## STATE OF NEW HAMPSHIRE

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

# RECEIVED

JUL 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

I. Name of Lobbyist(s) Kelly Fay			DEPARTMENT OF	
II. Name of lobbyist's partnership, f	irm or corporation, if any:			
(Name of partnership,	firm or corporation)			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
( )(Telephone)	(Fax)	e-mail		
III. This statement covers: (Choose of reportable expense transactions whi	one – file separate reports fo ch are not attributable to an	y one client).		
All reportable transactions occurring Airbnb, Inc.	ng in the months prior to the re	porting date relative to the	e following client:	
<u></u>	Client as it appears on the Lobbyis	Registration Form)		
All reportable transactions by the lounrelated to any particular client.	bbyist (including the lobbyist'	s family), or the lobbying	firm listed below which are	
IV. Date of Report April 30, 2  Reports cover: activity from date of regis  October 29, 24  activity from 7/1/25 to	tratio <u>n to</u> 3/31/2 <b>5</b> act	July 30, 2025 vivity from 4/1/25 to 6/30/25  January 28, 2026 January 28, 2026 jty from 10/1/25 to 12/31/25		
V. There have been no fees receiv If this box is checked, complete just thi State House, Room 204, Concord, NH	is form and submit it to the Sec			
VI. Check if additional reports are a	ttached:		-{-}	
If you have received fees or made If you have paid an honorarium or Expense Reimbursement				
If you, your firm, or your family h	as made political contributions	s, you must file Addendur	n C-Political Contributions	
Sworn Statement/Affirmation by Lo I have read RSA 15, RSA 15-B, RSA and complete to the best of my knowle	14-C and RSA 664 and hereby	swear or affirm that the fo	oregoing information is true	
(Signature of loobyist)		7-28-2 (Date	<u>5</u>	
(Print Name of lobbvist)	<del></del> .			