

## STATE OF NEW HAMPSHIRE

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

PECEIVED

JAN 2 8 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Danielle Adams			
II. Name of lobbyist's partnership, firm or corporat	ion, if any:		
(Name of partnership, firm or corporation	ı)		
1300 Wilson Boulevard, Suite 600 Arlin	gton	VA	22209
	/City)	(State)	(Zip Code)
( ) <u>860-874-7103</u> ( )		-mail compliance	_nh_als_1@multistate.u
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file separa reportable expense transactions which are not attrib	outable to any one cl	ient).	
	prior to the reporting	date relative to the	ionowing chem.
The ALS Association			
(Full Name of Client as it appears OR	on the Lobbyist Registra	ation Form)	
All reportable transactions by the lobbyist (including unrelated to any particular client.	g the lobbyist's family	y), or the lobbying f	irm listed below which are
IV. Date of Report April 24, 2024  Reports cover: activity from date of registration to 3/31/24		ly 31, 2024 om 4/1/24 to 6/30/24	**
October 30, 2024 activity from 7/1/24 to 9/30/24		ry 29, 2025 10/1/24 to 12/31/24	
V. There have been no fees received and no rep If this box is checked, complete just this form and subm State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached:			
If you have received fees or made expenditures, yo	u must file Addendu	m A- Fees and Exp	enses
If you have paid an honorarium or reimbursed expense Reimbursement			
If you, your firm, or your family has made politica	contributions, you m	nust file Addendum	C- Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 60 and complete to the best of my knowledge and belief.	54 and hereby swear (	or affirm that the fo	regoing information is true
Darielle Adams	·	01/22/202	<del></del>
(Signature of lobbyist)		(Date)	)
Danielle Adams			
(Print Name of lobbyist)			