

### STATE OF NEW HAMPSHIRE 2025 Statement of Income and

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

ناه ديماي Jim Demers, Tom Prasol, Shaun Thomas, Jonathan Mوده ديماء 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@demera-Pa (Telephone) 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 9/30/25 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)

# P L E A S E P R I N T

### 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)	[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 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 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. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss 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 the of greater than \$25, purchase of a ter 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 in a), of \$25 or less.</li></ul>	a)\$ 308,351.76 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, 351.76
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 period, including 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.	m that the foregoing information
(Signature of lobbyist).  Cured M. Demens  (Print Name of lobbyist)	4/27/25
(Signature of lobbyist)	(Date)
James M. Jewess	
(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)	
III. Name of Client NH MOTUR SPEEDWAY	Date 4/27/25
IV. Fees Received Indicate the gross amount of all fees received from the client identified ab to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The reduced by any expenses:	cent relations or public relations somison
a) Total of all fees received in this reporting period	a) \$ 12,000-00
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	a) \$ 12,000-00 ad b) \$ 9
c) Total of all fees received to date (Add lines a and b)	c)s_12,000.00
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 fees. 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) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for examplement of the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with veceremonial object to be given to the subject of lobbying with a value green restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	th client and if expenditures are made by the may be filed for the lobbyist(s)/firm. The aggregate total of all expenses paid a expenses; (b) the aggregate total of all apple: meals purchased during a business. The less than \$10 that is given to the person bied with a value of \$25.00 or less); and experting period of greater than \$25.00 for value of greater than \$25, purchase of a factor than \$25, but not greater than \$50, and expense reimburgement, 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) S
b) Total aggregate of expenditures during this reporting period, not reporte in a), of \$25 or less.	d b) S
	U) W

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 learning period, including 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 affin	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
Im. Demen	4/27/25
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	



### STATE OF NEW HAMPSHIRE

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

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APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

Demers, Prasol & Thomas, Inc  (Name of partnership, firm or corporation)  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/lobby ist 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 a 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)	II. Name of lo								athan Mo	<del></del> ··
(Name of Partnership, firm or corporation)  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 a 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."		bbyist's pa	rtnership	, firm or	corporati	on, 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:  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 a 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."	Demers, Pi	rasol & Th	omas, Ir	nc					· · · · · · · · · · · · · · · · · · ·	. ::
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 a 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."		(Name of par	rtnership, firm	or corporati	on)		:::::::::::::::::::::::::::::::::::::::			
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 a 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."	III. Name of C	lient			<u> </u>			Date		
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 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."				 ii		nata in E	. 54 . Nili			.::
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 a 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."					. •		Chapter 6	64 paid on b	ehalf of the	ne
(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 a 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:			:		.i. i	<b>5</b> 1.				i. :-
(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 a 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:	Full name of	candidate:		266		Had	hmen			
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter a actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known that enter an estimated value and the word "estimate."  Full name of candidate:			(La	st Name)	(	First Name)		(Middle Nan	ne/Initial)	
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kno enter an estimated value and the word "estimate."  Full name of candidate:	Amount of con	tribution \$	·	. · · · · · · · · · · · · · · · · · · ·	_ Office C	andidate is S	Seeking			
actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known that an estimated value and the word "estimate."  Full name of candidate:	If the contribut	ion is an in-k	ind contrib	ution prov	ide a descr	intion of the	goods or s	ervices prov	ided and e	nter the
Full name of candidate:	actual cost of th	he in-kind cor	ntribution c	on the line	above for a					
	enter an estima	ted value and	the word '	'estimate."		1. 1.				
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(Last Name) (First Name) (Middle Name/initial)										
	Full name of	candidate: _						ACUE N	Trace N	
Amount of contribution \$ Office Candidate is Seeking			(La	st Name)	` ;:			(Middle Nan	ne/Initial)	
	Amount of confithe contributations of the	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
enter an estimated value and the word "estimate."	Amount of con	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
enter an estimated value and the word "estimate."	Amount of con	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
enter an estimated value and the word "estimate."	Amount of con  If the contribut actual cost of the	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
enter an estimated value and the word "estimate."	Amount of con  If the contribut actual cost of the	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
enter an estimated value and the word "estimate."	Amount of con  If the contribut actual cost of the	tribution \$ ion is an in-kine in-kind cor	ind contrib	ution, prov	Office	Candidate	goods or s	ervices prov	ided, and e	
Full name of candidate:	Amount of con If the contribut actual cost of the	tribution \$ ion is an in-kine in-kind cor ted value and	ind contrib ntribution o	ution, provon the line 'estimate."	Office	Candidate	goods or s	ervices prov	ided, and e cost is not	
	Amount of con If the contribut actual cost of the enter an estima  Full name of	tribution \$ ion is an in-kine in-kind cor ted value and	ind contrib ntribution o	ution, provon the line 'estimate."	Office	Candidate	goods or s	ervices prov	ided, and e cost is not	

If the contribution is an in-kind contribution, provide	e a desc	cription o	f the goods or s	ervices provided, an	d enter the
actual cost of the in-kind contribution on the line about	ove for	amount o	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.

(Signature of lobbyist)

(Print Name of lobbyist)

(Date)

### 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