

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 22 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Nixon Peabody LLP			
(Name of partn	ership, firm or corporation)		
900 Elm Street	Manchester	NH	03101
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 629 4000			
(603) 628-4062 (Telephone)	(866) 947-0952 (Fax)	e-mail_jhatem@r	ixonpeabody.com
	, , ,		
III. This statement covers: (Cl	hoose one – file separate reports fo	or each client, OR you m	ay file a separate repo
reportable expense transaction	ns which are not attributable to a	ry one client).	
All reportable transactions of	occurring in the months prior to the t	anartina data ralativa ta sl	o fallanda attant
	securing in the months prior to the r	chorang date relative to ti	ie following client:
	State Farm Insurance Companie		
(Full Nar OR	me of Client as it appears on the Lobbyi	st Registration Form)	
	i		
inrelated to any particular client	y the lobbyist (including the lobbyis	t's family), or the lobbying	g firm listed below whi
manage to any partitional origin	•		
V. Date of Report Apri	1 24, 2024	July 31, 2024	
Reports cover: activity from date	of registration to 3/31/24	ctivity from 4/1/24 to 6/30/2	1
	r 30, 2024	January 29, 2025]
activity from	7/1/24 to 9/3 <mark>0/24</mark> activ	ity from 10/1/24 to 12/31/24	4
/ There have been decided			l
V. There have been no fees	received and no reportable tra	nsactions made since t	he last report.
f this box is checked, complete j	iust this form and submit it to the Se	nsactions made since t cretary of State's Office, I	he last report. 07 North Main Street,
lf this box is checked, complete j State House, Room 204, Concord	iust this form and submit it to the Se d, NH 03301.	nsactions made since t cretary of State's Office, 1	he last report. 07 North Main Street,
If this box is checked, complete journal of the State House, Room 204, Concord VI. Check if additional reports	iust this form and submit it to the Se d, NH 03301. s are attached:	cretary of State's Office, 1	07 North Main Street,
If this box is checked, complete journal frame House, Room 204, Concord VI. Check if additional reports If you have received fees or	iust this form and submit it to the Sed, NH 03301. s are attached: made expenditures, you must file A	cretary of State's Office, 1 ddendum A— Fees and E	07 North Main Street,
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It is box is checked, complete journal fate House, Room 204, Concord It you have received fees or If you have paid an honorari expense Reimbursement If you, your firm, or your fair worn Statement/Affirmation have read RSA 15, RSA 15-B,	inst this form and submit it to the Set d, NH 03301. Is are attached: I made expenditures, you must file A ium or reimbursed expenses, you must mily has made political contribution by Lobbyist RSA 14-C and RSA 664 and hereby	cretary of State's Office, I ddendum A- Fees and Ex ist file Addendum B- Rej s, you must file Addendu	07 North Main Street, spenses port of Honorariums or m C- Political Contrib
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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) _ James V. Hatem and Kierstan E. Schultz	
II. Name of lobbyist's partnership, firm or corporation, if any:	
. Nixon Peabody LLP	•
(Name of partnership, firm or corporation)	
III. Name of Client State Farm Insurance Companies	Date
 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: a) Total of all fees received in this reporting period 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) 	nt relations, or public relations services ross fee amount reported shall not be a) \$ 17,800.00 b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ _17,800.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to re fees. 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) the during the reporting period for salaries, benefits, support staff, and office of 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 lobbied (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 by may be filed for the lobbyist(s)/firm, he aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ole: meals purchased during a business less than \$10 that is given to the person fied with a value of \$25.00 or less); and orting period of greater than \$25.00 for lue of greater than \$25, purchase of a fer than \$25, but not greater than \$50, s, expense reimbursement, or nolitical
 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. 	a) \$ b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

 d) Total expenses for this reporting period (Add lines a, b and c) 	d) \$ <u>17,800.00</u>
e) Total of expenses paid this calendar year, prior to t (This should be the amount on line f of addendum A	this reporting period e) \$ for last month's report)
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of me period, including by whom paid or to whom charged.	ore than \$25 made from lobbying fees during this reporting
Paid to:	Amount:
<u> </u>	\$
 	\$ <u>.</u>
	<u> </u>
,	
Addition 1992	h
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge	hereby swear or affirm that the foregoing information and belief.
Q. l. Haten	April 22, 2024
(Signature of lobbyist)	(Date)
James V. Hatem (Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	es V. Hatem and Kie	erstan E. Schultz	
II. Name of lobbyist's part	nership, firm or c	orporation, if any:	
Nixon Peabody LLP		. , ,	
	ership, firm or corporation	n)	
III. Name of Client State Fa	rm Insurance Compa	anies	Date
Political Contributions For each political contribut client/lobbyist and lobbying	on that is reportably firm, indicate the	le pursuant to RSA Chapte following:	er 664 paid on behalf of the
Full name of candidate:	Rosenwald	Cindy	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 250	.00	Office Candidate is Seeking	, State Senate
Full name of candidate:	Gannon	William	 -
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 150	.00	Office Candidate is Secki	ng State Senate
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	l contribution, provid ibution on the line ab	le a description of the goods	or services provided, and enter the
	e word "estimate."	ovo for amount of contributi	on. If the actual cost is not known,
	e word "estimate."		on. If the actual cost is not known,
Full name of candidate:	e word "estimate." Chandley	Shannon	
Full name of candidate: Amount of contribution \$ 250	Chandley (Last Name)		(Middle Name/Initial)

(turn over to continue \rightarrow)

enter an estimated value and the word "estimate."	tion of the goods or services provided, and enter the ount of contribution. If the actual cost is not known,
If more than three contributions were made, report additional contributions	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B and RSA 664 and hereby s true and complete to the best of my knowledge and beli	swear or affirm that the foregoing information
- and and campions to the best of my knowledge and bei	101.
D. V. Hotem	April 22, 2024
(Signature of lobbyist)	·
D. V. Hotem	April 22, 2024

·

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.

(Print Name of lobbyist)

	attirmation by Lobb ne and Expenses for:			
Name of Lobbying par	rtnership, firm, or corpo	oration: Nixon Peabody LLI	5	
			corporation and not related	lo anv
_	e Farm Insurance Compa			
Date of Report (check	· one)·			
April 24, 2024 April 26 , 2 023 ⊠	·	October 25, 2023 □	January 31, 2024 □	
I have read RSA 15, F the following Addend submitted):	RSA 15-B, RSA 664, the things submitted with the	he Statement of Income a at Statement (insert the n	nd Expenses described above umber of Addendum forms	;, and being
Addendum A(s	s). <u>1</u>			
Addendum B(s	3)			
Addendum C(s	3)1			
hereby swear or affirm complete to the best of signature of lobbyist)	m that the foregoing in my knowledge and bel	ief.	nt and each Addendum is true 22, 2024 (Date)	e and
inceton E. Cobult-				