# TTTE STATE OF THE STATE OF THE

### STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 2 0 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

(Name of partnership, firm or corporation, if any:  (Name of partnership, firm or corporation)  555 12th St NW, Ste 1001 Washington, DC 20004  Business Address: (Street) (Town/City) (State) (Zip Code)  () (802) 992-0751 (Fax)  (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).	I. Name of Lobbyist(s) John Reynolds							
St NW, Ste 1001 Washington, DC 20004  Business Address: (Street) (Town/City) (State) (Zip Code)  ( ) (802) 992-0751 (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:	II. Name of lobbyist's partnership, firm or corporation, if any:							
Business Address: (Street) (Town/City) (State) (Zip Code)  ( ) (802) 992-0751 (	(Name of partnership, firm or	corporation)						
( ) (802) 992-0751 ( )e-mail	555 12th St NW, Ste 1001	Washington,	DC	20004				
(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:	Business Address: (Street)	(Town/City)	(State)	(Zip Code)				
(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:	(802) 992-0751	)	compliance_n	h_nfib_1@multistate.us				
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:	(Telephone) (Fax)							
All reportable transactions occurring in the months prior to the reporting date relative to the following client:	III. This statement covers: (Choose one – f	ile separate reports for	each client, OR you ma	y file a separate report for				
	reportable expense transactions which are	not attributable to any	one client).					
	All reportable transactions occurring in the	ne months prior to the rep	orting date relative to the	e following client:				
National Federation of Independent Business			0	6				
(Full Name of Client as it appears on the Lobbyist Registration Form)			Registration Form)					
OR		on appears on the Leecylle.	regionation I offin)					
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are		(including the lobbyist's	family), or the lobbying	firm listed below which are				
unrelated to any particular client.	unrelated to any particular client.							
IV. Date of Report April 30, 2025  Reports cover: activity from date of registration to 3/31/25  October 29, 2025  October 29, 2025  Activity from 7/1/25 to 9/30/25  July 30, 2025  January 28, 2026  activity from 10/1/25 to 12/31/25	Reports cover: activity from date of registration October 29, 2025		ity from 4/1/25 to 6/30/25 January 28, 2026					
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.	If this box is checked, complete just this form	and submit it to the Secre						
VI. Check if additional reports are attached:	VI. Check if additional reports are attache	d:						
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 <b>Addendum B</b> - Report of Honorariums or		ursed expenses, you must	file Addendum B- Rep	oort of Honorariums or				
Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contribution								
If you, your firm, or your farming has made pointed contributions, you must me Addendam C - Formed Contribution	if you, your firm, or your family has made	ie political contributions,	you must me Addendu	in C- Political Collinoutions				
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.			wear or affirm that the fe	oregoing information is true				
John Reynolds 10/16/2025		a conor.	10/16/2025					
/John Reynolds (Oct 1b, 2025 10-4604 EDT)  (Signature of lobbyist)  (Date)	John Reynolds (Oct 16, 2025 10:46:04 EDT)	<u>_</u>	150 50	2)				
John Reynolds			(Date	~)				
(Print Name of lobbyist)								



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)				
II. Name of lobbyist's partnership, firm or corporation, if any:				
(Name of partnership, firm or corporation)  III. Name of Client National Federation of Independent Business	Date 10/16/2025			
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 greeduced by any expenses:	relations, or public relations service			
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)	a) \$ 5,760 b) \$ 30,000 ear)			
c) Total of all fees received to date (Add lines a and b)	c) \$			
<ul> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	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 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 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 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 a aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (c) the aggregate total of all expenses; (c) the aggregate total of all expenses; (c) the aggregate total of all expenses; (d) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all exp			
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) \$ <sup>0</sup>			

c) Total of all itemized expenditures reported in detail in section VI.

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 beginning by whom paid or to whom charged.	obbying fees during this reporting
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.	m that the foregoing information
John Reynolds John Reynolds (Oct 18, 2023 10-46-04 EDT)	10/16/2026
(Signature of lobbyist)	(Date)
John Reynolds	
(Print Name of lobbyist)	

## STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) John	n Reynolds				
II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name of partne	ership, firm or corporatio	n)			
III. Name of Client Nation			s 10/16/2025		
III. Name of Client			S Date 10/16/2025		
<b>Political Contributions</b>					
			oter 664 paid on behalf of the		
client/lobbyist and lobbying	firm, indicate the	following:			
Full name of candidate:	dford Republica	an Committee			
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$					
ranount of conditional \$		_Office Candidate is Seeki	<u> </u>		
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	ibution on the line a	de a description of the good bove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,		
		2 Total			
Full name of candidate:					
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is See	eking		
If the contribution is an in-kind actual cost of the in-kind contri enter an estimated value and th	ibution on the line a	de a description of the good bove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,		
	50	<del>12</del>			
		40			
Full name of candidate:		<b></b>			
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is See	eking		

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."				
(If more than three contributions were made, report additional contributions on separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.				
John Reynolds John Reynolds (Oct 16, 2025 10-46:04 EDT)	10/16/2026			
(Signature of lobbyist)	(Date)			
John Reynolds				
(Print Name of lobbyist)				

## NH\_NFIB\_JReynolds\_Q3Report\_ForSignature

Final Audit Report

2025-10-16

Created:

2025-10-16

By:

Andrew Jones (ajones@multistate.us)

Status:

Signed

Transaction ID:

CBJCHBCAABAAncof0afX1AHjuCeCHyQylgFZclS1CUp8

## "NH\_NFIB\_JReynolds\_Q3Report\_ForSignature" History

- Document created by Andrew Jones (ajones@multistate.us) 2025-10-16 2:33:04 PM GMT
- Document emailed to john.reynolds@nfib.org for signature 2025-10-16 2:36:18 PM GMT
- Email viewed by john.reynolds@nfib.org 2025-10-16 2:45:28 PM GMT
- Signer john.reynolds@nfib.org entered name at signing as John Reynolds 2025-10-16 2:46:02 PM GMT
- Document e-signed by John Reynolds (john.reynolds@nfib.org)
  Signature Date: 2025-10-16 2:46:04 PM GMT Time Source: server
- Agreement completed. 2025-10-16 - 2:46:04 PM GMT