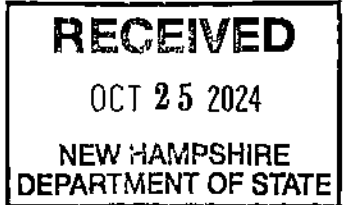




STATE OF NEW HAMPSHIRE
2024 Statement of Income and
Expenses for LOBBYISTS
(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Camille Boulais-Pretty

II. Name of lobbyist's partnership, firm or corporation, if any:
N/A
 (Name of partnership, firm or corporation)

Business Address: (Street) _____ (Town/City) _____ (State) _____ (Zip Code) _____
 () _____ () _____ e-mail _____
 (Telephone) (Fax)

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:
Airbnb, Inc.
 (Full Name of Client as it appears on the Lobbyist Registration Form)

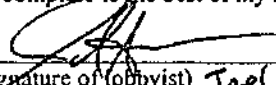
OR
 All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2024 July 31, 2024
Reports cover: activity from date of registration to 3/31/24 activity from 4/1/24 to 6/30/24
 October 30, 2024 January 29, 2025
activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24

V. There have been no fees received and no reportable transactions made since the last report.
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:
 If you have received fees or made expenditures, you must file Addendum A– Fees and Expenses
 If you have paid an honorarium or reimbursed expenses, you must file Addendum B– Report of Honorariums or Expense Reimbursement
 If you, your firm, or your family has made political 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 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

 10/15/24
 (Signature of lobbyist) Joel Aurora s/b/a (Date)
Camille Boulais-Pretty
 (Print Name of lobbyist)

See Attached California Jurat

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

[Handwritten signature]

Signature of Document Signer No. 1

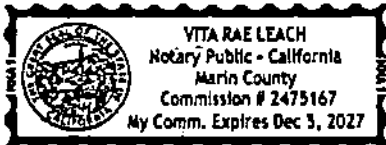
[Handwritten signature]

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
 County of Marin

Subscribed and sworn to (or affirmed) before me
 on this 15 day of October, 2024
 by Joel Aurora
 (1) _____
 (and (2) _____),
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature *[Handwritten Signature]*
 Signature of Notary Public

Seal
 Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____