

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 14 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Laura Milliken

N. Main Street, Suite 400 Concord		
	NH	03301
siness Address: (Street) (Town/City)	(State)	(Zip Code)
, 603-731-8191	lmilliken@nhhur e-mail	ngersolutions.org
(Telephone) (Fax)	C-man	
This statement sevens (Chasse one file senewate reports fo	r and alient OD you may	Gla a canavata w
. This statement covers: (Choose one – file separate reports fo oortable expense transactions which are not attributable to an		ше а ѕерагате ге
	<i>y</i>	
All reportable transactions occurring in the months prior to the re-	eporting date relative to the f	following client:
(Full Name of Client as it appears on the Lobbyis	st Registration Form)	
R	viivgioudion i viiii)	
All reportable transactions by the lobbyist (including the lobbyist	's family), or the lobbying fir	m listed below w
related to any particular client.		
. Date of Report April 30, 2025	July 30, 2025	
,	tivity from 4/1/25 to 6/30/25	
October 29, 2025	January 28, 2026	
activity from $7/1/25$ to $9/3\overline{0/25}$ activity	vity from 10/1/25 to 12/31/25	
There have been no fees received and no reportable tra	nsactions mada sinca tha	last report
his box is checked, complete just this form and submit it to the Se		
te House, Room 204, Concord, NH 03301.	. V JJ .	
Charles all Carlotte and an analysis at		
Check if additional reports are attached:	14 1 A P 1 P	
If you have received fees or made expenditures, you must file A		
If you have paid an honorarium or reimbursed expenses, you mupense Reimbursement	ist file Addendum B – Repor	rt of Honorarium
If you, your firm, or your family has made political contribution	s von muct file Addandum	C- Political Cor
In you, your firm, or your failing has made political contribution	5. you must me Addendum	C-1 ontical Col

P L E A S E P R I N T.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Laura Milliken			
II. Name of lobbyist's partnership, firm or corporation, if any:	•		•
New Hampshire Hunger Solutions, Inc.		٠.	
(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 groreduced by any expenses:	relations, or	r public relat	ions service
a) Total of all fees received in this reporting period	₃₎ 2,8	313.06	
	b) \$ 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 year).	b) \$ ear)		<u> </u>
c) Total of all fees received to date (Add lines a and b)	.;) \$ 28°	13.06	
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$; ; ;
	• . :	•	
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 lebeing 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 may be filed a aggregate to expenses; (b) e: meals pure ss than \$10 to d with a val- orting period the of greater or than \$25, expense re-	expenditures for the lob total of all exthe aggregation that is given the conference of \$25.00 of greater than \$25, put not greater than \$25, put not greater than such than \$25, put not greater than \$	are made b byist(s)/firm xpenses pai e total of a g a busines to the perso or less); an an \$25.00 for urchase of ter than \$50
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$. :	
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b) \$	<u></u>	. : .
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) \$
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 l period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Lavalle	4/11/2025
(Signature of lobbylyty	(Date)
Laura Milliken	
(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 Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or co	orporation: New Hampshine Hunger
	is for the partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	
April 30, 2025	☐ October 29, 2025 ☐ January 28, 2026 ☐
	4, the Statement of Income and Expenses described above, and h that Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoin complete to the best of my knowledge and (Signature of lobbyist) [AJRA MILLIKEN	ag information on the Statement and each Addendum is true and d belief. 9/11/2025 (Date)
(Print Name of lobbyist)	