

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

II: Name of lobbyist's partner	shin firm s	N CORNORO	tion if answ		11		*****	
		- Table - Tabl	uon, n any:	.:.	i:	.::- ::: :::		.:
Demers, Prasol &			:	· · · · · ·	·: ···	·		
(Name of partn		•	16 to 18	•	:	•:	0000+	
<u>.i. i</u> , .i. i	/lain St.		<u> </u>		NH	:	0330	
Business Address: (Street)		(Town	n/City)	· . · . · .	(State)		(Zip Code)	: : _
603.228.1498	():	.!*! .,	e-1	_{nail} jame	es.dem	ers@den	ieru-Pa
(Telephone)			(Fax)	::,				
II. This statement covers: (C	hoose one –	file separa	ate reports i	or each cli	ent. OR vo	u mav file s	separate ren	ort for
eportable expense transactio	ns which ar	e not attri	butable to a	ny one clie	nt).			
		111. ***	· ··.				- ij. ii.'	
All reportable transactions of	occurring in	the months	prior to the	reporting d	ate relative	to the follo	wing client:	· · · ·
	:		1	·:.· ·:	-::	.::::		:::::::
(Full Na	me of Client a	as it appears	on the Lobby	ist Registrati	on Form)			: ::
<u>OR</u>	·					·		
All reportable transactions by	y the lobbyis	t (includin	g the lobbyis	t's family),	or the lobb	ving firm li	sted below whi	ch are
mrelated to any particular clien		·					1 .11.	
		·						
	il 30, 2025	X		:July 3	0, 2025			::
eports cover: activity from date	of registration	n to 3/31/25	' a	ctivity from	4/1/25 to 6/3	0/25	eria. Principalita	
	r 29, 2025				28, 2026			
activity from	7/1/25 to 9/30	0/25	act	ivity from 10	V1/25 to 12/3	1/25		•••.
. There have been no fees	received a	nd no ron	ortoblo tre	neootione	madasin	aa tha last	mon out	7
this box is checked, complete								4 [].]
tate House, Room 204, Concor	d, NH 0330	1.		:::		20, 107 1107	in main bireei,	
		· · · · ·				*1.**		:
I. Check if additional report				: :	÷			
If you have received fees or						_		••••
∐If you have paid an honorar	ium or reiml	bursed exp	enses, you n	nust file Ad	dendum B-	- Report of	Honorariums o	r ele
xpense Reimbursement		a di Casa di	1 117 1 117 297 24		. 61			
If you, your firm, or your fa	mily nas ma	ide politica	i contributio	ns, you mus	st lile Adde	ndum C- I	olitical Contri	butions
			1.41				- <u>:::</u> ::::	
				· ·			d	
worn Statement/Affirmation								
have read RSA 15, RSA 15-B, ad complete to the best of my l			64 and hereb	y swear or	affirm that	the foregoir	ng information	is true
a complete to the best of my i	dio wiedge a	na Dellei.		.:	/	- /-		*
X YIL DOM	en			<u> </u>	4/27	1/25	_ ::. :: :	·
Signature of lobbying			· ·		' /:::	(Date)		
James M.	De 101 0	1		**.* .	11.			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	DEPARTMENT OF S
II. Name of lobbyist's partnership, firm or corporation, if any:	
Demen, Prasol + Thomas Iu	e
(Name of partnership, firm or corporation) III. Name of Client	
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 greeduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$
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) \$ ear)
c) Total of all fees received to date (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 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 leabeing 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 greater 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 paid expenses; (b) the aggregate total of all le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a ter 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)\$_308,351.76
b) Total aggregate of expenditures during this reporting period, not reported 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)s 308, 351.76
(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	ns 308,351.76
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.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
(Signature of lobbyist). Cured M. Demens (Print Name of lobbyist)	4/27/25
(Signature of lobbyist)	(Date)
(Print Name of lobbyist)	
(Finit maine of loodyist)	

LEASE PR

T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any: Demers, Prasol & Thomas, Inc	
(Name of partnership, firm or corporation)	
III. Name of Client AMERICAN ASSOCIATION of DENIAL B	Suaranate 4/27/25
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:	il relatione or public relations comica-
a) Total of all fees received in this reporting period	a) \$
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) \$
c) Total of all fees received to date (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 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 examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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 greater 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 paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater 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) S
in a), of \$25 or less.	b) S
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

 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 reported. f) Total of all expenses year to date 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. 	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for all expenditures of more than \$25 made from the following details for the following	
Provide the following detail for all expenditures of more than \$25 made from	am labbying fees during this reporting
	an loooying ices during this reporting
Paid to:	Amount:
	\$
	S
	•
Sworn Statement/Affirmation by Lobbyist	

.



STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

Demers, Prasol & Thomas, Inc (Name of partnership, firm or corporation) II. Name of Client Date Olitical Contributions or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following: Ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not knowner an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not knowner an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) The contribution is an in-kind contribution on the line above for amount of contribution. If the actual cost is not knowner an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial)	iiiiii Taraa agaal	hidata	uén anahin	Sium ou co	vnouette de				
(Name of Client			1. 17.1	·. :: ::	rporation, 11	any:			
Olitical Contributions or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following: Chast Name Chirst Name (Middle Name/Initial)	Jemers, Pra				<u>:</u>	<u> </u>	<u> </u>	<u> </u>	<u>:`:`</u>
olitical Contributions or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following: ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking (The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known and the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known and the stimated value and the word "estimate."		(Name of pai	mersnip, iirm	or corporation)				: :::::	: ::::
or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following: Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following:	II. Name of Cl	ient		- :			Date		<u> </u>
or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following: Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following:	Political Cont	ributions		!			·	:	
lient/lobbyist and lobbying firm, indicate the following:		::	ition that i	s reportable	pursuant to	RSA Chapte	r 664 paid c	on behalf of	f the
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate."									
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate."		. i' i.	:	·			.:, !`	;	
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate."							4		Ē :::
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ater an estimated value and the word "estimate." (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ater an estimated value and the word "estimate."	ull nome of a	andidata:		2,66	$\circ \Pi$	ichne	w		. :
the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known atter an estimated value and the word "estimate."	uii name of c	andidate	(Las	t Name)	(First N	ame)	(Middle)	Name/Initial)	
the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ater an estimated value and the word "estimate."	nina ena	ini			om dilan				
ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate." "(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking "the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate."	mount of conti	noution 5	· · · · · ·		Office Candida	ne is Seeking			
ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate." "(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking "the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate."	the contribution	on is an in-k	ind contribu	ition, provid	e a description	of the goods	or services p	rovided, and	enter th
ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not knowner an estimated value and the word "estimate."									
ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the stual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate."									
ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate."									
ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate."								r di	
ull name of candidate: (Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate."		i. :: 	1	·.i. i	.i		::	r di Side di	
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate."									I <u>- </u>
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate."									
(Last Name) (First Name) (Middle Name/Initial) mount of contribution \$ Office Candidate is Seeking the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate."									
mount of contribution \$ Office Candidate is Seeking The contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known ter an estimated value and the word "estimate."									
the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the an estimated value and the word "estimate." ull name of candidate:		andidate:		t Nama)	(First N	::::::::::::::::::::::::::::::::::::::	(Middle)	Name/Initial)	
ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the next an estimated value and the word "estimate." ull name of candidate:		andidate:	(Las	t Name)	17.		11. 11	Name/Initial)	
ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known the next an estimated value and the word "estimate." ull name of candidate:	ull name of c		(Las	t Name)	17.		11. 11	Name/Initial)	
ull name of candidate:	ull name of contract	ibution \$			_ Office Cand	idate is Seeki	ng		
ull name of candidate:	ull name of continuount of continuount of contribution	ibution \$ on is an in-k	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
ull name of candidate:	ull name of continuount of contribution that contribution that cost of the	ibution \$on is an in-kee in-kind cor	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
ull name of candidate:	ull name of continuount of contribution that contribution that cost of the	ibution \$on is an in-kee in-kind cor	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
	ull name of continuount of contribution that contribution that cost of the	ibution \$on is an in-kee in-kind cor	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
	ull name of continuount of contribution the contribution could cost of the other an estimate	ibution \$ on is an in-k e in-kind cor ed value and	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
	ull name of continuount of contribution the contribution could cost of the nter an estimate	ibution \$ on is an in-k e in-kind cor ed value and	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
	f the contribution of the	ibution \$ on is an in-k e in-kind cor ed value and	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
(Last Name) (First Name) (Middle Name/Initial)	full name of continuount of control The contribution Citual cost of the onter an estimate	ibution \$ on is an in-k: e in-kind cor ed value and	ind contribu	ition, provid	_ Office Cand e a description	idate is Seeki	ng	rovided, and	
	ull name of continuount of control the contribution could cost of the nter an estimate	ibution \$ on is an in-k: e in-kind cor ed value and	ind contribu ntribution of the word "	ntion, provid in the line ab estimate."	_ Office Cand e a description ove for amoun	idate is Seeki of the goods t of contributi	or services p	rovided, and tual cost is n	

If the contribution is an in-kind contribution, provide						
actual cost of the in-kind contribution on the line about	ove for	amount of	contribution.	If the actual	cost is not kr	iown,
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.

(Signature of lobbyist)

(Print Name of lobbyist)

DEMERS, PRASOL & THOMAS INC. Transaction Detail by Account

January through March 2025

Date	Name	Original Amount
Political (Contribution	
01/08/25	NH Senate Republicans PAC	500.00
01/15/25	NH House Democratic Victory Co	500.00
01/22/25	NH Senate Democratic Caucus	500.00
02/01/25	Friends of Donovan Fenton	250.00
02/05/25	Perkins Kwoka for New Hampshire	500.00
02/06/25	Friends of Tim McGough	500.00
02/06/25	Friends of Cindy Rosenwald	500.00
02/06/25	Abbas for NH	250.00
02/06/25	Debra Altschiller for NH	250.00
02/18/25	Friends of Janet Stevens	300.00
03/04/25	Kelly for NH	2,500.00
03/05/25	Friends of Sue Prentiss for NH Se	250.00
03/06/25	Vote Tim Lang	250.00
03/06/25	Keith Murphy 4 NH	250.00
03/06/25	Denise for Senate	250.00
03/06/25	Friends of Howard Pearl	250.00
03/06/25	McConkey for NH	250.00
03/06/25	David Rochefort For NH	250.00
03/06/25	Ruth Ward for Senate	250.00
03/06/25	Kevin Avard for Senate	250.00
03/06/25	Friends of Dan Innis	250.00
03/06/25	Gray 4 NH Senate	250.00
03/06/25	Friends of Victoria Sullivan	250.00
03/06/25	Gannon for State Senate	250.00
03/06/25	Friends of Tara Reardon	250.00
03/06/25	Committee to Elect David Watters	250.00
03/06/25	Long for NH Senate	250.00
03/11/25	Friends of Regina Birdsell	500.00
03/11/25	Kenney for Executive Council	300.00
03/11/25	Friends of Sharon Carson	500.00
03/12/25	Committee to elect House Republ	500.00
03/18/25	NH Democratic Party	2,500.00
03/26/25	Friends of John Stephen	300.00

Total Political Contribution

TOTAL