

STATE OF NEW HAMPSHIRE

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

OCT 3 1 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jessica G	orhan		
II. Name of lobbyist's partnership, firm	or corporation, if any:	19	
NH Hunger Solutions, IN			
(Name of partnership, firm			
100 N. Main St	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
, 603-748-9532	3	e-mail jgorhan@nhh	ungersolutions.org
() <u>603-748-9532</u> (Telephone)	(Fax)	¢-man	72
III. This statement covers: (Choose one	_ file senarate renarts for	each client OR you may	file a senarate renort for
reportable expense transactions which			ine a separate report ior
All reportable transactions occurring	n the months prior to the re	porting date relative to the	following client:
		25	
(Full Name of Clien	nt as it appears on the Lobbyist	Registration Form)	1
<u>OR</u>			
All reportable transactions by the lobb unrelated to any particular client.	yist (including the lobbyist'	s family), or the lobbying i	firm listed below which are
unteraced to any particular eliciti.		×	
IV. Date of Report April 24, 202	4	July 31, 2024	
Reports cover: activity from date of registra		tivity from 4/1/24 to 6/30/24	
October 30, 2024		January 29, 2025	Ø.
activity from 7/1/24 to 9	/30/24 activis	ty from 10/1/24 to 12/31/24	
V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 03.	orm and submit it to the Seci		
	뭥		
VI. Check if additional reports are atta			
If you have received fees or made exp			
If you have paid an honorarium or rei Expense Reimbursement	moursed expenses, you mus	at tile Addendum B- Repo	or or monorariums or
If you, your firm, or your family has	made political contributions	, you must file Addendum	C- Political Contributions
		. •	
			25
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best of my knowledge	C and RSA 664 and hereby	swear or affirm that the for	regoing information is true
11.74		10/30/2024	
(Signature of lobbyist)	<u> </u>	(Date)	
Jessica T. Gorhan		(= 200)	
(Print Name of lobbyist)			

L E A S E P R I N

T

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:	
NH Hunger Solutions, INC	<u> n #</u>
(Name of partnership, firm or corporation)	
III. Name of Client	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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 0
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	b) \$ 0
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. 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 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 repeating 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 e aggregate total of all expenses paid expenses; (b) the aggregate total of all expenses; (b) the aggregate total of all ele: meals purchased during a businesses than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 23.93
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$ 0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>U</u>		
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) \$ <u>0</u>		
f) Total of all expenses year to date	_{f) \$} 23.93		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting		
Paid to:	Amount:		
*5	\$		
	\$		
	\$		
¥	\$		
	S		
	\$		
	<u>2200000</u> 5000000		
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		
Pening Toy	10/30/2024		
(Signature of lobbyist)	(Date)		
Jessica T. Gorhan	10		
(Print Name of lobbyist)	24 - 52		

96 18 28

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)

Statement of Income		yist		
Name of Lobbying partr	nership, firm, or corpo	oration: NH Hunger Solu	tions, INC	
		or the partnership, firm, or		related to any
particular client):			-	
Date of Report (check o	ne):			
April 24, 2024 🗆	July 31, 2024 □	October 30, 2024 🗹	January 29, 2025	
•	-	ne Statement of Income as at Statement (insert the n	_	
Addendum A(s)	. <u>1</u>			
Addendum B(s)	0			20
Addendum C(s)				X ;
I hereby swear or affirm complete to the best of n	• •	formation on the Statemerief.	nt and each Addend	um is true and
Penson 16		10/3	0/2024	162 39
(Signature of lobbyist)		12	(Date)	
Jessica T. Gorhan		- 25		