

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Daniel Gray					
II. Name of lobbyist's partnership, firm or corporation, if any:					
(Name of partnership, fi	irm or corporation)				
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
()(Telephone)	()	e-mail			
III. This statement covers: (Choose o reportable expense transactions which			y file a separate report for		
All reportable transactions occurrin	g in the months prior to the r	eporting date relative to the	e following client:		
Citizens Alliance of New I	Hampshire				
	ient as it appears on the Lobbyis	t Registration Form)			
All reportable transactions by the lob unrelated to any particular client. IV. Date of Report April 30, 20 Reports cover: activity from date of regist October 29, 20 activity from 7/1/25 to V. There have been no fees received finis box is checked, complete just this State House. Room 204, Concord, NH of the VI. Check if additional reports are at If you have received fees or made of the If you have paid an honorarium or the control of t	pration to 3/31/25 according to 10/3/31/25 according to 9/30/25 according to 10/3/30/25 according to 1	July 30, 2025 January 28, 2026 January 28, 2026 ity from 10/1/25 to 12/31/25 asactions made since the cretary of State's Office, 16 ddendum A—Fees and Ex	he last report. 07 North Main Street,		
Expense Reimbursement If you, your firm, or your family ha	s made political contribution				
Sworn Statement/Affirmation by Lol I have read RSA 15, RSA 15-B, RSA 1 and complete to the best of my knowled	4-C and RSA 664 and hereby	swear or affirm that the f	oregoing information is true		
We Cu		10/23/2025			
(Signature of lobbyist)		(Date	c)		
Daniel Gray	¥ - 3				
(Print Name of Johnvist)					

PLEASE PRI

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Daniel Gray	DEL PARTICIONI O
II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	40/22/2025
III, Name of Client Citizens Alliance of NH	_{Date} 10/23/2025
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 services
a) Total of all fees received in this reporting period	_{а) \$} 4500 _{b) \$} 4500
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) § 4500 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>9000</u>
 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 represent fees. 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 or 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 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 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 expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a per 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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$
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	2) \$
(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	Ŋ\$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	S
	S
	S
Non	
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.	n that the foregoing information
Is the and complete to the best of my knowledge and benefit	
Ol, hy	10/23/2025
(Signature of lobbyist)	(Dațe)
Daniel Gray	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

OCT 29 2025

NEW HAMPSHIE DEPARTMENT OF J. . T

	I. Name of Lobbyist(s) Daniel Gray						
L E A	. Name of lobbyist's partnership, firm or corporation, if any:						
SE	(Name of partnership, firm or corporation)						
() () = ())	III. Name of Client Citizens Alliance of New Hampshire Date 10/23/2025						
P R	Date						
 I - Political Contributions N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behal 							
T	client/lobbyist and lobbying firm, indicate the following:						
Full name of candidate: Notter, Jeanine (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 50 Office Candidate is Seeking House If the contribution is an in-kind contribution, provide a description of the goods or services provided, and ent actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kenter 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 known, 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 known, 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.				
alc	10/23/2025			
(Signature of lobbyist)	(Date)			
Daniel Gray				
(Print Name of lobbyist)				