

## STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

I. Name of Lobbyist(s) Jessica Eskelan	d
II. Name of lobbyist's partnership, firm or corpo	ration, if any:
(Name of partnership, firm or corpora	tion)
309 Waverley Oaks Road,	Waltham, MA 02452
Business Address: (Street) (To	own/City) (State) (Zip Code)
( ) (603) 568-9357 ( )	e-mail compliance_nh_alz_1@multistate.us (Fax)
reportable expense transactions which are not at	arate reports for each client, OR you may file a separate report for tributable to any one client).  ths prior to the reporting date relative to the following client:
	and prior to the reporting date resalive to the following eneme.
Alzheimer's Association (Full Name of Client as it appe	ars on the Lobbyist Registration Form)
OR	ding the lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 24, 2024  Reports cover: activity from date of registration to 3/3 in October 30, 2024  activity from 7/1/24 to 9/30/24	July 31, 2024  January 29, 2025  activity from 10/1/24 to 12/31/24
	reportable transactions made since the last report. Lebmit it to the Secretary of State's Office, 107 North Main Street,
If you have paid an honorarium or reimbursed e Expense Reimbursement	you must file Addendum A— Fees and Expenses  xpenses, you must file Addendum B— Report of Honorariums or  ical contributions, you must file Addendum C— Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA and complete to the best of my knowledge and belied Testica Eskeland  Institute The Institute 1724 18 79 507.  (Signature of lobbyist)  Jessica Eskeland	A 664 and hereby swear or affirm that the foregoing information is true f.  7/8/24  (Date)
(Print Name of lobbyist)	•