

### STATE OF NEW HAMPSHIRE

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

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APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

حاه دحماع Jim Demers, Tom Prasol, Shaun Thomas, Jonathan Mومهادها I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: Demers, Prasol & Thomas, Inc. (Name of partnership, firm or corporation) 72 North Main St. St. Concord NH 0330 **Business Address:** (Street) (Town/City) (State) (Zip Code) 603.228.1498 james.demers@demery-Pressi (Telephone) (Fax) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 30, 2025 July 30, 2025 Reports cover: activity from date of registration to 3/31/25 activity from 4/1/25 to 6/30/25 October 29, 2025 January 28, 2026 activity from 7/1/25 to 9/30/2: activity from 10/1/25 to 12/31/25 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Signature of lobby (Print Name of lobbyist)

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

### RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	[DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corporation, if any:	
Name of partnership, firm or corporation)	L.
(Name of partnership, firm or corporation)	1 ,
III. Name of Client	Date 4/27/25
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 greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 lobbie (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 xpenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed 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
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a)\$_308,351.76
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c)\$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 308, 357. 16
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) \$
f) Total of all expenses year to date	ns 308,351.76
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
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.  Signature of lobbyist.  Crues M. Demens	that the foregoing information  (Date)
James M. Demens	
(Print Name of lobbyist)	

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### 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:		
Demers, Prasol & Thomas, Inc  (Name of partnership, firm or corporation)	·	
		ul -1 /
III. Name of Client Nt CITY AND TWN CUrks ASSN	Date	4/27/25
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 gr reduced by any expenses:	it relations d	or public relations comises.
a) Total of all fees received in this reporting period	a) \$	<u>ø</u>
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 y	b) \$	
c) Total of all fees received to date		
(Add lines a and b)	c) \$	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. 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 of the 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 eximilarly individual 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 less being 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 may be filed e aggregate expenses; (b) le: meals pur- ss than \$10 to d with a val- orting period ne of greater or than \$25,	expenditures are made by if for the lobbyist(s)/firm. total of all expenses paid the aggregate total of all rehased during a business that is given to the person ue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, implying a particular.
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>		
c) Total of all itemized expenditures reported in detail in section VI.	۵) ک	
	c) \$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
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) \$
f) Total of all expenses year to date	f) \$
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.	lobbying fees during this reporting
Paid to:	Amount:
	\$
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	S
	S
	\$
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Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affi	rm that the foregoing information
is true and complete to the best of my knowledge and belief.	III that the lovegoing missing
(Signature of lobbyist)  James M. Demen	4/27/2J
(Signature of lobby ist)	(Date)'
James M. Vemes	
(Print Name of lobbyist)	



### STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership, firm or corporation, if any:  Demers, Prasol & Thomas, Inc  (Name of partnership, firm or corporation)  III. Name of Client  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:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)  Amount of contribution \$  Office Candidate is Seeking  Full name of candidate:  (Last Name)  (First Name)  (Middle Name/Initial)	:-:::::::::::::::::::::::::::::::::::					·					Jonath		
III. Name of Client Date  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:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	II. Name 0	of lobbyi	ist's pa	rtnersh	ip, firm	or cor	poratio	n, if any				::	
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:    See	Demers	, Praso	ol & Th	omas,	Inc		:: . :: :					: . 	
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:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)		(N	ame of par	rtnership, fi	rm or corp	oration)					-:::::		
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of 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 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	III. Name	of Client		<u> </u>		: 	.i.::i <del></del>	· .;.		Date	:	· · · · · · · · · · · · · · · · · · ·	
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of 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 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 know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	Political (	Contrib	utions		·				, ki ma	af		edir	·.i.
Full name of candidate:    Clast Name   (First Name)   (Middle Name/Initial)	For each p	olitical	contrib						Chapte	r 664 paid	l on beha	alf of the	:: : :::
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	client/lobb	byist and	l lobbyi	ng firm,	indicate	the fo	llowing	i . 			- 1. 11	]; ]. :	: : : ::
Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)  Amount of contribution \$ Office Candidate is Seeking  If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)						:		1 :: ::: .	V ::::				
(Last Name) (First Name) (Middle Name/Initial)	Poll name		:		20	يو	0	Hac	hne	W =			:.
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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."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	Full name	of candi	idate: _		Last Name	· · · · · · · · · · · · · · · · · · ·	(Fi	rst Name)		(Midd	le Name/Ir	nitial)	
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate."  Full name of candidate:  (Last Name) (First Name) (Middle Name/Initial)	. F - T:		·.i. ·	··· (0	Last Name	**************************************	:1.	·			le Name/Ir	nitial)	
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(Last Name) (First Name) (Middle Name/Initial)	Amount of	contribut	tion \$	ind contr	ibution, r	provide	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
(Last Name) (First Name) (Middle Name/Initial)	Amount of  If the contractual cost	contribut ibution is of the in-	tion \$ an in-k kind cor	ind contr	ibution, p	provide ine abov	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
(Last Name) (First Name) (Middle Name/Initial)	Amount of  If the contractual cost	contribut ibution is of the in-	tion \$ an in-k kind cor	ind contr	ibution, p	provide ine abov	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
(Last Name) (First Name) (Middle Name/Initial)	Amount of  If the contractual cost	contribut ibution is of the in-	tion \$ an in-k kind cor	ind contr	ibution, p	provide ine abov	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
(Last Name) (First Name) (Middle Name/Initial)	Amount of  If the contractual cost	contribut ibution is of the in-	tion \$ an in-k kind cor	ind contr	ibution, p	provide ine abov	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
. Henry M. Henry K. Henry St. (1994) and H. Henry M. H. Henry M. H. Henry K. H. Henry K. H. Henry K. H. Henry K	Amount of  If the contractual cost	contribut ibution is of the in-	tion \$ an in-k kind cor	ind contr	ibution, p	provide ine abov	Office (	Candidate	e is Seekii he goods (	ng or services	provided	l, and en	
Amount of contribution \$ Office Candidate is Seeking	Amount of If the contractual cost enter an est	contribut ibution is of the in- imated v	tion \$ an in-k- kind cor alue and	ind contr ntribution the word	ibution, p n on the l l "estima	provide ine abov te."	Office ( a descrip we for am	Candidate stion of the	e is Seekin he goods ( contributi	or services	providec actual cos	l, and en	
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f more than three con	tributions we	re made, rep	ort additions	al contribution	ns on separate	addendu	m C forms.)	. : .	
worn Statement/	'Affirmatio	on by Lob	byist		:. :		1. 1. .:	:	;
have read RSA 1:	5, RSA 15-	B and RSA	A 664 and			m that t	he foregoi	ng inform	natio
have read RSA 1:	5, RSA 15-	B and RSA	A 664 and			m that t	he foregoi	ng inform	natio
have read RSA 15 true and complet	5, RSA 15-	B and RSA	A 664 and			m that t		,	
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## DEMERS, PRASOL & THOMAS INC. Transaction Detail by Account

January through March 2025

Date	Name	Original Amount
Political	Contribution	
01/08/25	NH Senate Republicans PAC	500.00
01/15/25	NH House Democratic Victory Co	500.00
01/22/25	NH Senate Democratic Caucus	500.00
02/01/25	Friends of Donovan Fenton	250.00
02/05/25	Perkins Kwoka for New Hampshire	500.00
02/06/25	Friends of Tim McGough	500.00
02/06/25	Friends of Cindy Rosenwald	500.00
02/06/25	Abbas for NH	250.00
02/06/25	Debra Altschiller for NH	250.00
02/18/25	Friends of Janet Stevens	300.00
03/04/25	Kelly for NH	2,500.00
03/05/25	Friends of Sue Prentiss for NH Se	250.00
03/06/25	Vote Tim Lang	250.00
03/06/25	Keith Murphy 4 NH	250.00
03/06/25	Denise for Senate	250.00
03/06/25	Friends of Howard Pearl	250.00
03/06/25	McConkey for NH	250.00
03/06/25	David Rochefort For NH	250.00
03/06/25	Ruth Ward for Senate	250.00
03/06/25	Kevin Avard for Senate	250.00
03/06/25	Friends of Dan Innis	250.00
03/06/25	Gray 4 NH Senate	250.00
03/06/25	Friends of Victoria Sullivan	250.00
03/06/25	Gannon for State Senate	250.00
03/06/25	Friends of Tara Reardon	250.00
03/06/25	Committee to Elect David Watters	250.00
03/06/25	Long for NH Senate	250.00
03/11/25	Friends of Regina Birdsell	500.00
03/11/25	Kenney for Executive Council	300.00
03/11/25	Friends of Sharon Carson	500.00
03/12/25	Committee to elect House Republ	500.00
03/18/25	NH Democratic Party	2,500.00
03/26/25	Friends of John Stephen	300.00

Total Political Contribution

TOTAL