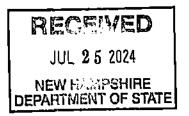


STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) James Demers, Thomas P	Prasol, Shaun Th	omas, Jona
II. Name of lobbyist's partnership, firm or corporation, if any: Demers & Prasol 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 () (Fax)	_{e-mail} _james.c	demers@demers-Paasol.com
III. This statement covers: (Choose one – file separate reports fo reportable expense transactions which are not attributable to an	y one client).	
All reportable transactions occurring in the months prior to the re	eporting date relative to the	following client:
October 30, 2024	July 31, 2024 July 31, 2024 January 29, 2025 January 29, 2026 January 29, 2027 January 29, 2027	e last report
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby and complete to the best of my knowledge and belief. (Signarure of lobbyist) (Print Name of lobbyist)	y swear or affirm that the fo	



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Jam	ies Demers, Tho	omas Prasol, Shuan	Thomas, Jonathan Melanso
II. Name of lobbyist's part	nership, firm or co	orporation, if any:	
Demers & Prasol Inc			
(Name of partn	crship, firm or corporation)	
III. Name of Client		·	Date7/22/24
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	(Last Nama)	(Firet Nama)	(Middle Nema/Initial)
Amount of contribution \$		Office Candidate is Seeki	ng
enter an estimated value and the state of th			(Middle Name/Initial)
Amount of contribution \$	 	Office Candidate is See	eking
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line ab	e a description of the good ove for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is See	king

If the contribution is an in-kind contribution, provide a desactual cost of the in-kind contribution on the line above for	
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional co	ontributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and	•
(Signature of lobbyist)	7/22/24 (Dafe)
James M. Demens	
(Signature of lobbyist) Jauch M. Demen (Print Name of lobbyist)	7/22/24 (Date)

DEMERS & PRASOL INC. Transaction Detail by Account

April through June 2024

Name	Original Amount
Political Contribution	
Friends of Janet Stevens	500.00
friends of Joe Kenney	500.00
Committee to elect House Republ	500.00
NH Democratic Party	1,500.00
Friends of Sharon Carson	250.00
D'Allesandro for Senate	250.00
Abbas for NH	250.00
Angela Brennan for NH	250.00
Committee to Elect Rebecca Mc	250.00
NH Senate Republicans PAC	250.00
Sullivan County Republican Com	250.00
Jon Morgan for Executive Council	500.00
Tara Reardon for Senate	250.00
Melanie Levesque for Executive	250.00
NH Senate Democratic Caucus	250.00
Watters for Senate	250.00
Friends of Regina Birdsell	250.00

Total Political Contribution

TOTAL



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) 11				
II. Name of lobbyist's pa	ırtnership, firm or co	rporation, if any:		
Demers & Prasol Inc				
(Name of pa	artnership, firm or corporation)			
III. Name of Client		Date		
Political Contributions For each political contrib client/lobbyist and lobbyi			pter 664 paid on behalf of the	
Full name of candidate:	Reardon	(First Name)	Tara	
	(Last Name)			
Amount of contribution \$ 2	25U	Office Candidate is Seeki	ing	
actual cost of the in-kind co enter an estimated value and				
*Contribution made b	d the word "estimate." by Maria Samaras (Spouse)		
enter an estimated value and	d the word "estimate." by Maria Samaras (Spouse)	(Middle Name/Initial)	
*Contribution made b	the word "estimate." Dy Maria Samaras ((Last Name)	Spouse) (First Name)		
*Contribution made be supported by the contribution of candidate: Amount of contribution \$	the word "estimate." Oy Maria Samaras ((Last Name) tind contribution, provide of the line abo	Spouse) (First Name) Office Candidate is See a description of the goo	(Middle Name/Initial) eking ods or services provided, and enter the	
Full name of candidate: Amount of contribution \$ If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	the word "estimate." Oy Maria Samaras ((Last Name) tind contribution, provide of the line abo	Spouse) (First Name) Office Candidate is See a description of the goo	(Middle Name/Initial) eking ods or services provided, and enter the	
Full name of candidate: Amount of contribution is an in-kactual cost of the in-kind co	the word "estimate." Oy Maria Samaras ((Last Name) tind contribution, provide of the line abo	Spouse) (First Name) Office Candidate is See a description of the goo	(Middle Name/Initial)	

f the contribution is an in-kind contribution, provide a descripticual cost of the in-kind contribution on the line above for amo	
nter an estimated value and the word "estimate."	
·	
<u> </u>	
if more than three contributions were made, report additional contribu-	tions on separate addendum C forms.)
sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby strue and complete to the best of my knowledge and beli	
TO DO	7 9 2024
(Signature of lobbyist)	(Date)
THOMAS PRASOL	•
(Print Name of lobbyist)	

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