STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Brian Ryl	DEPARTMENT		
II. Name of lobbyist's partnership, fir	m or corporation, if any:		•
The Professional Fire Fi		nshire	
(Name of partnership, fi	<u> </u>		
6 Loudon Rd Suite 506	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
	77 3	_{e-mail} _Brian@	
() 603-223-3304 (Telephone)	(Fax)	e-mail	<u> </u>
	P1	and all and OD	
III. This statement covers: (Choose or reportable expense transactions which			y tile a separate report ioi
_			
All reportable transactions occurring	in the months prior to the repo	rting date relative to the	following client:
The Professional Fire Fig.	ghters of New Ham	pshire	
(Full Name of Cli	ent as it appears on the Lobbyist Re	egistration Form)	•
OR			
All reportable transactions by the lob	oyist (including the lobbyist's fa	amily), or the lobbying f	irm listed below which are
unrelated to any particular client.			
IV. Date of Report April 30, 202	25 🗸	July 30, 2025	
Reports cover: activity from date of registr		y from 4/1/25 to 6/30/25	
October 29, 202		anuary 28, 2026	8.0
activity from 7/1/25 to	9/30/25 activity j	from 10/1/25 to 12/31/25	_
V. There have been no fees receive If this box is checked, complete just this			
State House, Room 204, Concord, NH 0.	3301.		
VI. Check if additional reports are att	ached:		
If you have received fees or made ex		endum A- Fees and Exp	penses
If you have paid an honorarium or re	eimbursed expenses, you must t	file Addendum B- Rep	ort of Honorariums or
Expense Reimbursement			
If you, your firm, or your family has	made political contributions, y	ou must file Addendun	C- Political Contribution
C	i-4		
Sworn Statement/Affirmation by Lobl I have read RSA 15, RSA 15-B, RSA 14		vear or affirm that the fo	regoing information is true
and complete to the lest of my knowleds			
Form Roll		4/29/2025	
(Signature of lobbyist)		(Date)
Brian Ryll			
(Print Name of lobbyist)			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Brian Ryll			
II. Name of lobbyist's partnership, firm or corporation, if any: The Professional Fire Fighters of New Hampsh	ire		
(Name of partnership, firm or corporation)			
III. Name of Client	_{Date} 4/29/2025		
 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 grandled by any expenses: a) Total of all fees received in this reporting period 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) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	t relations, or public relations services ross fee amount reported shall not be a) \$ 4,424.98 b) \$ 0		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 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 greater 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 made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business is than \$10 that is given to the personed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense 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.	a) \$ 0		
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0 c) \$ 0		
c). Total of all itemized expenditures reported in detail in section VI	c) 5 0		

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0
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 r	
f) Total of all expenses year to date	n s 0
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made period, including by whom paid or to whom charged.	e from lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
(表) 新模	
	<u> </u>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear of is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Bun to P.	4/29/2025
(Signature of lottbyist)	(Date)
Brian Ryll	
(Print Name of lobbyist)	

×

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 partn	ership, firm, or corpo	oration: The Profession	al Fire Fighters	of New Hampshir
Name of Client (leave bl	ank if Statement is fo	or the partnership, firm, or	corporation and not	related to any
particular client):				
Date of Report (check of	ne):			
April 30, 2025 🗹	July 30, 2025 🗆	October 29, 2025	January 28, 2026	
		he Statement of Income a at Statement (insert the n		
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm complete to the best of m	• •	formation on the Stateme lief.	nt and each Addend	um is true and
to be)		4/29/2025	
(Signature of lobb (in)			(Date)	
Brian Ryll				
(Print Name of lobbyist)				