasc)i com
(Telephone)	: ::: :		: :::	(rax)						::
III. This statement cov							may file a	separate re	ort for	:
reportable expense tra	insactions	which are i	not attribu	table to a	ny one clie	n t). .: :		.:: :::::::::::::::::::::::::::::::::::	.:: 1.:	::: . .::
☐ All reportable trans	actions occ	urring in the	e months n	rior to the	renorting da	ate relative t	o the follo	wing client		
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in the state of th	(Full Name	of Client as	it appears or	the Lobby	ist Registrati	on Form)				:. .::
OR		1 - 1 - 1 - 1 - 4 - 4	(imaladima	tha labber	et'a familia	an tha labb	uina filma l	atad balaw w	high ara	:: :
☐ All reportable transa unrelated to any particu	-	ne lobbyist.	(including	me lobbyi	st s iamily),	or the loop	ying tirin t	isted below w	men are :::	
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	y from date	of registratio	on to 3/31/2	!	ictivity from	4/1/21 to 6/3	0/21		.: .:::	.:;
		7, 2021 🗌				ry 26, 2022	•		: ::::	
÷	ctivity from	7/1/21 to 9/3	30/21	: : : : : : : : : : : : : : : : : : :	activity from	10/1/21 to 1.	2/31/21			:: [:]
V. There have been	no fees re	ceived and	d no repo	rtable tra	ansactions	made sind	e the last	report.].:: ; .	
If this box is checked, c	omplete jus	t this form							<i>t</i> ,	
State House, Room 204	, Concord,	NH 03301.								
VI. Check if additiona	l reports a	re attached	d:					·		
If you have receive				must file	Addendum	A-Fees an	d Expenses			
☐ If you have paid an	honorariu	n or reimbu	rsed expen	ses, you n	nust file Ad	dendum B-	Report of	Honorariums	or	::
Expense Reimbursemen			.::							·· :::::::::::::::::::::::::::::::::::
If you, your firm, o	r your fami	ly has made	e political c	ontributio	ns, you mus	st file Adde	ndum C – l	Political Cont	ributions	
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(b)gilature of 1000//1st)			:: :::: ¹			'				
James /M	ye.	men	 :**-:				:, ::		: ::::	1:
(Print Name of lobbyis	st) /		i i i i i i i i i i i i i i i i i i i						: - :::	::

I 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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	ne of partnership, fi					1	ni.
I. Name of Client	CONSUMER	HEALTHCA	AF Produ	UIS ASSA) Date	1/17	22
						Vii.	
. Fees Received							
licate the gross ame lobbying, including	ount of all fees	received from	the client ide	ntified above	that are re	lated, direct	ly or indire
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uced by any expen					· []: -:		
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			.:			6 0 0	A 17
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(Add lines a an	.u <i>b)</i>				c) \$	60,7°	<u>, </u>
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yet been paid					d) \$		
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c) Total of all itemized expenditures reported in detail in section VI.

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