

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Jenlers &	Prasol, Inc.		<u>. </u>	
70	(Name of partnership, firm or co		· NU I	
72	North Main St. Suite 30		NH	03301
Susiness Address:	(Street)	(Town/City)	(State)	(Zip Code)
,	28.1498 ()		e-mail James.Demers@	Demers-Prasol.com
(Telepho	one)	(Fax)		•
			for each client, OR you may	file a separate r
eportable exper	ise transactions which are n	ot attributable to a	ny one client).	
All reportable	transactions acquering in the	months prior to the	reporting date relative to the	following client:
] An reportable	tansactions occurring in the	months prior to the	reporting date relative to the r	onowing choin.
	·		<u> </u>	
) D	(Full Name of Client as it	t appears on the Lobby	rist Registration Form)	
OR All ranostable	transactions by the lobbyist (including the labby	st's family), or the lobbying fi	irm listed below y
nrelated to any p		merading me 1000y	st's family), of the following fi	III listed below
, ,				
V. Date of Repo			July 26, 2023	
Reports cover:	activity from date of registration	n to 3/31/23 T	activity from 4/1/23 to 6/30/23	
	October 25, 2023		January 31, 2024	
	activity from 7/1/23 to 9/3 <mark>6</mark> /2	3 ac	tivity from 10/1/23 to 12/31/23	:
V. There have	been no fees received and	l no reportable tr	ansactions made since the	last report.
f this box is chec	ked, complete just this form a		Secretary of State's Office, 107	
itate House, Roo	m 204, Concord, NH 03301.			·
VI. Check if add	litional reports are attached	:		
	-		Addendum A- Fees and Expe	enses -
If you have p	aid an honorarium or reimbu	rsed expenses, you i	nust file Addendum B – Repo	rt of Honorarium
Expense Reimbu	· ·			
If you, your I	irm, or your family has made	political contribution	ons, you must file Addendum	C- Political Con
	,	,		
			•	
	t/Affirmation by Lobbyist	1 D C A . C C A 1 %		
	15 DOL 15 D DOL 14 C	a RSA 664 and here	by swear or allirm that the for	egoing informati
I have read RSA	15, RSA 15-B, RSA 14-C and he best of my knowledge and			
I have read RSA	15, RSA 15-B, RSA 14-C and he best of my knowledge and		1. 1. 1. 1.) 2



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or corporation, if any:	· ·
Deners + trasol In	·
(Name of partnership, firm or corporation) III. Name of Client	Date 10/21/23
IV. Fees Received Indicate the gross amount of all fees received from the client identified abov to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations services gross fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$ 413,698.30 b)\$ 927,105.79
 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)
c) Total of all fees received to date	os 1340,794.09
(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 refees. 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) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of libeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value grean restaurant expenses for a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	n client and if expenditures are made by may be filed for the lobbyist(s)/firm. he aggregate total of all-expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business less than \$10 that is given to the person ied with a value of \$25.00 or less); and porting period of greater than \$25.00 for the of greater than \$25, purchase of a ster than \$25, but not greater than \$50, is, 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 in a), of \$25 or less. 	a)\$ 378,673.65 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) \$ 378,673.65
- 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) 8 8 3 3 , 6 9 6 . 4 7

f) Total of all expenses year to date

ns 1212,370,12

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Contract to the second	. *	, ,;	Amount:
4.2 (4.1)		•	·. ",	\$
		,:,		\$
				\$
	<u> </u>			\$
				\$

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.

ignature of lobb ist)

Demen

(Print Name of lobbyist)

(Date)

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)				
II. Name of lobbyist's par	tnership, firm or c	ornoration, if any:		
Demers & Prasol, Inc.		orporation, i		
	nership, firm or corporatior	n)		
III. Name of Client			Date	
Political Contributions For each political contributions client/lobbyist and lobbyin			pter 664 paid on b	ehalf of the
Full name of candidate:	(Last Name)	Kegini (First Name)	Br-Isell (Middle Name	e/Initial)
Amount of contribution \$	570. W	Office Candidate is Seek	ing Jeust	
actual cost of the in-kind contenter an estimated value and the content of the co	the word "estimate."	to Elect.		
Full name of candidate:	gumittee	<u> </u>		sucy
Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Se	eking Seus	Zinitial)
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line ab	de a description of the goo pove for amount of contrib	ods or services provious oution. If the actual of	ied, and enter the cost is not known,
<u>-</u>				
•		,	· · ·	
1				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name	e/Initial)
Amount of contailers in the	()	,	•	
Amount of contribution \$		Office Candidate is Se	eking	

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. 20/2/27
(Signature of lobbyist) (Date)

(Signature of lobbyist)

Cancer M

(Print Name of lobbyist)