

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 2 9 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Peter Bragdon, Andrew	Hosmer, Lucas	Meyer		DEPARTMENT OF
II. Name of lobbyist's pa	rtnership, firm or cor	poration, if any	:		
1	Preti Strategies				
(Name of	partnership, firm or corp	oration)			
57 N Main St	57 N Main St Concord		NH		03301
Business Address: (Street)		(Town/City)	(State	:)	(Zip Code)
(603) 401-1588	()		c-mail	Imeyer@preti.e	com
(Telephone)	` '	(Fax)		, ,	
III. This statement cover reportable expense trans	actions which are not	attributable to	any one client).		
a rureportable dansact	Dyn, Inc.	onais prior to ai	e reporting dure rola		ming enem.
(F	ull Name of Client as it ar	pears on the Lobb	yist Registration Form	1)	
<u>OR</u>					
☐ All reportable transacti unrelated to any particular		luding the lobby	rist's family), or the	lobbying firm li	isted below which are
-	pril 24, 2019 🔲	3/31/19	July 31, 2019 activity from 4/1/19 t		
	October 30, 2019 🛭 wity from 7/1/19 to 9/30/1	9	January 29, 2 activity from 10/1/19		
V. There have been no If this box is checked, com State House, Room 204, C	plete just this form and	•			-
VI. Check if additional r	eports are attached:				
	ees or made expenditur	es, you must file	Addendum A- Fe	es and Expenses	i
☐ If you have paid an ho Expense Reimbursement	onorarium or reimburse	d expenses, you	must file Addendui	n B– Report of	Honorariums or
If you, your firm, or y	our family has made po	olitical contribut	ons, you must file A	Addendum C- I	Political Contributions
Sworn Statement/Affirm 1 have read RSA 15, RSA and complete to the vest o	15-B, RSA 14-C and R		eby swear or affirm	that the foregoin	ng information is true
Teto	<i></i>		October 18t		_
(Signature of lobbyist)				(Date)	
Peter Bragdon					



(Print Name of lobbyist)

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I. Name of Lobbyist(s)	DEPARTMENT OF STAT				
II. Name of lobbyist's	partnership, firm or	corporation, if any:			
	Preti Strategies				
(Name	of partnership, firm or c	orporation)			
57 N Main St		Concord	NH	03301_	
Business Address: (Stre	et)	(Town/City)	(State)	(Zip Code)	
(603)401-1588	3 ()	e-mail Imeye	r@preti.com	
(Telephone)		(Fax)			
reportable expense tra	nsactions which are i	of attributable to a		nay file a separate report for	
- An reportable danse	Dyn, Inc	•	reporting date relative to t	ne ionowing enem.	
	(Full Name of Client as:		yist Registration Form)		
<u>OR</u>					
☐ All reportable transa unrelated to any particul		including the lobby	ist's family), or the lobbyir	ng firm listed below which are	
IV. Date of Report Reports cover: activity	April 24, 2019 []	on to 3/31/19	July 31, 2019 🛭 activity from 4/1/19 to 6/30/1	9	
a	October 30, 2019 🛭 ctivity from 7/1/19 to 9/3	0/19	January 29, 2020 activity from 10/1/19 to 12/3	1/19	
	omplete just this form o		ansactions made since Secretary of State's Office,		
VI. Check if additiona	l reports are attached	l :			
	-		Addendum A- Fees and I	Expenses	
☐ If you have paid an Expense Reimbursemen		rsed expenses, you r	nust file Addendum B- R	eport of Honorariums or	
X If you, your firm, o	r your family has made	political contribution	ons, you must file Addend	um C- Political Contributions	
Sworn Statement/Affli I have read RSA 15, RS and complete to the bes	A 14-C an		by swear or affirm that the	foregoing information is true	
X/X			October 18th, 2019		
(Signature of Yobbyist)			(Da	ate)	
Andrew Hosmer					



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I. Name of Lobby	yist(s) Peter Bra	gdon, And	lrew Hosmer, Luca	s Meyer		
II. Name of lobby	yist's partnershi	p, firm o	corporation, if a	ny:		
	Preti Stra	itegies				
	(Name of partners	nip, firm or	corporation)			
57 N Main S	t		Concord		NH	03301
Business Address:	(Street)		(Town/City)			(Zip Code)
(603)401	1-1588	()	e-mai	i lmeyer	@preti.com
(Telepho	ne)		(Fax)	<u> </u>		
reportable expen	se transactions	which are	not attributable (to any one client)	•	ay file a separate report for
☐ All reportable	transactions occ	_	•	the reporting date	relative to th	he following client:
	(Full Name	Oyn, li of Client o	it appears on the Lo	hhviet Registertion	Form)	
OR	(Full Name	or Chere a	in appears on the co	obyist Registration	rottii)	
	•	e lobbyis	(including the lob	byist's family), or	the lobbying	g firm listed below which are
IV. Date of Report April 24, 2019 July 3		July 31, 1	2019 🗓			
Reports cover: activity from date of registration to 3/31/19 October 30, 2019		ion to 3/31/19	activity from 4/1		9	
		-			January 29, 2020 □	
	activity from	7/1/19 to 9.	30/19	activity from 10	/1/19 to 12/31	1/19
	ked, complete jus	t this form				the last report. ※ 107 North Main Street,
VI. Check if add	itional reports a	re attache	ed:			
	-		ditures, you must f	ile Addendum A-	- Fees and E	Expenses
☐ If you have participated Expense Reimbur		n or reimb	ursed expenses, yo	u must file Adder	adum B– Ro	eport of Honorariums or
X If you, your f	irm, or your fami	ly has ma	de political contrib	utions, you must f	ilc Addendt	um C- Political Contributions
and complete to the	15, RSA 15-B, R he best of my kno	SA 14-C a	nd RSA 664 and h	ereby swear or aff	irm that the	foregoing information is true
.65 5	. Mexico			October	18th, 2019	
(Signature of lob	byis y)				(Da	ite)
Lucas Meyer	•					
(Print Name of lo	bbyist)					