

## STATE OF NEW HAMPSHIRE

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

## RECEIVED

OCT 27 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

## PLEASE PRINT

I. Name of Lobbyist(s) Laura Milliken		
II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Hunger Solutions		
(Name of partnership, firm or corporation)	NILL	00004
N. Main Street, Suite 400 Concord	NH	03301
Business Address: (Street) (Town/City)	(State)	(Zip Code)
( ) 603-731-8191 ( ) (Fax)	e-mail	hungersolutions.org
(Telephone) (Fax)		
III. This statement covers: (Choose one - file separate reports fo		y file a separate report for
reportable expense transactions which are not attributable to an	y one client).	
All reportable transactions occurring in the months prior to the r	eporting date relative to the	following client:
(Full Name of Client as it appears on the Lobbyis	st Registration Form)	
OR	i rogistation romi	·
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are		
unrelated to any particular client.		
October 29, 2025	July 30, 2025  tivity from 4/1/25 to 6/30/25  January 28, 2026  January 28, 2026  January 28, 2026	
V. There have been no fees received and no reportable training this box is checked, complete just this form and submit it to the Sestate House, Room 204, Concord, NH 03301.	nsactions made since th cretary of State's Office, 10	e last report. 27
VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file A  If you have paid an honorarium or reimbursed expenses, you must file A  Expense Reimbursement  If you, your firm, or your family has made political contribution	ust file Addendum B– Rep	ort of Honorariums or
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Laura Milliken  (Print Name of lobbyist)	y swear or affirm that the fo	