

## STATE OF NEW HAMPSHIRE

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

PECEI

JAN 27 7-25

NEW HAMPS:
DEPARTMENT OF 17

**PLEASE PRINT** 

I. Name of Lobbyist(s) Gio	ovanna Bonilla		
II. Name of lobbyist's partnersl	nip, firm or corporation, if any	<b>/:</b>	
(Name of partner	ship, firm or corporation)	¥) 42	13 mag.
230 Delaware Ave.,	Buffalo	NY	14202
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) 716-858-5289 (Telephone)	(Fax)	e-mail compliance_	nh_deno_2@multistate
III. This statement covers: (Choreportable expense transactions		any one client).	
Delaware North Compa	nies, Inc.		onowing chem.
	e of Client as it appears on the Lobb	oyist Registration Form)	·····
All reportable transactions by unrelated to any particular client.	the lobbyist (including the lobby	vist's family), or the lobbying fi	irm listed below which ar
Reports cover: activity from date of		July 31, 2024 activity from 4/1/24 to 6/30/24 January 29, 2025	•
October 1 activity from 7/		January 29, 2025 <b>V</b> ctivity from 10/1/24 to 12/31/24	
V. There have been no fees re If this box is checked, complete ju State House, Room 204, Concord,	st this form and submit it to the		
VI. Check if additional reports	are attached:		
	nade expenditures, you must file	Addendum A- Fees and Expe	enses
Expense Reimbursement	m or reimbursed expenses, you		
If you, your firm, or your fam	ily has made political contributi	ions, you must file Addendum	C- Political Contribution
Sworn Statement/Affirmation b I have read RSA 15, RSA 15-B, F and complete to the best of my kn	SA 14-C and RSA 664 and here	eby swear or affirm that the for	egoing information is true
Glowanna IIn (Can 14, 2025 10:30 EST)		01/23/2025	
(Signature of lobbyist)		(Date)	
Giovanna Bonilla			
(Print Name of lobbyist)	****		