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STATE OF NEW HAMPSHIRE

2024 Statement of Income and **Expenses for LOBBYISTS**

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OCT 2 3 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s)	•		
II. Name of lobbyist's partners! Nixon Peabody LLP	hip, firm or corporation, if any	'3	
	ship, firm or corporation)	_	 .
900 Elm Street	•	A 10.1	20424
Business Address: (Street)	Manchester (Town/City)	NH (State)	(Zip Code)
		•	
(603) 628-4062 (Telephone)	(866) <u>947-0952</u> (Fax)	e-mail jhatem@піхо	onpeabody.com
III. This statement covers: (Chereportable expense transactions All reportable transactions oc	which are not attributable to curring in the months prior to th	any one client).	
	State Farm Insurance Comp		
(Full Nam	e of Client as it appears on the Lobb	yist Registration Form)	
	the lobbyist (including the lobby	rist's family), or the lobbying i	firm listed below which
V. Date of Report April Reports cover: activity from date o	24, 2024 7 registration to 3/31/24	July 31, 2024 activity from 4/1/24 to 6/30/24	
October activity from 7.	30, 2024 🗾 1/24 to 9/30/24 au	January 29, 2025 ctivity from 10/1/24 to 12/31/24	
V. There have been no fees r If this box is checked, complete ju State House, Room 204, Concord	st this form and submit it to the	ransactions made since the Secretary of State's Office, 10	e last report. 27
VI. Check if additional reports	are attached:		
-	nade expenditures, you must file	Addendum A Fees and Exn	enses
If you have paid an honorariu ∃xpense Reimbursement	m or reimbursed expenses, you	must file Addendum B – Repo	ort of Honorariums or
If you, your firm, or your fan	ully has made political contributi	ons, you must file Addendum	C-Political Contribut
Sworn Statement/Affirmation be have read RSA 15, RSA 15-B, Fund complete the best of my kn	SA 14-C and RSA 664 and here	eby swear or affirm that the for	regoing information is t
James V. Hatem		October 23, 2024	
(Signature of lobbyist)		(Date)	<u> </u>
James V. Hatem			
(Print Name of lobbyist)		1	



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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 to lobbying, including fees for services such as public advocacy, gove including research, monitoring legislation, and related legal work. reduced by any expenses:	rnment relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ _17,800.00_
b) Total of all fees received this calendar year, prior to this reporting p (This should equal the total of all prior monthly reports for this cale	
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>53,400.00</u>
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 fees. Separate reports are to be filed for expenditures made relative to the lobbyist(s)/firm that are unrelated to any one client a separate r Expenses are to be reported in one of three categories of expenses: during the reporting period for salaries, benefits, support staff, and of individual expenses where the expenditure was of \$25.00 or less (for lunch where the cost was \$25.00 or less, purchase of a pen with a valuation being lobbied, purchase of a ceremonial object given to a person being (c) an itemized statement of each individual expenditure made during the any purpose not covered by (a) (for example: purchase of a meal with ceremonial object to be given to the subject of lobbying with a valuation restaurant expenses for a legislative reception). Expenses for honore contributions will be reported on separate addendums and should not be	each client and if expenditures are made to eport may be filed for the lobbyist(s)/firm (a) the aggregate total of all expenses particle expenses; (b) the aggregate total of a example: meals purchased during a busine to fless than \$10 that is given to the person lobbied with a value of \$25.00 or less); and is reporting period of greater than \$25.00 fith value of greater than \$25, purchase of the greater than \$25, but not greater than \$5 ariums, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefit support staff, and office expenses, related directly or indirectly to lobby.b) Total aggregate of expenditures during this reporting period, not reporting period.	ing. a) \$ _17,800.00
in a), of \$25 or less.	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) \$17,800.00
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) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$ <i>'</i>
	\$
	\$
<u> </u>	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
James V. Hatem	October 23, 2024
(Signature of Topoyist)	(Date)
James V. Hatem	
(Print Name of lobbyist)	

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 Lok Statement of Income and Expenses for	•
Name of Lobbying partnership, firm, or con	rporation: Nixon Peabody LLP
Name of Client (leave blank if Statement is	s for the partnership, firm, or corporation and not related to any
particular client); State Farm Insurance Cor	mpanies
Date of Report (check one):	
April 24, 2024 July 31, 2024	October 30, 2024 🗵 January 29, 2025 🗆
	that Statement of Income and Expenses described above, and that Statement (insert the number of Addendum forms being
Addendum A(s)1	
Addendum B(s).	
Addendum C(s).	,
I hereby swear or affirm that the foregoing complete to the best of my knowledge and by: Elevation Shults	g information on the Statement and each Addendum is true and belief. October 23, 2024
(Signature of lobbyist)	(Date)
	,
Kierstan E. Schultz	
(Print Name of lobbyist)	