

STATE OF NEW HAMPSHIRE

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

RECEIVED

JUL 1 5 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Abigail Jewett			DEI ARTIMENT (
II. Name of lobbyist's partnership,				
(Name of partnership	o, firm or corporation)	_		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
()	()(Fax)	e-mail		
III. This statement covers: (Choose reportable expense transactions w	e one – file separate reports fo	r each client, OR you ma	y file a separate report for	
All reportable transactions occur		•	a fallassina ali ant	
PMI Global Services I		sporting date relative to in	e tollowing chent;	
	Client as it appears on the Lobbyis	t Registration Form)		
OR All reportable transactions by the unrelated to any particular client.	lobbyist (including the lobbyist	's family), or the lobbying	firm listed below which are	
IV. Date of Report April 24, Reports cover: activity from date of res October 30, activity from 7/1/24	zistration to 3/31/24 a. 2024	July 31, 2024 ctivity from 4/1/24 to 6/30/24 January 29, 2025 ity from 10/1/24 to 12/31/24		
V. There have been no fees rece If this box is checked, complete just to State House, Room 204, Concord, N	his form and submit it to the Sec			
VI. Check if additional reports are				
If you have received fees or mad If you have paid an honorarium of Expense Reimbursement				
If you, your firm, or your family	has made political contributions	s, you must file Addendu	m C-Political Contributions	
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of my know (Signature of lobbyist) Abigail Jewett	14-C and RSA 664 and hereby	swear or affirm that the fo	-	