

STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 23 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyi	Laura Millik	en			
•	ist's partnership, firm or	_	-		
	shire Hunger S		inc.	·· <u></u> ·	*
	Name of partnership, firm or	_	ord	NH	03301
100	N. Main Street, Suite 4				
	(Street) 21.2101	(Town/City)		(State)	(Zip Code) ungersolutions.org
() 003-73	31-8191 • ()		mail	
		`	•		
	t covers: (Choose one – i e transactions which are				file a separate report for
Teportable expens	e transactions which are	. Dot atti ibutat	ie to any one ene	::::::::::::::::::::::::::::::::::::::	
All reportable t	ransactions occurring in the	he months prior	to the reporting d	ate relative to the	following client:
-	(Full Name of Client as	s it appears on the	Lobbyist Registrati	ion Form)	
<u>OR</u>					
		t (including the	lobbyist's family)	, or the lobbying f	irm listed below which are
Unrelated to any pa	rucular chent.				92
IV. Date of Repor	t April 24, 2024			31, 2024	
-	vity from date of registration	n to 3/31/24		4/1/24 to 6/30/24	
	October 30, 2024	777		29, 2025 2 0/1/24 to 12/31/24	
	activity from 7/1/24 to 9/30	744	activity from 10	///24 to 12/31/24	
	een no fees received ar				
•	ed, complete just this form		o the Secretary of	State's Office, 107	7 North Main Street,
State riouse, Room	204, Concord, NH 03301	•			
	ional reports are attache				
	ceived fees or made expen				•
Expense Reimburse	id an honorarium or reimb	oursed expenses	, you must file Ad	dendum B- Repo	ort of Honorariums or
		de political cont	ributions, you mu	st file Addendum	C- Political Contribution
		•	•		
				10	
Sworn Statement/	Affirmation by Lobbyist	t			
	5, RSA 15-B, RSA 14-C a c∕best of my knowledge ar		d hereby swear or	affirm that the for	regoing information is true
and complete to the	10 1 Kildwicdge al	de Deliel.	1/2	2/2025	
- havall	u		1/2		
(Signature of lobby				(Date)	1
Laura Millik					
(Print Name of lob	(DVIST)				

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 Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: NH Florage Solvings, Inc. 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 24, 2024
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) Addendum C(s)
I hereby 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. (Signature of lobbyist) (Print Name of lobbyist)

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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:	
New Hampshire Hunger Solutions, Inc.	
(Name of partnership, firm or corporation)	
III. Name of Client N/A	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 greated by any expenses:	relations, or public relations service oss fee amount reported shall not b
a) Total of all fees received in this reporting period	_{a) \$} 347.35
b) Total of all fees received this calendar year, prior to this reporting period	a) \$ 4068.36
(This should equal the total of all prior monthly reports for this calendar ye	ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 4415.71
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$_N/A
V. 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 lobbyist(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 lunch where the cost was \$25.00 or less, purchase of a pen with a value of lest being lobbied, purchase of a ceremonial object given to a person being lobbied (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 value ceremonial object to be given to the subject of lobbying with a value greater 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 aggregate total of all expenses particles, (b) the aggregate total of all expenses; (b) the aggregate total of a le: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); are orting period of greater than \$25.00 for le of greater than \$25, purchase of the expense reimbursement, or political poli
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0 c) \$ 0
a) 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)	d) \$	
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)		
f) Total of all expenses year to date		
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:	
N/A	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
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 the best of my knowledge and belief.	m that the foregoing information	
Lava Alli	1/22/2025	
(Signature of lobbyist)	(Date)	
Laura Milliken	96	
(Print Name of lobbyist)		