STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) Andre	ew Hosmer		
II. Name of lobbyist's partnership	, firm or corporation, if any:		
Preti Strategies			
	p, firm or corporation)		
PO Box 1318	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() 6034101588 (Telephone)	()	e-mail Imeyer	②preti.com
(Telephone)	(Fax)		
III. This statement covers: (Choos reportable expense transactions w			file a separate report for
All reportable transactions occur	Ting in the months prior to the repo	rting date relative to the	following client:
Healthy Equality C			_
	f Client as it appears on the Lobbyist Re	gistration Form)	1/1
OR	,,,,,,,,		
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist's f	amily), or the lobbying (firm listed below which are
IV. Date of Report April 24. Reports cover: activity from date of re October 30, activity from 7/1/2	gistration to 3/31/24 activi	July 31, 2024	
V. There have been no fees rece If this box is checked, complete just a State House, Room 204, Concord, N	this form and submit it to the Secret		
VI. Check if additional reports are	e attached:		
If you have received fees or made	le expenditures, you must file Adde	ndum A- Fees and Exp	enses
If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, you must f	ile Addendum B- Repo	ort of Honorariums or
If you, your firm, or your family	has made political contributions, ye	ou must file Addendum	C- Political Contributions
Sworn Statement/Affirmation by I I have read RSA 15, RSA 15-B, RSA and complete to the best of my know	A 14-C and RSA 664 and hereby sw	ear or affirm that the for	regoing information is true
ATHE	-	January 6, 20	025
(Signature of lobbyist)		(Date)	
Andrew Hosmer		(Date)	
(Print Name of lobbyist)			
the state of the s			