STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 10 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT 1. Name of Lobbyist(s) Peter Bragdon, Margaret Gilmour

| I. Name of lobbyist's partnership, fi | rm or corporation, if any: | | |
|---|--|------------------------------|--------------------|
| Preti Strategies | , | | |
| (Name of partnership, i | <u> </u> | B 11 1 | |
| PO Box 1318 | Concord | NH | 03301 |
| isiness Address: (Street) | (Town/City) | (State) | (Zip Code) |
|) 6034101573 (Telephone) | () | _{e-mail} | @preti.com |
| (Telephone) | (Fax) | · | |
| I. This statement covers: (Choose of portable expense transactions which are the control of the | ch are not attributable to any or | ne client). | _ |
| | | • | following client: |
| Greater Nashua Cha | | | |
| | lient as it appears on the Lobbyist Re | gistration Form) | |
| <u>OR</u> Talloon and be a considered to the first | | 22 4 121 : 6 | |
| All reportable transactions by the log needed to any particular client. | obyist (including the loodyist's la | mily), or the loobying I | irm listed below v |
| infolited to any particular chem. | | | |
| Reports cover: activity from date of regist October 29, 20 activity from 7/1/25 to V. There have been no fees receiv | Ja o 9/30/25 red and no reportable transactions | | |
| this box is checked, complete just this tate House, Room 204, Concord, NH | | ary of State's Office, 10 | 7 North Main Stre |
| I. Check if additional reports are a | | | |
| If you have received fees or made | · | | |
| ☐ If you have paid an honorarium or xpense Reimbursement | reimbursed expenses, you must fi | ile Addendum B – Repo | ort of Honorarium |
| | as made political contributions, w | nı must file Addendum | C- Political Cor |
| | is made pointed contributions, ye | ou must mo muchanie | i C Tomicai Con |
| If you, your firm, or your family ha | | ou must file Addendum | ı C- Political C |
| worn Statement/Affirmation by Lob have read RSA 15, RSA 15-B, RSA 1 nd complete to the best of my knowle | 4-C and RSA 664 and hereby swe | ear or affirm that the for | regoing informat |
| Lete Baylon | | October 1, 2 | 025 |
| Signature of lobbyist) | | (Date) | |
| Peter Bragdon | | • | |
| Print Name of lobbyist) | | | |

P I E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Peter Bragdon, Margaret G | ilmour |
|---|--|
| II. Name of lobbyist's partnership, firm or corporation, if any: Preti Strategies | |
| (Name of partnership, firm or corporation) III. Name of Client Greater Nashua Chamber of Comme | rce _{Date} October 1, 2025 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses: a) Total of all fees received in this reporting period b) Total of all fees received this calendar year, prior to this reporting period | t relations, or public relations service |
| (This should equal the total of all prior monthly reports for this calendar yet) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not | c) \$ 18,000.00 d) \$ 0.00 |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | port all expenses made from lobbying client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid agenses; (b) the aggregate total of all e: meals purchased during a business than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, but not greater than \$50 expense reimbursement, or political |
| 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. | a) \$ b) \$ |
| c) Total of all itemized expenditures reported in detail in section VI. | c) \$ |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|--|------------------------------------|
| 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) \$ |
| f) Total of all expenses year to date | f) \$ |
| 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: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| <u> </u> | \$ |
| | \$ |
| | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm | n that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| (Signature of lobbyist) | October 1, 2025 |
| (Signature of lobbyist) | (Date) |
| Peter Bragdon | |
| (Print Name of lobbyist) | • |

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 10 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

| 1. Name of Lobbyist(s) Margare | t Gilmour, Peter | Bragdon | DEPARIMENT OF ST |
|--|--|-------------------------------|-----------------------------|
| II. Name of lobbyist's partnership, firm | or corporation, if any: | | |
| Preti Strategies | • | | |
| (Name of partnership, firm | n or corporation) | | |
| PO Box 1318 | Concord | NH | 03301 |
| Business Address: (Street) | (Town/City) | (State) | (Zip Code) |
| () 6034101588 (|) | _{e-mail} Imeyer@ | ⊋preti.com |
| (Telephone) | (Fax) | | |
| III. This statement covers: (Choose one | – file separate reports for e | ach client. OR vou mav | file a separate report for |
| reportable expense transactions which | | | |
| All | - Al | ation to the state of the | C 11 ' 1' . |
| All reportable transactions occurring i | | rting date relative to the | following client: |
| Nashua Chamber of (| | | |
| (Full Name of Clier OR | nt as it appears on the Lobbyist R | egistration Form) | |
| All reportable transactions by the lobb | vist (including the lobbyist's t | Family) or the lobbying t | firm listed helow which are |
| unrelated to any particular client. | yiat (including the loodyist s i | anmy), or the lobbying i | inii nsted below which are |
| IV. Date of Report Reports cover: activity from date of registra October 30, 2024 activity from 7/1/24 to 9. | tion to 3/31/24 activ ↓ ✓ J | July 31, 2024 | |
| V. There have been no fees received If this box is checked, complete just this fo State House, Room 204, Concord, NH 033 | orm and submit it to the Secre | | |
| VI. Check if additional reports are atta | ched: | | |
| If you have received fees or made exp | | _ | |
| If you have paid an honorarium or rei Expense Reimbursement | mbursed expenses, you must | file Addendum B – Repo | ort of Honorariums or |
| If you, your firm, or your family has a | nade political contributions, y | ou must file Addendum | C- Political Contributions |
| , , , , , , , , , , , , , , , , , | Farment sourcement, 1 | | A VIIII OUR CORRESPONDE |
| Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-0 and complete to the best of my knowledge | C and RSA 664 and hereby sw and belief. | vear or affirm that the for | regoing information is true |
| Margaret Gilmone | | October 1, 20 | 025 |
| (Signature of lobbyist) | | (Date) | |
| Margaret Gilmour | | | |
| (Print Name of lobbyist) | | | |

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Margaret Gilmour, Peter Br | agdon |
|---|---|
| II. Name of lobbyist's partnership, firm or corporation, if any: Preti Strategies | |
| (Name of partnership, firm or corporation) | |
| III. Name of Client Greater Nashua Chamber of Commer | ce _{Date} October 1, 2025 |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses: | relations, or public relations service ess fee amount reported shall not b |
| a) Total of all fees received in this reporting period | a) \$ 6,000.00 b) \$ 12,000.00 |
| 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 ye | b) \$ 12,000.00 |
| c) Total of all fees received to date (Add lines a and b) | _{c)} \$ 18,000.00 |
| 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 represes. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | lient and if expenditures are made be hay be filed for the lobbyist(s)/firm aggregate total of all expenses pai penses; (b) the aggregate total of a e: meals purchased during a business than \$10 that is given to the persod with a value of \$25.00 or less); and thing period of greater than \$25.00 for e of greater than \$25, purchase of a than \$25, but not greater than \$50 expense reimbursement, or political |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. | a) \$ |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less. | b) \$ |

c) \$ _____

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

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|--|------------------------------------|
| 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) \$ |
| f) Total of all expenses year to date | f) \$ |
| 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: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| <u></u> | \$ |
| | \$ |
| | |
| - | |
| Sworn Statement/Affirmation by Lobbyist | |
| · | |
| 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 |
| | |
| Margaret Gilmone | October 1, 2025 |
| (Signature of lobbyist) | (Date) |
| Margaret Gilmour | |
| (Print Name of lobbyist) | |