71115

STATE OF NEW HAMPSHIRE

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

RECEIVED
FEB 0 3 2025
NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

	lobbyist's partnership, firm or co ger Solutions	orporation, if any:		
	(Name of partnership, firm or co	poration)		
100	N. Main St, Ste 400	Concord	NH	03301
Susiness Add	ress: (Street)	(Town/City)	(State)	(Zip Code)
, 603	3-670-3671 ()		tbrewster@nhh e-mail	nungersolutions.org
/(Te	elephone)	(Fax) -	C-Man	
All repor	table transactions which are no	·		following client:
VITI TIUII	ger Solutions		D :	
OR	(Full Name of Client as it	appears on the Lobbyist	Registration Form)	
All report	table transactions by the lobbyist (i	ncluding the lobbyist's	s family), or the lobbying f	irm listed below wh
inrelated to a	any particular client.			
V. There h f this box is state House, VI. Check if	October 30, 2024 October 30, 2024 activity from 7/1/24 to 9/30/24 ave been no fees received and checked, complete just this form ar Room 204, Concord, NH 03301. additional reports are attached:	activit no reportable trans ad submit it to the Secr	etary of State's Office, 107	7 North Main Street
	ave received fees or made expendit			
If you ha	ave paid an honorarium or reimburs mbursement	sed expenses, you mus	t file Addendum B – Repo	ort of Honorariums o
-	our firm, or your family has made	oolitical contributions.	vou must file Addendum	C- Political Contri
	-			
have read R	ement/Affirmation by Lobbyist RSA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and I	RSA 664 and hereby poelief.	swear or affirm that the for	regoing information
1/2			1/29/2025	
Signature o	f lobbyist)		(Date)	 I
ſifťany E	Brewster			
(Print Name	of lobbyist)			