STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

(1)	lame of partnership, firm	or corporation)	· <u> · · · · · · · · · · · · · ·</u>	
72 North Mair	St. Suite 301	Concord	NH	03301
Business Address:	Street)	(Town/City)	(State)	(Zip Code)
603, 228.149 (Telephono)(Fax)	e-mail James.	Demers@Demers-Blaisdel
		– file separate reports ire not attributable to		ay file a separate report for
cportable expense	transactions which e	ii c not attitutable to	any one chenty.	
All reportable tr	ansactions occurring in	n the months prior to th	e reporting date relative to the	he following client:
)D	(Full Name of Clien	t as it appears on the Lob	byist Registration Form)	
<u>DR</u>]_All reportable tra	unsactions by the labby	sist (including the labb	vist's family) or the lobbyin	g firm listed below which are
nrelated to any par		ist (metading the 1000)	y ist a raining), or the 1000 y to	g ittii nated below which are
			July 31, 2019 🔏	9
	tivity from date of registroctober 30, 2019	ration to 3/31/19	July 31, 2019 № activity from 4/1/19 to 6/30/19 January 29, 2020 □	9
	tivity from date of regist	ration to 3/31/19	activity from 4/1/19 to 6/30/19	
deports cover: ac /. There have be filis box is checke	October 30, 2019 activity from 7/1/19 to en no fees received d, complete just this fo	ration to 3/31/19	activity from 4/1/19 to 6/30/19 January 29, 2020	1/19 the last report.
V. There have be fihis box is checke Concord, NH 0330	October 30, 2019 activity from 7/1/19 to en no fees received d, complete just this fo	ration to 3/31/19 9/30/19 and no reportable t rm and submit it to the	uctivity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 ransactions made since t	1/19 the last report.
V. There have be fihis box is checke Concord, NH 03301	October 30, 2019 activity from 7/1/19 to en no fees received d, complete just this fo onal reports are attac	ration to 3/31/19 0 9/30/19 and no reportable t rm and submit it to the	uctivity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/31 ransactions made since t	1/19 the last report. State House, Room 204,
V. There have be If this box is checke Concord, NH 0330 i VI. Check if additi If you have reco	October 30, 2019 activity from 7/1/19 to en no fees received d, complete just this fo onal reports are attactived fees or made exp	ration to 3/31/19 9/30/19 and no reportable to the check the che	January 29, 2020 activity from 4/1/19 to 6/30/19 January 29, 2020 activity from 10/1/19 to 12/3 transactions made since to Secretary of State's Office, 3	the lust report. State House, Room 204, Expenses

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) James Demers, Robert Blaisdell & Thom	nas Prasol
II. Name of lobbyist's partnership, firm or corporation, if any: Demers, Blaisdell, & Prasol, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client AMERICAN BOARD of MEDICAL SPECIALT	63 Date 7/11/19
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 groreduced by any expenses:	relations, or public relations service oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) s 6,000.00
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 year).	b) \$ 18,000 PV
c) Total of all fees received to date (Add lines a and b)	c) \$ 24,000-00
 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 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 lessenge 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 pair expenses; (b) the aggregate total of all le: meals purchased during a busines as than \$10 that is given to the person and with a value of \$25.00 or less); and printing period of greater than \$25.00 for the of greater than \$25, purchase of the er 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 (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	0\$
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.	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 affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist) (Signature of lobbyist) (Print Name of lobbyist)	7/11/19
(Signature of lobbyist)	/ (Date)
James M. Deners	
(Print Name of lobbyist)	