

## STATE OF NEW HAMPSHIRE

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

OCT 25 2024

RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist's partnership, firm or corporation, if any:			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( )(Telephone)	( )(Fax)	e-mail	
(Telephone)	(Fax)		
III. This statement covers: (Che			y file a separate report for
reportable expense transactions	s which are not attributable to a	any one client).	
All reportable transactions oc	curring in the months prior to the	reporting date relative to the	e following client:
Foundation for Individ	lual Rights and Expre	ssion	
	e of Client as it appears on the Lobb	vist Registration Form)	
OR			<b>.</b>
unrelated to any particular client.	the lobbyist (including the lobby	st's family), or the lobbying	firm listed below which are
	f registration to 3/31/24 30, 2024 // /1/24 to 9/30/24 acceeved and no reportable trust this form and submit it to the S		ne last report.
VI. Check if additional reports		Addendum A– Fees and Ex	penses
If you have paid an honorarit	ım or reimbursed expenses, you r		
Expense Reimbursement  If you, your firm, or your fan	nily has made political contribution	ons, you must file Addendur	m C-Political Contributions
Sworn Statement/Affirmation It I have read RSA 15, RSA 15-B, It and complete to the best of my kr (Signature of lobbyist) Greg Gonzalez	RSA 14-C and RSA 664 and here	by swear or affirm that the fo 10/22/2024 (Date	
(Print Name of lobbyist)	<del></del>		