		Expenses fo (RSA (ent of Income and or LOBBYISTS Chapter 15)	APR 30 2025
	PLEASE PR	INT		NEW HAMPSHIRE
I. Name of Lo	obbyist(s) Martin	Hammond		DEPARTMENT OF ST
		, firm or corporation, if any: Management (USE	BAM)	
		p, firm or corporation)		
200		rporate Center Ewing	NJ	08628
Business Addre		(Town/City)	(State)	(Zip Code)
	9)493-1071	()(Fax)	e-mail	NDM@pfmam.com
``		e one – file separate reports fo		
		f Client as it appears on the Lobbyi lobbyist (including the lobbyist		firm listed below which are
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85