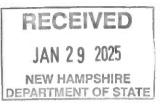


STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Camille Boulais-Pretty

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of part	nership, firm o	or corporation)		
Business Address: (Street)		(Town/City)		(State)	(Zip Code)
()(Telephone)	()	(Fax)	e-mail	
III. This statement covers: (C reportable expense transactions) All reportable transactions	ons which ar	re not attrib	utable to any one c	lient).	
Airbnb, Inc.					
	ame of Client	as it appears o	on the Lobbyist Registr	ation Form)	
OR All reportable transactions unrelated to any particular clie	v v	st (including	the lobbyist's famil	y), or the lobbying	firm listed below which are
IV. Date of Report Ap Reports cover: activity from dat	oril 24, 2024 Se of registration	on to 3/31/24	Ju activity fr	ly 31, 2024 am 4/1/24 to 6/30/24	
	er 30, 2024 n 7/1/24 to 9/3	0/24		ry 29, 2025 10/1/24 to 12/31/24	
V. There have been no fee If this box is checked, complete State House, Room 204, Conce	e just this for	m and subm			
VI. Check if additional repo					
If you have received fees of					
If you have paid an honora Expense Reimbursement	arium or reim	bursed expe	nses, you must file A	Addendum B– Rep	ort of Honorariums or
	family has m	ade political	contributions, you n	nust file Addendum	n C- Political Contributions
Sworn Statement/Affirmatio I have read RSA 15, RSA 15-F and complete to the pest of my	B, RSA 14-C	and RSA 66	4 and hereby swear	or affirm that the fo	regoing information is true

Fer (Signatury of lobbyist) Camille Boulais-Pretty

1/24/25

(Print Name of lobbyist)