

STATE OF NEW HAMPSHIRE

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

RECEIVE JAN 30 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Bruce McCaskill			
II. Name of lobbyist's partnership, firm	n or corporation, if any	7:	
N/A			
(Name of partnership, firm	n or corporation)		
100 SAS Campus Drive	Cary, NC 275	13	
Business Address: (Street)	(Town/City)	(State) (Zip Co	ode)
() 919-531-2019 ()	e-mail Bruce.McCaskill@sas.c	om
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which		s for each client, OR you may file a separat any one client).	te report for
All reportable transactions occurring	in the months prior to th	e reporting date relative to the following clies	nt:
SAS Institute Inc.			
	nt as it appears on the Lobb	oyist Registration Form)	
OR			
All reportable transactions by the lobb unrelated to any particular client.	yist (including the lobby	yist's family), or the lobbying firm listed belo	w which are
IV. Date of Report April 24, 202 Reports cover: activity from date of registre October 30, 2024 activity from 7/1/24 to 9	ation to 3/31/24	July 31, 2024 activity from 4/1/24 to 6/30/24 January 29, 2025 Ctivity from 10/1/24 to 12/31/24	
	form and submit it to the	ransactions made since the last report. Secretary of State's Office, 107 North Main .	
VI. Check if additional reports are atta	iched:		
If you have received fees or made ex	- · · · · · · · · · · · · · · · · · · ·		
If you have paid an honorarium or re Expense Reimbursement	imbursed expenses, you	must file Addendum B- Report of Honorari	iums or
	made political contribut	ions, you must file Addendum C – Political (Contributions
	-		
(Signature of lobbyist) Bruce McCaskill	C and RSA 664 and her	reby swear or affirm that the foregoing inform 1/27/21/35 (Date)	nation is true
(Print Name of Jobbyist)			