STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

(Name of partnership, fir PO box 233			
-O DOX 233		NILI	02264
tusiness Address: (Street)	Northwood (Town/City)	NH (State)	(Zip Code)
603-496-2638	(Town/City)	e-mail jodi@jgst	
(Telephone)	(Fax)	e-mail	adogics.com
II. This statement covers: (Choose on eportable expense transactions which All reportable transactions occurring	are not attributable to any on	e client).	-
Seat Geek			
(Full Name of Clie	ent as it appears on the Lobbyist Reg	gistration Form)	<u> </u>
<u>DR</u>			
All reportable transactions by the lob	byist (including the lobbyist's fa	mily), or the lobbying	firm listed below v
nrelated to any particular client.			
V. Date of Report April 24, 202 leports cover: activity from date of registr October 30, 202 activity from 7/1/24 to	ation to 3/31/24 activit 4 Jan	July 31, 2024 y from 4/1/24 to 6/30/24 nuary 29, 2025 om 10/1/24 to 12/31/24	
There have been no fees received this box is checked, complete just this just the House, Room 204, Concord, NH 03	form and submit it to the Secreta		
I. Check if additional reports are att	ached:		
If you have received fees or made ex		ndum A- Fees and Exp	penses
If you have paid an honorarium or re	eimbursed expenses, you must fi	le Addendum B – Rep	ort of Honorarium
xpense Reimbursement If you, your firm, or your family has			

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:

Name of Lobbying partnership, firm, or corporation: (or on b. kg. 5) where Solutions (LL
Name of Client (leave blank if Statement is 6.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
Date of Report (check one):
April 24, 2024
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or off-
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and
and self.
(Signature of lobbyist)
(Date)
Adam 5 Some Al
(Print Name of lobbyist)