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

JUL 2 9 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

### PLEASE PRINT

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) 677 Broadway - Ste. 1207 Albany New York 12207 (Town/City) Business Address: (Zip Code) Jonathan.Shaer@Altria.com III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Altria Client Services LLC and its Affiliates (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 24, 2024 activity from 4/1/24 to 6/30/. Reports cover: activity from date of registration to 3/31/24 October 30, 2024 January 29, 2025 activity from 7/1/24 to 9/30/24 activity from 10/1/24 to 12/31/24 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A -- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or **Expense Reimbursement** ✓ If you, your firm, or your family has made political contributions, you 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. July 31, 2024 Jò<del>n</del>áthan Shaer (Print Name of lobbyist)



in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

### **Lobbyists Fees and Expenses** Addendum A

(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 LLC and its Affilia	ates <sub>Date</sub> July 31, 2024
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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$_3,712.96
b) 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 y	a) \$ 3,712.96 b) \$ 2,231.61
c) Total of all fees received to date (Add lines a and b)	<sub>c) \$</sub> 5,944.57
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0.00
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 Expenses are to be reported in one of three categories of expenses: (a) th during the reporting period for salaries, benefits, support staff, and office e individual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm the aggregate total of all expenses pair expenses; (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 five of greater than \$25, purchase of the ter than \$25, but not greater than \$56, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	<sub>a)\$</sub> 1,266.56
b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 or less	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	<sub>d)</sub> \$ 3,712.96
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)	e) \$ 2,231.61
f) Total of all expenses year to date	<sub>f) \$.</sub> 5,944.57
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Cardinal Point Strategies for in-person testimony	<sub>\$</sub> 1,360.00
Cardinal Point Strategies for travel expenses for in-person testimony	<sub>\$</sub> 1,086.40
	\$
	\$
	\$
	\$
	·
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.	m that the foregoing information
Conothan Shaer (Signature of lobbyist)	July 31, 2024
	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

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	onathan Shaer		
II. Name of lobbyist's pa	rtnershin, firm or corno	ration if any	
	LLC and its Affiliates	•	
	mership, firm or corporation)		
·		and ita Affiliatas	hili. 24 2024
III. Name of Client	Client Services LLC	and its Amiliates	<sub>Date</sub> July 31, 2024
Political Contributions			
	ution that is reportable pur		64 paid on behalf of the
chenvioobyist and loboyi	ng firm, indicate the follo	wing:	
		<del></del>	<del></del> -
	Strong Cirolo BAC		
Full name of candidate:	Strong Circle PAC		
_	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ $\frac{5}{2}$	00.00 offi	ce Candidate is Seeking <u>N</u>	<u> </u>
164h			
II the contribution is an in-k actual cost of the in-kind co	Ind contribution, provide a d	lescription of the goods or	services provided, and enter the . If the actual cost is not known,
enter an estimated value and		tot amount of contribution	. If the actual cost is not known,
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	NII 04- D		
Full name of candidate:	NH Senate Demod		
· ··· ······· vi cananaic		ratic Caucus	
	(Last Name)	(First Name)	(Middle Name/Initial)
	(Last Name)	(First Name)	N1/A
Amount of contribution \$	(Last Name) 1,000.00	(First Name) ffice Candidate is Seeking	N/A
Amount of contribution \$  If the contribution is an in-k	(Last Name)  1,000.00  O  ind contribution, provide a d	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind cost	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A
Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind cost	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind cos	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind cost	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind cost	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind cost	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in	(First Name)  ffice Candidate is Seeking  lescription of the goods or	N/A services provided, and enter the
Amount of contribution \$  If the contribution is an in-kactual cost of the in-kind content an estimated value and	(Last Name)  1,000.00  Offined contribution, provide a describution on the line above in the word "estimate."	(First Name)  ffice Candidate is Seeking  lescription of the goods or for amount of contribution	N/A services provided, and enter the If the actual cost is not known,
Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind content an estimated value and	(Last Name)  1,000.00  ind contribution, provide a destribution on the line above to the word "estimate."  Committee to	(First Name)  ffice Candidate is Seeking  lescription of the goods or for amount of contribution.	N/A services provided, and enter the If the actual cost is not known,
Amount of contribution \$  If the contribution is an in-k actual cost of the in-kind contenter an estimated value and states are stimated value and states.	(Last Name)  1,000.00  ind contribution, provide a describution on the line above in the word "estimate."  Committee to (Last Name)	(First Name)  ffice Candidate is Seeking  lescription of the goods or for amount of contribution	N/A services provided, and enter the If the actual cost is not known,  epublicans (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descri actual cost of the in-kind contribution on the line above for a	iption of the goods or services provided, and enter the
enter an estimated value and the word "estimate."	mount of conditionation. If the actual cost is not known,
(If more than three contributions were made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and b	
Courthan Shaer (Signature of lobbyist)	July 31, 2024
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) <u>JC</u>			
II. Name of lobbyist's pa	rtnership, firm or co	orporation, if any:	
Altria Client Services	LLC and its Affilia	ntes	
(Name of pa	artnership, firm or corporation	)	
III. Name of Client Altric	a Client Services L	LC and its Affiliates	_ <sub>Date</sub> July 31, 2024
Political Contributions For each political contrib client/lobbyist and lobby		e pursuant to RSA Chapter ( following:	664 paid on behalf of the
Full name of candidate:	NH Senate Rep	oublicans PAC	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	UU.UU	Office Candidate is Seeking	N/A
		love for amount of conditional	i. If the actual cost is not known,
enter an estimated value and	i the word "estimate."		n. If the actual cost is not known,
enter an estimated value and	i the word "estimate."  Bradley	Jeb	
enter an estimated value and	Bradley (Last Name)		(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	Bradley (Last Name) 500.00  cind contribution, providentribution on the line ab	Jeb  (First Name)  Office Candidate is Seeking	(Middle Name/Initial)  State Senate  r services provided, and enter the
Full name of candidate:  Amount of contribution \$	Bradley  (Last Name)  500.00  cind contribution, providentribution on the line and the word "estimate."	Jeb  (First Name)  Office Candidate is Seeking le a description of the goods or nove for amount of contribution	(Middle Name/Initial) State Senate
Full name of candidate:  Amount of contribution \$	Bradley (Last Name) 500.00 cind contribution, providentribution on the line and the word "estimate."	Jeb  (First Name)  Office Candidate is Seeking le a description of the goods or love for amount of contribution	(Middle Name/Initial)  State Senate  services provided, and enter the a. If the actual cost is not known,
Full name of candidate:  Amount of contribution \$  If the contribution is an in-lactual cost of the in-kind coenter an estimated value and  Full name of candidate:	Bradley  (Last Name)  500.00  cind contribution, providentribution on the line and the word "estimate."	Jeb  (First Name)  Office Candidate is Seeking le a description of the goods or nove for amount of contribution	(Middle Name/Initial)  State Senate  services provided, and enter the  If the actual cost is not known,  (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a	iption of the goods or services provided, and enter the mount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	
	<del></del> _
(If more than three contributions were made, report additional contributions)	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereis true and complete to the best of my knowledge and b	
Signature of lobbyist)	July 31, 2024 (Date)
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

