

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 28 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Abigail Jewett II. Name of lobbyist's partnership, firm or corporation, if any: N/A			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(Telephone)	(Fax)	e-mail	
III. This statement covers: (Choo reportable expense transactions	which are not attributable to any	one client).	
PMI Global Services	urring in the months prior to the rep	porting date relative to the	c following client:
(Full Name	of Client as it appears on the Lobbyist	Registration Form)	
All reportable transactions by the unrelated to any particular client.	ne lobbyist (including the lobbyist's	s family), or the lobbying	firm listed below which are
IV. Date of Report April 2 Reports cover: activity from date of October 3 activity from 7/1.	0, 2024	July 31, 2024	<i>b</i> .
V. There have been no fees really this box is checked, complete just State House, Room 204, Concord, 2011	t this form and submit it to the Secr	sactions made since the retary of State's Office, 10	e last report. 97 North Main Street,
VI. Check if additional reports a	re attached:		
If you have paid an honorariun	ade expenditures, you must file Ad n or reimbursed expenses, you mus		
Expense Reimbursement If you, your firm, or your famil	y has made political contributions,	you must file Addendun	n C- Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the dest of the kno (Signature of lobbyist)	A 14-C and RSA 664 and hereby s	swear or affirm that the fo	regoing information is true
Abigail Jewett (Print Name of lobbyist)		,	