

## STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

I. Name of Lobbyist(s) Janson Wu		
II. Name of lobbyist's partnership, firm or corporation, if any:		
The Trevor Project		
(Name of partnership, firm or corporation)		
PO Box 69232 West Hollywood	CA	90069
Business Address: (Street) (Town/City)	(State)	(Zip Code)
( ) 646-456-3605 (Fax)	thetroverpojecte -mail	bbying <b>9</b> verutile.com
(Telephone) (Fax)		<del></del>
III. This statement covers: (Choose one – file separate reports for each cl reportable expense transactions which are not attributable to any one cli	ent).	
All reportable transactions occurring in the months prior to the reporting	date relative to the	o ioliowing chent:
The Trevor Project  (Full Name of Client as it appears on the Lobbyist Registra		· <del></del>
Reports cover: activity from date of registration to 3/31/24 activity from October 30, 2024 January activity from 7/1/24 to 9/30/24 activity from 1	731, 2024 730724 74/1/24 to 6/30/24 729, 2025 70/1/24 to 12/31/24 s made since th	ne last report.
If this box is checked, complete just this form and submit it to the Secretary of State House, Room 204, Concord, NH 03301.	State's Office, 10	II North Main Street,
VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum	n A Rees and Ev	nanced
If you have paid an honorarium or reimbursed expenses, you must file At Expense Reimbursement		
If you, your firm, or your family has made political contributions, you mu	ist file Addendur	n C-Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or and complete to the best of my knowledge and belief.  (Signature of lobbyist) Janson Wu	affirm that the fo	regoing information is true  2 4
(Print Name of Johnvist)		