

STATE OF NEW HAMPSHIRE

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

JAN 28 2025
NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s)	Jonathan Sl	naer			
II. Name of lobbyist's p	partnership, firm or	corporation, if any:			
Altria Client Ser					
	of partnership, firm or				
· ·	ite 1207	Albany	New York	12207	
Business Address: (Street	et)	(Town/City)	(State)	(Zip Code)	
617-899-93	355 ,	518-426-4307	e-mail Jonathan.Shaer@	Altria.com	
(Telephone)		(Fax)	c-man		
reportable expense trai	nsactions which are	not attributable to any o			
All reportable transa	ctions occurring in the	ne months prior to the repor	rting date relative to the follo	owing client:	
Altria Client Ser	vices LLC ar	d its Affiliates			
	Full Name of Client as	it appears on the Lobbyist Re	gistration Form)		
All reportable transactinrelated to any particular		(including the lobbyist's fi	amily), or the lobbying firm	listed below which are	
activi	October 30, 2024 ty from 7/1/24 to 9/30/	Jactivity f d no reportable transa	July 31, 2024 ity from 4/1/24 to 6/30/24 anuary 29, 2025 from 10/1/24 to 12/31/24 ctions made since the las		
State House, Room 204,	Concord, NH 03301		ary of State's Office, 107 No	rth Main Street,	
VI. Check if additional	•				
			ndum A- Fees and Expense ile Addendum B- Report of		
Expense Reimbursement					
If you, your firm, or	your family has mad	e political contributions, ye	ou must file Addendum C-	Political Contributions	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.					
Malhan	& your		January 21, 2025		
(Signature of lobbyist)			(Date)		
Yonathan Shaer					
(Print Name of lobbyist)					



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

JAN 28 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Jonathan Shaer	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Altria Client Services LLC and its Affiliates	
(Name of partnership, firm or corporation)	
III. Name of Client Altria Client Services and its Affiliates	Date January 21, 2025
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	t relations, or public relations services oss fee amount reported shall not be
n) Total of all fees received in this reporting period	a) \$ 4,721.79
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	_{b) s} 9,527.68
c) Total of all fees received to date (Add lines a and b)	c) \$ 14,249.47
Indicate the amount of any such fees that are due, but have not yet been paid	d) s 8 (b
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reported. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditude expenses where the expenditure was of \$25.00 or less (for example).	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paic expenses; (b) the aggregate total of all

lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political

contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.
- _{a) \$} 4,721.79
- b) s 0.00

d) Total expenses for this reporting period	d) \$ 4,721.79
 (Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date VI. Other Expenses: 	e) \$ 9,527.68 f) \$ 14,249.47
Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
Table 1	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Snother Shaer	January 21, 2025
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6) PECEIVED

JAN 2 8 2025

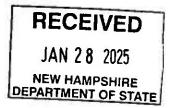
NEW HAMPSHIRE
DEPARTMENT OF STATE

	I. Name of Lobbyist(s)	onathan Shaer	.,			
,	I. Name of lobbyist's partnership, firm or corporation, if any:					
A Altria Client Services LLC and its Affiliates						
		(Name of partnership, firm or corporation)				
	I. Name of Client Altria Client Services LLC and its Affiliates					
R I Political Contributions						
	or each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the lient/lobbyist and lobbying firm, indicate the following:					
	T. 11	Ayotte	Kelly			
	Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
				•		
	Amount of contribution \$		Office Candidate is Seeking			
	Full name of candidate:	Lang	Timothy			
		(Last Name)	(First Name)	(Middle Name/Initial)		
	Amount of contribution \$	1,000.00	Office Candidate is Seeking	State Senate		
	If the contribution is an in-	kind contribution, provide ontribution on the line ab		services provided, and enter the n. If the actual cost is not known,		
•	Full name of condidate.	Avotte	Kelly (Governor's	Inaugural Fund, Inc.)		
•	Full name of candidate:	Ayotte (Last Name)	Kelly (Governor's	Inaugural Fund, Inc.) (Middle Name/Initial)		

enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions	s on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swer is true and complete to the best of my knowledge and belief.	ar or affirm that the foregoing information
Signature of lobbyist)	January 21, 2025
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15



Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist	
Statement of Income and Expenses for:	Altria Client Services LLC and its Affiliates
Name of Lobbying partnership, firm, or corporation:	
Name of Client (leave blank if Statement is for the particular client): Altria Client Services LLC a	partnership, firm, or corporation and not related to any nd its Affiliates
Date of Report (check one):	,
April 24, 2024 □ July 31, 2024 □ Oct	ober 30, 2024 🗆 January 29, 2025 🗹
	ement of Income and Expenses described above, and ement (insert the number of Addendum forms being
complete to the best of my knowledge and belief.	tion on the Statement and each Addendum is true and
Enother Shaer (Signature of lobbyist)	January 21, 2025
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	