•	I. Name of Lobbyist(s) Jo	nathan Shaer		
L E	II. Name of lobbyist's pa	ertnership, firm or c	orporation, if any:	
4	Altria Client Services LLC and its Affiliates			
S E		artnership, firm or corporation		<u> </u>
<b>P</b>	III. Name of Client Altria	Client Services l	LC and its Affiliates	_ <sub>Date</sub> _July 31, 2024
R I Political Contributions N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf client/lobbyist and lobbying firm, indicate the following:				
	Full name of candidate:	Abbas (Last Name)	Daryl (First Name)	(Mîddle Name/Initial)
	E	• ,	(First Name)	(Middle Name/Initial)
	Amount of contribution \$	,00.00 	Office Candidate is Seeking	olale Senale
	If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line at	de a description of the goods or	services provided, and enter the If the actual cost is not known,
	Full name of candidate:	Lang	Timothy	
		(Last Name)	(First Name)	(Middle Name/Initial)
	Amount of contribution \$	500.00	Office Candidate is Seeking	State Senate
	If the contribution is an in-k	rind contribution, provid atribution on the line at		services provided, and enter the  If the actual cost is not known,
	Full name of candidates	Pearl	Howard	
	Full name of candidate:	Pearl (Last Name)	Howard (First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a descri actual cost of the in-kind contribution on the line above for an	
enter an estimated value and the word "estimate."	indum of contribution. If the actual cost is not known,
Afternation to the description of the second	
(If more than three contributions were made, report additional contri	lounons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb	
is true and complete to the best of my knowledge and be	elief.
Signature of lobbyist)	July 31, 2024
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

	nathan Shaer		<del></del> -		
II. Name of lobbyist's part	nership, firm or co	rporation, if any:			
Altria Client Services L	LC and its Affilia	tes			
E (Name of partnership, firm or corporation)					
III. Name of Client Altria	Client Services a	nd its Affiliates	<sub>Date</sub> July 31, 2024		
Political Contributions For each political contribut client/lobbyist and lobbying		e pursuant to RSA Chapter 6 following:	64 paid on behalf of the		
Full name of candidate:	ticciardi	Denise			
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 50	00.00	Office Candidate is Seeking S	tate Senate		
		Vovin			
Full name of candidate:	vard	Kevin	(Middle Name/Initial)		
Full name of candidate: Amount of contribution \$ 50	(Last Name)	Kevin (First Name) Office Candidate is Seeking	(Middle Name/Initial) State Senate		
Amount of contribution \$ 50	(Last Name) )0.00  Ind contribution, provide tribution on the line ab	(First Name)	State Senate services provided, and enter the		
Amount of contribution \$ 50  If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and to the contribution is an in-kind content and estimated value and to the contribution of the contribution is an in-kind content at the contribution is an in-kind content at the contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind content at the contribution is an in-kind actual cost of the in-kind actual cost of th	(Last Name) )0.00  Ind contribution, provide tribution on the line ab	(First Name)  Office Candidate is Seeking le a description of the goods or	State Senate services provided, and enter the If the actual cost is not known		
Amount of contribution \$ 50  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in-kind contribution is an in-kind contribution	(Last Name) )0.00  Ind contribution, provide tribution on the line about the word "estimate."  Gannon (Last Name)	(First Name)  Office Candidate is Seeking le a description of the goods or sove for amount of contribution.	State Senate services provided, and enter the		

