STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s)Kri	sty A. Merrill / Thom	as F. Fahey / Ryar	i Hale / Sandra Tr	асу	
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:			
New Hampshire Bankers			***		
(Name of part	nership, firm or corpora	lion)			
PO Box 2586		ncord	NH	03302-2	
Business Address: (Street)	(10	own/City)	(State)	(Zip C	lode)
(603)224-5373	(^t e;)_		e-mail	_kmerrill@nhbanke	rs.com
(Telephone)	a.	· (Fax)			
III. This statement covers: (Greportable expense transacti				ou may file a separa	te report for
X All reportable transactions	occurring in the mon	ths prior to the rep	orting date relative	e to the following clie	ent:
New Hampshire Ba	nkers Association				
(Full N OR	ame of Client as it appear	irs on the Lobbyist F	Registration Form)		
☐ All reportable transactions unrelated to any particular clie		ling the lobbyist's	family), or the lob	bying firm listed bel	ow which are
IV. Date of Report	April 24, 2019 🔯		July 31, 2019 [
Reports cover: activity from	date of registration to .	3/3 1/19 activ	ity from 4/1/19 to 6/	/30/19	
	per 30, 2019 🗍 from 7/1/19 to 9/30/19	acti	January 29, 202 wity from 10/1/19 to		
V. There have been no fee If this box is checked, complete Concord, NH 03301.					
VI. Check if additional repor	rts are attached:				
🛚 If you have received fees o	r made expenditures, y	you must file Adde	endum A– Fees ar	nd Expenses	
If you have paid an honorari Expense Reimbursement	um or reimbursed exp	enses, you must fi	le Addendum B-	Report of Honorariu	ms or
If you, your firm, or your fa	mily has made politica	ıl contributions, yo	ou must file Addei	ndum C– Political C	ontributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-1 and complete to the best of my (Signatura of Jobbylist) Kristy A. Merill	3, RSA 14-C and RSA		wear or affirm tha 4/22/2019_	(Date)	
(Print Name of lobbyist)				RECEI	VED
				APR 24	2010

NEW HAMPSHIRE DEPARTMENT OF STATE

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)Kristy A. Merrill / Thomas F. Fahey / Ryan H.	ale / Sandra Tracy
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Bankers Association (Name of partnership, firm or corporation)	
II. Name of ClientNew Hampshire Bankers Association	
V. Fees Received ndicate the gross amount of all fees received from the client identified about the local property of the client identified about the local property of the client identified about the local property of the client identified about the clie	nent relations, or public relations services
) Total of all fees received in this reporting period	a) \$11,674.12
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	
) Total of all fees received to date (Add lines a and b)	c) \$11,674.12
	c) \$11,074.12
) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0.00
Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to less. Separate reports are to be filed for expenditures made relative to each he lobbyist(s)/firm that are unrelated to any one client a separate reportexpenses 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 example unch where 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 rany purpose not covered by (a) (for example: purchase of a meal with the eremonial object to be given to the subject of lobbying with a value greestaurant expenses for a legislative reception). Expenses for honorarius contributions will be reported on separate addendums and should not be reported.	ch client and if expenditures are made by our may be filed for the lobbyist(s)/firm. The aggregate total of all expenses paid the expenses; (b) the aggregate total of all expenses; (c) the person object with a value of \$25.00 or less); and reporting period of greater than \$25.00 for value of greater than \$25, purchase of a eater than \$25, but not greater than \$50, arms, expense reimbursement, or political
Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$26,746.24
Total aggregate of expenditures during this reporting period, not reported a), of \$25 or less.	ed t\$0.00
Total of all itemized expenditures reported in detail in section VI.	c) \$ 18,000.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$44,746.24
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) \$0.00
f) Total of all expenses year to date	f) \$44,746.24
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from begind, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:Gallagher, Callahan & Gartrell, PC quarterly (monthly	Amount:
\$6000) lobbying retainer paid by New Hampshire Bankers	\$18,000.00
Association	\$
	\$
	\$
	\$
	s
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	4/22/2019 (Date)
(pignature of 1000y1st)	(Date)
Kristy A. Merrill	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

