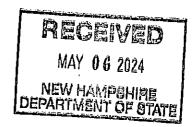


STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

. Name of Lobbyist(s) Tor	n DeRos	sa		
II. Name of lobbyist's partne	ership, firm o	or corporation, if any:		
b-fresh consulting	llc			
(Name of part	nership, firm o	r corporation)	<u> </u>	
1 Hardy	Rd	Bedford	NH	03110
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
) <u>603 565-5382</u>	<u>'</u> ()	e-mailebfr	eshconsulting.com
(Telephone)		(Fax)		
II. This statement covers: ((file a separate repo
eportable expense transacti	ons which ar	e not attributable to any	one client).	
All reportable transactions	occurring in	the months prior to the re	norting date relative to the	following client:
		Crimal Defente		Tone ming enough
 		as it appears on the Lobbyist		
<u>)R</u>	and or enem	as it appears on the Loodyist	Registration Form)	
All reportable transactions	by the lobbyi	st (including the lobbyist'	s family), or the lobbying	firm listed below whi
nrelated to any particular clie	nt.	•		
Reports cover: activity from dat Octob	er 30, 2024 n 7/1/24 to 9/3 s received a e just this forn ord, NH 0330 rts are attach	nto 3/31/24 activity nd no reportable tran n and submit it to the Section 1.	retary of State's Office, 10	7 North Main Street,
If you have paid an honora	arium or reim	bursed expenses, you mus	st file Addendum B – Repo	ort of Honorariums or
Expense Reimbursement If you, your firm, or your	family has mo	ide nolitical contributions	you must file Addendum	. C_ Political Contrib
			, you must more audinated	re romana comme
Sworn Statement/Affirmation have read RSA 15, RSA 15-Fund complete to the best of my	B, RSA 14-C	and RSA 664 and hereby	swear or affirm that the fo	regoing information i
Kon Man	re-		4/23/24	
(Signature of lobbyist)			(Date)
Ton Dillo	ien .			
Print Name of lobbyist)			1	