

#### STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### RECEIVED

AUG 04 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

L Name of Lobbyist(s) Riona Corr

(Name of partnership, firm or corporation)  100 North Main Street Suite 400 Concord NH  Business Address: (Street) (Town/City) (State)  (Telephone) (Fax)  11. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following firm the properties of the company of the lobbyist (including the lobbyist's family), or the lobbying firm the unrelated to any particular client.	e a separate
(Full Name of Client as it appears on the Lobbyist Registration Form)  [Full Name of Client as it appears on the Lobbyist Registration Form)  [Full Name of Client as it appears on the Lobbyist Samily), or the lobbying firm by the lobbying f	e a separate
(Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR you may file seportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the follo  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	e a separate
(Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR you may file seportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the follo  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	e a separate
H. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following firm the looky of the l	lowing client:
All reportable transactions occurring in the months prior to the reporting date relative to the follo  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	lowing client:
All reportable transactions occurring in the months prior to the reporting date relative to the follo  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	
(Full Name of Client as it appears on the Lobbyist Registration Form)  OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	
<u>OR</u>	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm li	
unrelated to any particular client.	listed below
IV. Date of Report April 30, 2025 July 30, 2025	
Reports cover: activity from date of registration to 3/31/25 activity from 4/1/25 to 6/30/25	
October 29, 2025 January 28, 2026	
activity from 7/1/25 to 9/30/25 activity from 10/1/25 to 12/31/25	
V. There have been no fees received and no reportable transactions made since the last If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 Nor	
State House, Room 204, Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses	es
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of	
Expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Addendum C-1	

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#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Name of Hobbyist's partnership, firm or corporation, it any:  New Hampshire Hunger Solutions		
(Name of partnership, firm or corporation)  MI. Name of Client	Date 7/25/25	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to hobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The graeduced by any expenses:	t relations, or public relations servic oss fee amount reported shall not l	
a) Total of all fees received in this reporting period	a) \$_521.44	
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 y	521.44 b) \$ (0	
c) Total of all fees received to date (Add lines a and b)	c) \$_O	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_521,44	
W. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the hobbyist(s)/firm that are unrelated to any one client a separate report of 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 exindividual expenses where the expenditure was of \$25.00 or less (for example the cost was \$25.00 or less, purchase of a pen with a value of the being hobbied, purchase of a ceremonial object given to a person being hobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with walls ceremonial object to be given to the subject of hobbying with a value greate restaurant expenses for a legislative reception). Expenses for honoraniums contributions will be reported on separate addendums and should not be reported contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made I may be filed for the lobbyist(s)/fine aggregate total of all expenses par expenses, (b) the aggregate total of a let meals purchased during a business than \$10 that is given to the personal with a value of \$25.00 or less); an orting period of greater than \$25.00 for less of greater than \$25, but not greater than \$25, but not greater than \$35, expense reimbursement or notition	
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to libbying.	a)\$	
b)) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	(b) \$ <u>(0</u>	
c) Total of all itemized expenditures reported in detail in section VI	0 0	

d) Total expenses for this reporting period (Add lines a, b and c)	<b>∂</b> )\$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line for addendum A for last month's report)	e) \$ <u></u>
f) Total of all expenses year to date	D3 0
W1. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Païd to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
plen	7//2/5//2/5
(Signature of lobbyist)	((Date))
Riona Corr	
(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 Lobbyist

(Print Name of lobbyist)

Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: New Hampshire Hunger Solutions Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Date of Report (check one): April 30, 2025 

July 30, 2025 

October 29, 2025 

January 28, 2026 I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): Addendum A(s). Addendum B(s). \_ ( Hhereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.