Name of Jobbyist's partnership, firm or corporation, if any:	I. Name of Lobbyist(s)K	risty A. Merrill, Thoma	s F. Fahey, Ryan Hale, a	nd Sandra Trac	·y
Name of Client	II. Name of lobbyist's pa	rtnership, firm or c	orporation, if any:		
Name of Client	Novy Hommobine Don	lears Association			
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: Birdsell Regina (Last Name) Office Candidate is Seeking Senate 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." Full name of candidate: (Last Name) Office Candidate is Seeking Full name of candidate: (Last Name) Office Candidate is Seeking 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)					
Full name of candidate: Glast Name Glas	III. Name of Client			Date	
Full name of candidate: Glast Name Glas	Political Contributions				
Full name of candidate: Birdsell (Last Name) (First Name) (Middle Name/Initial Amount of contribution \$100.00		on that is reportable	oursuant to RSA Chap	ter 664 paid o	on behalf of the
Full name of candidate:	client/lobbyist and lobbying	g firm, indicate the fo	llowing:		
Amount of contribution \$100.00 Office Candidate is SeekingSenate 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." 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 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)					
Amount of contribution \$100.00 Office Candidate is SeekingSenate 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." 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 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)					
Amount of contribution \$100.00 Office Candidate is SeekingSenate 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." Full name of candidate:	Full name of candidate:	Birdsell	Regina_	ıme)	(Middle Name/Initia
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." 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 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)					
Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution is an 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 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." [Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)	Amount of contribution \$	100.00	Office Candidate is	SeekingSe	enate
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 th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate:					
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 th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate:	Full name of candidate:	(Last Name)	(First Name)	(Middle 1	Name/Initial)
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter th actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not know enter an estimated value and the word "estimate." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)					
	actual cost of the in-kind contr	ribution on the line above	a description of the good ve for amount of contribu	ds or services pution. If the ac	rovided, and enter the tual cost is not known
Office Condidate in Scoking	Full name of candidate:				
		(Last Name)	(First Name)	(Middle	Name/Initial)

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions of	on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swea is true and complete to the best of my knowledge and belief.	r or affirm that the foregoing information
(Signature of lobbyist)	4/22/2019 (Date)
Kristy A. Merrill	

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:						
Name of Lobbying pa	rtnership, firm, or corpo	oration:New Hampshi	re Bankers Association			
Name of Client (leave any particular client):	blank if Statement is fo	or the partnership, firm, or	corporation and not related to			
Date of Report (check	(one):					
April 24, 2019 X	July 31, 2019 🛚	October 30, 2019 □	January 29, 2020 □			
			nd Expenses described above, an number of Addendum forms bein			
_X Addendum	A (s).					
Addendum	B(s).					
Addendum C	(s).					
	f my knowledge and be		nt and each Addendum is true an 2019(Date)			
Thomas F. Fahey	,					

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:

		oration:New Hampshi	re Bankers Association corporation and not related to
Date of Report (check	k one):		
April 24, 2019 X	July 31, 2019 🗆	October 30, 2019 □	January 29, 2020 □
			nd Expenses described above, ar umber of Addendum forms beir
_X Addendum	A(s).		
Addendum	B(s).		
Addendum C	(s).		
	rm that the foregoing in f my knowledge and be		nt and each Addendum is true ar
Mariago	<u></u>	4/22/2	
(Signature of lobbyist))		(Date)
Ryan Hale		_	
(Print Name of lobbyi	ist)		

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.

(Print Name of lobbyist)

	Affirmation by Lobby ne and Expenses for:	yist		
Name of Lobbying pa	rtnership, firm, or corpo	oration:New Hampshi	re Bankers Association	
Name of Client (leave	blank if Statement is for	or the partnership, firm, or	corporation and not relate	ed to
any particular client):				
Date of Report (check	k one):			
April 24, 2019 X	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □	
			nd Expenses described abo umber of Addendum forn	
_X Addendum	A (s).			
Addendum	B(s).			
Addendum C	(s).			
	rm that the foregoing in f my knowledge and be		nt and each Addendum is	true and
	my	4/22/2		-
(Signature of lobby)			(Date)	
Sandra Tracy				