

STATE OF NEW HAMPSHIRE

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

RECEIVED OCT 29 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Kristy A. Me	rrill / Ryan Hale		<u> </u>
II. Name of lobbyist's partnership, firm o	r corporation, if any:		
New Hampshire Bankers As	10 ASSES		
(Name of partnership, firm o			
PO Box 2586	Concord	NH	03302
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603.224.5373	N/A	e-mail kmerrill@nh	bankers.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – reportable expense transactions which ar	e not attributable to any	one client).	
New Hampshire Bankers As	sociation	,	
P	as it appears on the Lobbyist	Registration Form)	<u> </u>
OR	•••	. -	
All reportable transactions by the lobbyis unrelated to any particular client.	st (including the lobbyist's	s family), or the lobbying fi	rm listed below which are
IV. Date of Report April 30, 2025 Reports cover: activity from date of registratio October 29, 2025 activity from 7/1/25 to 9/3 V. There have been no fees received a If this box is checked, complete just this form State House, Room 204, Concord, NH 0336 VI. Check if additional reports are attack If you have received fees or made expe If you have paid an honorarium or reim Expense Reimbursement If you, your firm, or your family has me	activional no reportable transmand submit it to the Section of the	retary of State's Office, 107 Idendum A-Fees and Exp st file Addendum B-Repo	7 North Main Street, enses ort of Honorariums or
Sworn Statement/Affirmation by Lobbyi I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a (Signature of lobbyist) Kristy A. Merrill (Print Name of lobbyist)	and RSA 664 and hereby	swear or affirm that the for 10/28/2025 (Date)	

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

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OCT 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

	(RSA Chapter 15:6)
I. Name of Lobbyist(s) Kristy A	. Merrill / Ryan Hale
II. Name of lobbyist's partnershi New Hampshire Bank	
(Name of partnership, fir III. Name of Client New Ham	m or corporation) pshire Bankers Association Date
TV For Dealers	

IV. Fees Received

N

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

a) Total of all fees received in this reporting period

a) \$ 12,087.03

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) \$} 27,076.88

10/28/2025

c) Total of all fees received to date (Add lines a and b)

c) \$ 39,163.91

d) Indicate the amount of any such fees that are due, but have not yet been paid

_{d) \$} 0.00

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

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.

_{b) \$} 0.00

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

18,000.00

d) Total expenses for this reporting period (Add lines a, b and c)	_{d)} \$ 55,809.15
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)} \$ 131,301.14
f) Total of all expenses year to date	_{f) \$} 187,110.29
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Gallagher, Callahan & Gartrell PC quarterly	18,000.00
(monthly \$6000) lobbying retainer	J
paid by New Hampshire Bankers Association	\$
	\$ \$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	<u> </u>
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.	n that the foregoing information
Theth	10/28/2025
Signature of lobbyist)	(Date)
Kristy A. Merrill	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

Kristy A.	Merrill		<u>L==:AKTINE</u>
I. Name of Lobbyist(s) Kristy A.			
II. Name of lobbyist's partnersh		on, if any:	
New Hampshire Bankers As	sociation		
(Name of partnership, f	irm or corporation)	· · · · · · · · · · · · · · · · · · ·	10/28/2025
III. Name of Client New Hamp	shire Bankers Ass	sociation	Date 10/28/2025
Political Contributions For each political contribution the client/lobbyist and lobbying firm	at is reportable pursua, indicate the following	ant to RSA Chapter	664 paid on behalf of the
Full name of candidate:	(Emerican)		•
Amount of contribution \$100	.00Offic	e Candidate is Seekin	gHouse
If the contribution is an in-kind contactual cost of the in-kind contribution known, enter an estimated value and	on on the line above for	cription of the goods amount of contribution	or services provided, and enter the on. If the actual cost is not
Spouse contribution			_
Full name of candidate:			
Amount of contribution \$	Off	ce Candidate is Seek	ing
If the contribution is an in-kind cor actual cost of the in-kind contributi known, enter an estimated value an	stribution, provide a des	scription of the goods	or services provided, and enter the
	•		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	N	ice Candidate is Seel	cina .
Amount of contribution \$	On	nce Candinate 12 peer	<u> </u>

If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line above for am	ption of the goods or services provided, and enter the nount of contribution. If the actual cost is not know
		,
(If more than three contributions	were made, report additional contrib	outions on separate addendum C forms.)
Sworn Statement/Affirms	ition by Lobbyist	
I have read RSA 15, RSA 1 is true and complete to the	5-B and RSA 664 and hereby best of my knowledge and bel	swear or affirm that the foregoing information
(Signature of lobbyist)		10/28/2025 (Date)
Kristy A. Merrill		(23.0)
(Print Name of lobbyist)		

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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.

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NEW HAMPSHIRE
DEPARTMENT OF STATE

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

Different of Freeze	, and Daponous tor.			
Name of Lobbying part	mership, firm, or corpo	ration: New Hamp	shire Bankers Associa	ition
Name of Client (leave	blank if Statement is fo	or the partnership, firm	, or corporation and not related	to any
particular client):				
Date of Report (check	one):			
April 30, 2025 🗆	July 30, 2025 □	October 29, 2025	January 28, 2026 □	
1.50			e and Expenses described above number of Addendum forms	44 BCCC
Addendum A(s	э. х			
Addendum B(s	·)			
Addendum C(s	i). <u>X</u>			
	m that the foregoing in my knowledge and bel		ement and each Addendum is tr	ue and
dyin DHul	<u> </u>		10/28/2025	
(Signature of lobbyist)	-		(Date)	
Ryan Hale				
(Print Name of Johnvis	at)			