

STATE OF NEW HAMPSHIRE

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

RECEIVED

FEB 03 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) CALEB WILLIAMSON					
II. Name of lobbyist's partnership, fir	m or co	rporation, if any:			
(Name of partnership, fi	m or cor	poration)			
1401 K Street NW suit	te 501	Washington	DC	2000	
Business Address: (Street)	 .	(Town/City)	(State)	(Zip Code)	
2028458816	<i>(</i>)		e-mail lobbying@	lobbying@actonline.org	
(Telephone)	().	(Fax)	O-man	· · · · · · · · · · · · · · · · · · ·	
III. This statement covers: (Choose or reportable expense transactions which	are no	t attributable to any (one client).		
All reportable transactions occurring		months prior to the reponsition on the Lobbyist R	_	e following client:	
OR	ent as it	appears on the Loodyist R	egistration Form)		
All reportable transactions by the lob	byist (ir	cluding the lobbyist's	family), or the lobbying	firm listed below which are	
unrelated to any particular client.					
IV. Date of Report April 24, 20 Reports cover: activity from date of regists October 30, 202 activity from 7/1/24 to	ration to 24	;	July 31, 2024		
V. There have been no fees receive If this box is checked, complete just this State House, Room 204, Concord, NH 0	form an				
VI. Check if additional reports are at	ached:				
If you have received fees or made e	-	• •		-	
If you have paid an honorarium or r Expense Reimbursement	eimburs	ed expenses, you must	file Addendum B- Rep	ort of Honorariums or	
If you, your firm, or your family has	s made p	political contributions,	you must file Addendu	n C- Political Contribution	
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B, RSA 14 and complete to the best of my knowled	-C and		wear or affirm that the fo	pregoing information is true	
U alar Mul			01/28/205		
(Signature of lobbyist)			(Date	2)	
Caleb Williamson(Print Name of lobbyist)					