STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	sdell, & Praso	<u> </u>					
	Name of partnership,	`	ocution)				
	n St. Suite 301	<u>C</u>	oncord	NH		03301	
Business Address:			(Town/City)	·	tate)	(Zip Code)	
(603) 228.14		()_			James. D	emers@Demers-	Blaisdell.com
(Telephon			(Fax)				
III. This statemen reportable expens	t covers: (Choose e transactions whi	one – file : ich are no:	separate repor attributable t	ts for each client, (to any one client).	OR you may	y file a separate report	l for
				-			
☐ All reportable t	ransactions occurri	ng in the n	onths prior to	the reporting date re	elative to the	following client:	
OB .	(Full Name of C	Client as it a	ppears on the Lo	bbyist Registration Fo	orm)		
OR All reportable to	ancartions hu tha l	abbuist (in	cluding the lob	huistis family) os t	ka labbuina	firm listed below which	
unrelated to any pa		oooyisi (iii	cluding the 100	oyist's laining), or t	ne loobying	tirm fisted below which	ure
		_					
IV. Date of Report Reports cover:	t April 24, 201 ctivity from date of re		n 1/21/10	July 31, 20	•		
Reports cover: a	October 30, 2		O-3/31/19	uctivity from 4/1/1 January 29	_		
	activity from 7/1/		9	activity from 10/1	,	9	
V. There have b	en no fees recei	ved and r	o reportable	transactions ma	de since th	e last report.	
If this box is checke	d, complete just th					ate House, Room 204,	
Concord, NH 0330	1.						
VI. Check if addit							
				ile Addendum A-			
☐ If you have pair Expense Reimburse		reimburse	d expenses, yo	u must file Addend	ium B- Rep	ort of Honorariums or	
•		as made n	olitical contrib	itions, you must file	e Addendun	n C– Political Contribut	tions
	, ,	Р					
Sworn Statement/							
I have read RSA 13 and complete to the				ereby swear or affir	m that the fo	regoing information is	true
	2	oge and o		7	1.1.4		
(Signature of lobb	Dure-			/ <i>_</i> /	/////		`.
(Signature of 1000)	M. Deme	A		,	' (Date	,	
(James)	TO DEME	Y 3					

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) _ James Demers & Thomas Prasol	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Demers, Blaisdell, & Prasol, Inc.	
(Name of partnership, firm or corporation)	1 1
III. Name of Client Tofts HEALTH FREEDOM Plan INSURANCE	(ODate 7/11/19
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 services sess fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 12,500.00 b) \$ 12,500.00
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 year).	b) \$ <u>12, 500.00</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ 25,000.00
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 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 exampl 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 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person d with a value of \$25.00 or less); and rating period of greater than \$25.00 for the of greater than \$25, purchase of a fir 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) \$
b) Total aggregate of expenditures during this reporting period, not reported 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) \$
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	n) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	s
	\$
	\$
	\$
	\$
***************************************	••••••
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyjet) (Signature of lobbyjet) (Reint Name of lobbyjet)	7/11/19
(Signature of lobbyjet)	/ (Date)
I TOWNS IN . INCHESTS	