## STATE OF NEW HAMPSHIRE

## 2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 22 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) Abigail Jewett			DEPARTMENT OF ST
II. Name of lobbyist's partnersh			
(Name of partners	hip, firm or corporation)		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( )(Telephone)	( )(Fax)	e-mail	
III. This statement covers: (Cho reportable expense transactions	which are not attributable to an	y one client).	
	curring in the months prior to the receives Inc. and Affili		he following client:
(Full Name	of Client as it appears on the Lobbyis		<del></del> ,
All reportable transactions by the unrelated to any particular client.	ne lobbyist (including the lobbyist	's family), or the lobbying	g firm listed below which are
IV. Date of Report April 3 Reports cover: activity from date of October 2 activity from 7/1	9, 2025	July 30, 2025  tivity from 4/1/25 to 6/30/25  January 28, 2026  ity from 10/1/25 to 12/31/2	
V. There have been no fees re If this box is checked, complete jus State House, Room 204, Concord,	st this form and submit it to the Sec	nsactions made since ( cretary of State's Office,	the last report. 107 North Main Street,
	re attached: ade expenditures, you must file A n or reimbursed expenses, you mu		
If you, your firm, or your fam	ily has made political contribution	s, you must file <b>Addend</b> i	um C-Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my known (Signature of Jobbyist)  Abigail Jewett	SA 14-C and RSA 664 and hereby	<i>‡</i>	foregoing information is true  10035  te)
(Print Name of lobbyist)	<del></del>		