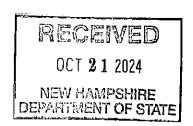


STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

I. Name of Lobbyist(s) Danielle	Adams			
II. Name of lobbyist's partnership, firm		any:		
(Name of partnership, firm 1300 Wilson Boulevard,	= -	Arlington	VA	22209
Business Address: (Street)	(Town/City)	7 4 111 191011	(State)	(Zip Code)
(860) 874-7103)	e-m	ail complianc	e_nh_als_1@multistate.us
(Telephone)	(Fa	x) c-m	<u> </u>	
III. This statement covers: (Choose one reportable expense transactions which a				ay file a separate report for
All reportable transactions occurring in	the months prior t	o the reporting dat	e relative to tl	ne following client:
The ALS Association				
·	as it appears on the I	Lobbyist Registratio	n Form)	
All reportable transactions by the lobby unrelated to any particular client.	ist (including the lo	obbyist's family),	or the lobbyin	g firm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registrat October 30, 2024 activity from 7/1/24 to 9/	ion to 3/31/24	July 3 activity from January 2 activity from 10/		
V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 033	rm and submit it to			
VI. Check if additional reports are attac	hed:			
If you have received fees or made exp	• •			•
If you have paid an honorarium or rein Expense Reimbursement	nbursed expenses,	you must file Add	endum B– Re	eport of Honorariums or
If you, your firm, or your family has n	nade political contri	butions, you must	file Addendı	um C-Political Contribution
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	and RSA 664 and	hereby swear or a	ffirm that the	foregoing information is true
Danielle Adams		10/17	/2024	
(Signature of lobbyist)			(Da	te)
Danielle Adams				
(Print Name of lobbyist)				