STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 10 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Michael	O'Brien, Peter Bra	gdon, Andrev	v Hosmer
II. Name of lobbyist's partnership, fin	rm or corporation, if any:		
Preti Strategies			
(Name of partnership, fi	rm or corporation)		
PO Box 1318	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
6034101564	()	_{e-mail} Imeyer(@preti.com
(Telephone)	(Fax)	C-man	
III. This statement covers: (Choose or	ne – file senarate renorts for ea	ch client OR van may	, fila a sanarata ranor
reportable expense transactions which			ine a separate report
7		•	
All reportable transactions occurring		ting date relative to the	following client:
Association of Socia	Work Boards		
	ent as it appears on the Lobbyist Re	gistration Form)	<u></u>
OR	haring (in also disc a 4h - 1-1-1i-a) - C-		
All reportable transactions by the lob unrelated to any particular client.	oyist (including the lobbyist's fa	mily), or the lobbying f	rm listed below which
IV. Date of Report Reports cover: activity from date of registr October 29, 202 activity from 7/1/25 to V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH 0 VI. Check if additional reports are attered from the complete of the complete in the complete in this in the complete in the complete in this in the complete in the complet	Ja 9/30/25 Ja 9/30/25 Ja activity fi ed and no reportable transact form and submit it to the Secreta 3301. tached: expenditures, you must file Addel	nry of State's Office, 10	7 North Main Street, penses
Expense Reimbursement	ombutsed expenses, you must it	ic Addendam B- Kept	at of Honoratiums of
If you, your firm, or your family has	s made political contributions, yo	u must file Addendum	C- Political Contribut
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled (Signature of lobbyist) Michael O'Brien	I-C and RSA 664 and hereby swe ge and belief.	October 1, 2 (Date)	025
(Print Name of lobbyist)			



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			v Hosmer
II. Name of lobbyist's partnership,	firm or corporation, if any:		
Preti Strategies	, firm or corporation)		
PO Box 1318		NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
6034101573	(Town Only)	lmovor@	preti.com
(Telephone)	()	e-maile	<u> </u>
II. This statement covers: (Choose eportable expense transactions wh			file a separate re
7		• •	
	ring in the months prior to the repo		following client:
Association of Soci			<u> </u>
(Full Name of OR	Client as it appears on the Lobbyist R	egistration Form)	
All reportable transactions by the	lobbyist (including the lobbyist's f	amily) for the lobbying fi	rm listed helow w
unrelated to any particular client.	isocytos (morading the 1000) for B I	uning), or the looeying is	in noted below w
IV. Date of Report April 30, Reports cover: activity from date of reg		July 30, 2025 ty from 4/1/25 to 6/30/25	
October 29,		anuary 28, 2026	
activity from 7/1/25	I	from 10/1/25 to 12/31/25	
V. There have been no fees rece If this box is checked, complete just ti State House, Room 204, Concord, NI	his form and submit it to the Secre		
VI. Check if additional reports are	attached:		
If you have received fees or mad	e expenditures, you must file Add	endum A– Fees and Exp	enses
If you have paid an honorarium o	or reimbursed expenses, you must	file Addendum B – Repo	rt of Honorariums
	has made political contributions, y	ou must file Addendum	C- Political Cont
Sworn Statement/Affirmation by L	14-C and RSA 664 and hereby sv	vear or affirm that the for	egoing informatio
	edge and belief.		
and complete to the hest of my knowl	_	A	
and complete to the best of my knowl	_	October 1, 20	025
and complete to the hest of my knowl	_	October 1, 20 (Date)	



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PLEASE PRINT

1. Name of Lobbyist(s) Andrew	Hosmer, Michael	O'Brien, Peter	r Bragdon
II. Name of lobbyist's partnership, fir	m or corporation, if any:		•
Preti Strategies			
(Name of partnership, fir	rm or corporation)		
PO Box 1318	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
6034101565	()	_{e-mail} lmeyer(@preti.com ^
(Telephone)	(Fax)		
III. This statement covers: (Choose or	ne – file separate reports for e	ach client, OR you may	file a separate repo
reportable expense transactions which			
All reportable transactions occurring	in the months prior to the reno	rting data relative to the	following aliants
Association of Social		ting date relative to the	tonowing chem.
		- intended E	
OR	ent as it appears on the Lobbyist R	egistration Form)	
All reportable transactions by the lob	byist (including the lobbyist's f	amily), or the lobbying f	irm listed below which
unrelated to any particular client.			
IV Data of December 1 to 2 and 1	🗀	7.1.00 and [
IV. Date of Report April 30, 202 Reports cover: activity from date of registre	25 [] ation to 3/31/25 activit	July 30, 2025 by from 4/1/25 to 6/30/25	
October 29, 202	[- 7]	anuary 28, 2026	
activity from 7/1/25 to		from 10/1/25 to 12/31/25	
V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH 0.	form and submit it to the Secre	actions made since the tary of State's Office, 10	e last report. 7 North Main Street,
VI. Check if additional reports are att	achad		
If you have received fees or made ex		endum A – Fees and Exn	enses
If you have paid an honorarium or re			
Expense Reimbursement			
If you, your firm, or your family has	made political contributions, y	ou must file Addendum	C- Political Contrib
Sworn Statement/Affirmation by Lobl	avict		
I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowledge	-C and RSA 664 and hereby sv	ear or affirm that the for	regoing information is
and complete to the best of my knowleds	ge and belief.		
AND FOR		October 1, 20	025
(Signature of lobbyist)		(Date)	
Andrew Hosmer			
(Print Name of lobbyist)			