If the contribution is an in-kind contribution, provide a des actual cost of the in-kind contribution on the line above for enter an estimated value and the word "estimate."	cription of the goods or services provided, and enter the amount of contribution. If the actual cost is not known,
	<del></del> -
(If more than three contributions were made, report additional con	ntributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and	
Signature of lobbyist)	July 31, 2024
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

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L Name of Lobbyist(s) JO	nathan Shaer		- 1-		
IL Name of lobbyist's pa	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 a	and its Affiliates	<sub>Date</sub> July 31, 2024		
Political Contributions For each political contributions client/lobbyist and lobbyi	ition that is reportabling firm, indicate the	le pursuant to RSA Chapt following:	er 664 paid on behalf of the		
Full name of candidate:	D'Allesandro	Lou			
_	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$ 5	00.00	Office Candidate is Seekin	<sub>g</sub> State Senate		
Full name of candidate:	Gray	James			
run name or candidate	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution $\$\frac{5}{}$	00.00	Office Candidate is Seek	State Canata		
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	stribution on the line ab	de a description of the goods	s or services provided, and enter the tion. If the actual cost is not know		
	· ·				
Full name of candidate:	Innis	Daniel			
Full name of candidate:	Innis (Last Name)	Daniel (First Name) Office Candidate is Seek	(Middle Name/Initial)		

If the contribution is an in-kind contribution, provide a descri	ption of the goods or services provided, and enter the
actual cost of the in-kind contribution on the line above for an enter an estimated value and the word "estimate."	mount of contribution. If the actual cost is not known,
	<u> </u>
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	y swear or affirm that the foregoing information elief.
Cneathan Shaw (Signature of lobbyist)	July 31, 2024
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	

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P	I. Name of Lobbyist(s) Jonathan Shaer						
L E	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 July 31, 2024						
A							
S E							
P							
R [ N [	Political Contributions  For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:						
	Full name of candidate:	Vard	Ruth				
	<i>-</i>	(Last Name)	(First Name)	(Middle Name/Initial)			
	Amount of contribution \$ 50	00.00	Office Candidate is Seeking	State Senate			
	actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."						
	Full name of candidate:	arson	Sharon				
		(Last Name)	(First Name)	(Middle Name/Initial)			
	Amount of contribution \$ 50	00.00	Office Candidate is Seeking	State Senate			
	If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."						
	Full name of candidate:	Birdsell	Regina				
	Tan name of Candidate	(Last Name)	(First Name)	(Middle Name/Initial)			
	Amount of contribution \$ 50	00.00	Office Candidate is Sceking	State Conete			

f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the					
ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, neer an estimated value and the word "estimate."					
<del>-</del>					
	<del></del>				
(If more than three contributions were made, report additional contri	ibutions on separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be	y swear or affirm that the foregoing information elief.				
Souther Shaer	July 31, 2024				
(Signature of lobbyist)	July 31, 2024 (Date)				
Jonathan Shaer					
(Print Name of lobbyist)					

I. Name of Lobbyist(s) Jonathan Shaer						
II. Name of lobbyist's partnership, firm or corporation, if any:						
	a Client Services LLC and its Affiliates					
(Name of partn						
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:						
						Full name of candidate: S
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of contribution \$ 50	0.00	Office Candidate is Scekir	ւջ State Senate			
Full name of candidate:	(Last Name)					
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of contribution \$		Office Candidate is Seel	king			
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line ab	e a description of the good ove for amount of contribu	s or services provided, and enter the trion. If the actual cost is not known			
Full name of candidate:						
	(Last Name)	(First Name)	(Middle Name/Initial)			

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kno				
enter an estimated value and the word "estimate."				
(If more than three contributions were made, report additional contri	butions on separate addendum C forms.)			
	,			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereb is true and complete to the best of my knowledge and be				
Signature of lobbyist)	July 31, 2024			
(Signature of lobbyist)	July 31, 2024 (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:	Aidia Citetit Services LEC and its Anniates				
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):  Altria Client Services LLC and its Affiliates					
Date of Report (check one):					
April 24, 2024	per 30, 2024 □ January 29, 2025 □				
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):					
Addendum A(s)					
Addendum B(s).					
Addendum C(s). X					
I hereby swear or affirm that the foregoing informatio complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and				
Signature of lobbyist) Shaer	July 31, 2024				
(Signature of lobbyist)	(Date)				
Jonathan Shaer					
(Print Name of lobbyist)					