STATE OF NEW HAMPSHIRE

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

OCT 07 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I Name of Lobbyist(s) Brian P. Grip

		o, firm or corporation) 9-900-17-02 M	anchester	NH	03101
Business Address:	(Street)	(Town/City		(State)	(Zip Code)
603) 647-7625		()	e-n	_{nail} brian.p.g	rip@bofa.com
(Telephor	ie)	_ ` '	Fax)		
eportable expens	se transactions w	nich are not attributal	ble to any one clier	nt).	y file a separate report
	_	ring in the months prior	r to the reporting da	ate relative to the	e following client:
Bank of A		orporation			
OR	(Full Name of	Client as it appears on the	e Lobbyist Registration	on Form)	
	ransactions by the	lobbyist (including the	lobbyist's family),	or the lobbying	firm listed below which
unrelated to any p		, , ,	•		
V. Date of Reports cover: acti		2025		0, 2025 d/1/25 to 6/30/25	
	October 29, activity from 7/1/2			28, 2026 /1/25 to 12/31/25	
f this box is check		ived and no reporta his form and submit it i H 03301.			
	tional reports are				
— ·		e expenditures, you mu			•
If you have pa Expense Reimburs		or reimbursed expenses	, you must file Add	dendum B– Rep	ort of Honorariums or
		has made political con	tributions, you mus	st file Addendu	m C- Political Contribu
				•	
have read RSA 1	Affirmation by I 6, RSA 15-B, RSA e best of my know	14-C and RSA 664 ar	nd hereby swear or	affirm that the fo	oregoing information is
Lucia Sida	fat (rit	_10	3/25	<u>-</u>
Brian P. (Prin	-		(Date	-)
Knan P :					