

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED
JUL 1 8 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Camille Bo	ulais-Pretty		
II. Name of lobbyist's partnership, firm	or corporation, if a	ny:	
(Name of partnership, firm	or corporation)	-	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (Telephone))(Fax)	e-mail	
III. This statement covers: (Choose one reportable expense transactions which a	– file separate repor ire not attributable t	ts for each client, OR you ma	ay file a separate report for
All reportable transactions occurring in Airbnb, Inc.	the months prior to	the reporting date relative to th	e following client:
	t as it appears on the Lo	bbyist Registration Form)	
All reportable transactions by the lobby unrelated to any particular client.	**		g firm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registrat	ion to 3/31/24	July 31, 2024 activity from 4/1/24 to 6/30/24	<i>t</i>
October 30, 2024 activity from 7/1/24 to 9/		January 29, 2025 activity from 10/1/24 to 12/31/24	
V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 033	rm and submit it to th	transactions made since t e Secretary of State's Office, I	he last report. Of North Main Street,
VI. Check if additional reports are attac			
If you have received fees or made exp If you have paid an honorarium or rein Expense Reimbursement			
If you, your firm, or your family has n	nade political contrib	ntions, you must file Addendu	m C Political Contributions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the jest of my knowledge (Signature of lobby)ist)	and RSA 664 and he and belief.	ereby swear or affirm that the f	oregoing information is true
(Pfrint Name of lobbyist)	the) /-/-	,