

## STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 2 7 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s)	Karry La Violet	te		
II. Name of lobbyist's par	tnership, firm or corp	poration, if any:		
(Name of	partnership, firm or corpo	oration)		
1201 Pennsylvania A	ve., NW Suite 450	) Washington	DC	20004
Business Address: (Street)		Town/City)	(State)	(Zip Code)
( ) <u>(202)-712-261</u> (Telephone)	5 ( )_	(Fax)	e-mail compliance	_nh_aada_1@multistate.u
III. This statement covers reportable expense transa				file a separate report for
Ali reportable transacti	ons occurring in the mo	onths prior to the repor	ting date relative to the f	following client:
American Acader	7	i		
· ·	Il Name of Client as it ap	pears on the Lobbyist Re	gistration Form)	
All reportable transaction unrelated to any particular		luding the lobbyist's fa	nmily), or the lobbying f	irm listed below which are
	April 24, 2024 atte of registration to 3/ctober 30, 2024 from 7/1/24 to 9/30/24	Ja	July 31, 2024 ty from 4/1/24 to 6/30/24 nuary 29, 2025 from 10/1/24 to 12/31/24	
V. There have been no If this box is checked, comp State House, Room 204, Co	olete just this form and			
VI. Check if additional re	ports are attached:			
	•	es, you must file Adde	ndum A- Fees and Exp	enses
Expense Reimbursement	norarium or reimbursed	l expenses, you must f	ile Addendum B– Repo	rt of Honorariums or
If you, your firm, or yo	our family has made po	litical contributions, ye	ou must file Addendum	C- Political Contributions
Sworn Statement/Affirms I have read RSA 15, RSA and complete to the best of	15-B, RSA 14-C and R		ear or affirm that the for	egoing information is true
Karry La W41-115 Dan 23, 2025 16:50 EST)			01/21/2025	
(Signature of lobbyist)			(Date)	
Karry La Violette				
(Print Name of lobbyist)		_		