STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 08 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Peg	gy Gilmour		
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Preti Strategies		•	
(Name of partn	ership, firm or corporation	n)	
III. Name of Client			Date 04/01/2025
Political Contributions For each political contribution client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:		nocratic Caucus	
10		(First Name)	,
Amount of contribution \$ 10	·	Office Candidate is Seekin	
enter an estimated value and the			ation. If the actual cost is not known,
enter an estimated value and the			nion. If the actual cost is not known,
			(Middle Name/Initial)
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	(First Name) Office Candidate is Seek	
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)	(First Name) Office Candidate is Seek de a description of the goods bove for amount of contribu	(Middle Name/Initial) king s or services provided, and enter the

If the contribution is an in-kind contribution, provide a description	
actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	nt of contribution. If the actual cost is not known,
the same and the work community.	
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and hereby sv	vear or affirm that the foregoing information
is true and complete to the best of my knowledge and belief	
Margarett Gilmour	04/01/2025
(Signature of lobbyist)	(Date)
Peggy Gilmour	
(Print Name of lobbyist)	