

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Virgil K	ing		
II. Name of lobbyist's partnership,	, firm or corporation, if a	eny:	
N/A			
(Name of partnership	p, firm or corporation)		
6340 Sequence Drive	San Diego, CA	A 92121	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>888-738-3646</u> (Telephone)	()(Fa	C-IIIaii	ing@dexcom.com
III. This statement covers: (Choose reportable expense transactions w	hich are not attributable	to any one client).	177
All reportable transactions occur	ring in the months prior to	the reporting date relative to	o the following client:
Dexcom, Inc.		8	14
OR (Full Name of	Client as it appears on the L	obbyist Registration Form)	-
All reportable transactions by the Unrelated to any particular client. IV. Date of Report April 24, Reports cover: activity from date of reports cover: activity from date of reports cover: activity from 7/1/2. V. There have been no fees recell fithis box is checked, complete just to State House, Room 204, Concord, No. VI. Check if additional reports are If you have received fees or made If you have paid an honorarium of Expense Reimbursement If you, your firm, or your family	gistration to 3/31/24 2024 2024 2024 20ived and no reportable this form and submit it to the H 03301. e attached: le expenditures, you must or reimbursed expenses, you must	July 31, 2024 activity from 4/1/24 to 6/30 January 29, 2025 activity from 10/1/24 to 12/31 e transactions made since the Secretary of State's Office of the Addendum A— Fees and you must file Addendum B—	e the last report. e, 107 North Main Street, Expenses Report of Honorariums or
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist) Virgil King	A 14-C and RSA 664 and I	hereby swear or affirm that the	
(Print Name of Jobbyist)			