. STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Brian Ryll	
II. Name of lobbyist's partnership, firm or corporation, if any:	
The Professional Fire Fighters of New Hampshire	
(Name of partnership, firm or corporation)	
6 Loudon Rd Suite 506 Concord NH	03301
Business Address: (Street) (Town/City) (State)	(Zip Code)
$\frac{603-223-3304}{\text{(Telephone)}}$ () $\frac{603-223-3310}{\text{(Fax)}}$ e-mail Brian@pff	nn.org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the foll	owing client:
The Professional Fire Fighters of New Hampshire	
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
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 24, 2024 July 31, 2024	
Reports cover: activity from date of registration to 3/31/24 activity from 4/1/24 to 6/30/24	
October 30, 2024 January 29, 2025 activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 No 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 Expens	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Expense Reimbursement	f Honorariums or
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 forego and complete to the best of my knowledge and belief.	ing information is true
10/29/2024	
Signature of lobbyist) (Date)	
Brian Ryll	DEOENTED
(Print Name of lobbyist)	RECEIVED
	OCT 3 0 2024
	NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Brian Ryll	
II. Name of lobbyist's partnership, firm or corporation, if any: The Professional Fire Fighters of New Hampshire	
(Name of partnership, firm or corporation)	
III. Name of Client	Date 10/29/2024
 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: a) Total of all fees received in this reporting period 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) c) Total of all fees received to date (Add lines a and b) 	a) \$\frac{3,917.95}{9,097.87}
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. 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 in 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 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 less being 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.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and erting period of greater than \$25.00 for the of greater than \$25, purchase of a r 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.	a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported	\cap

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>U</u>
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) \$ <u>0</u>
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 period, including by whom paid or to whom charged.	obbying fees during this reporti
Paid to:	Amount:
	\$
	\$
<u> </u>	\$
	\$
·	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	
tom tol	10/29/2024
(Signatule of lobbyist)	(Date)
Brian Ryll	
(Print Name of lobbyist)	

•



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Bria	n Ryll		
II. Name of lobbyist's parti	nership; firm or coi	poration, if any:	
The Professional Fire I	-		
	ership, firm or corporation)		
III. Name of Client	Name of Client Date		Date
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Craig	Joyce	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 25	C	Office Candidate is Seeki	_{ng} Governor
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	•	(First Name)	(Middle Name/Initial)
Amount of contribution \$			
If the contribution is an in-kind		Office Candidate is See	king
actual cost of the in-kind contri enter an estimated value and th	I contribution, provide ibution on the line abo	a description of the good	ds or services provided, and enter the
actual cost of the in-kind contri	I contribution, provide ibution on the line abo	a description of the good	ds or services provided, and enter the ution. If the actual cost is not known,
actual cost of the in-kind contri enter an estimated value and th	d contribution, provide ibution on the line abo e word "estimate."	a description of the good ve for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known, (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate."	on of the goods or services provided, and enter the unt of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions)	tions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and believed to the best of my knowledge and my knowledge and my knowledge and my knowledge and my k	
tom kel	10/29/2024
(Signatude of Nobbyist)	(Date)
Brian Ryll	
(Print Name of lobbyist)	

.

.

•

9

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client):				
Date of Report (check one):				
April 24, 2024 □ July 31, 2024 □	October 30, 2024 🗹 January 29, 2025 🗆			
	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being			
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
	mation on the Statement and each Addendum is true and			
I hereby swear or affirm that the foregoing infor complete to the best of my knowledge and belief (Signature of lobbyist)	•			