

STATE OF NEW HAMPSHIRE

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

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JUL 25 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

l. Name of lobbyist's partners	hip, firm or corporation, if any:		
Comcast Corp.			
(Name of partne	rship, firm or corporation)		
54 Regional Dr.	Concord	NH	03229
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-628-3380	, ∖n/a	e-mail chris_hodge	don@comcast.com
(Telephone)	(Fax)		
	oose one file separate reports for is which are not attributable to any		ıy file a separate r
_	ecurring in the months prior to the re	porting date relative to th	e following client:
Comcast Corp.			
·	ne of Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by unrelated to any particular client	the lobbyist (including the lobbyist).	s family), or the lobbying	g firm listed below
Reports cover: activity from date of October	30, 2024	July 31, 2024 Livity from 4/1/24 to 6/30/24 January 29, 2025 ty from 10/1/24 to 12/31/24	
	received and no reportable tran fust this form and submit it to the Sec d, NH 03301.		
VI. Check if additional reports	s are attached;		
-	made expenditures, you must file Ac	ldendum A- Fees and Ex	kpenses
Expense Reimbursement	um or reimbursed expenses, you mu		-
If you, your firm, or your far	mily has made political contributions	, you must file Addendu	m C– Political Cor
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 664 and hereby	swear or affirm that the f	Foregoing informati
DH)		7-22-2024	
(Signature of lobbyist)		7-22-2024 (Dat	re)
125			(e)

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Chris Hodgdon	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Comcast Corp.	
(Name of partnership, firm or corporation)	7.00.0004
III: Name of Client Comcast Corp.	Date 7-22-2024
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The granded by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	_{a) S} _n/a _{b) S} _n/a
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	_{b) \$} <u>n/a</u>
c) Total of all fees received to date (Add lines a and b)	_{c) S} n/a
d) Indicate the amount of any such fees that are due, but have not yet been paid	_{c) \$} n/a _{d) \$} n/a
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to ref fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 30,000
b) Total aggregate of expenditures during this reporting period , not reported in a), of $$25$ or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) S 0

d) Total expenses for this reporting period	30,000
(Add lines a, b and c) c) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	e) S 30,000 f) S 60,000 obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	
NOT	7-22-2024
(Signature of tobbyist)	(Date)
Chris Hodgdon	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	nns Hoagaon	<u> </u>	-
II. Name of lobbyist's p	artnership, firm or c	corporation, if any:	
Comcast Corp.	• •	. , ,	
	partnership, firm or corporation	n)	
III. Name of Client Con	ncast Corp.		Date 7-22-2024
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportab	le pursuant to RSA Chapter 6	564 paid on behalf of the
Full name of candidate:	Gray	Jim	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S	500 -	Office Candidate is Seeking	state Senate
	Cannar	Dill	
Full name of candidate:		Bill	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500	Office Candidate is Seeking	State Senate
Amount of contribution S_ If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, providention on the line al	Office Candidate is Seeking de a description of the goods or bove for amount of contribution	services provided, and enter the
If the contribution is an in- actual cost of the in-kind co	kind contribution, provident ontribution on the line all id the word "estimate."	de a description of the goods or bove for amount of contribution	services provided, and enter the
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, providention on the line al	de a description of the goods or	services provided, and enter the . If the actual cost is not known (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for ameenter an estimated value and the word "estimate."	tion of the goods or services provided, and enter the bunt of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contrib	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby is true and complete to the best of my knowledge and bel	
(OH) _	7-22-2024
(Signature of Hobbyist)	(Date)
Chris Hodgdon	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Chris	Hodgdon		
II. Name of lobbyist's partne	ership, firm or	corporation, if any:	
Comcast Corp.	• .	. , ,	
•	hip, firm or corporati	on)	· .
III. Name of Client Comcas	t Corp.		Date 7-22-2024
Political Contributions For each political contribution client/lobbyist and lobbying f	n that is reportal	ble pursuant to RSA Chapte e following:	r 664 paid on behalf of the
Full name of candidate: Ava	ard	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 500		_ Office Candidate is Seeking	State Senate
Full name of candidate: Pea	arl	Howard	
Tutt hame of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S 500		Office Candidate is Seeking	ng State Senate
If the contribution is an in-kind cactual cost of the in-kind contribenter an estimated value and the	ution on the line :	above for amount of contributi	or services provided, and enter the on. If the actual cost is not known
Full name of candidate:	Soucy	Donna	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution S 500			State Senate

If the contribution is an in-kind contribution, provide a deser- actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate,"	
(If more than three contributions were made, report additional contributions)	nbutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
10th -	7-22-2024
(Signature(of lobbyist)	(Date)
Chris Hodgdon	
(Print Name of lobbyist)	