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### STATE OF NEW HAMPSHIRE



### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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AUG 01 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

I. Name of Lobbyist(s) Adriana Tejada		
II. Name of lobbyist's partnership, firm or corporation, if an	y:	
NH Hunger Solutions		
(Name of partnership, firm or corporation)  III. Name of Client	Date 04/21/22	
IV. Fees Received Indicate the gross amount of all fees received from the client identifit to lobbying, including fees for services such as public advocacy, goincluding research, monitoring legislation, and related legal work. reduced by any expenses:	vernment 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 (This should equal the total of all prior monthly reports for this ca		
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	c) \$ 0 d) \$ 0	
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required fees. Separate reports are to be filed for expenditures made relative the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses during the reporting period for salaries, benefits, support staff, and individual expenses where the expenditure was of \$25.00 or less (for lunch where the cost was \$25.00 or less, purchase of a pen with a variety lobbied, purchase of a ceremonial object given to a person being lobbied, purchase of a ceremonial object given to a person being (c) an itemized statement of each individual expenditure made during any purpose not covered by (a) (for example: purchase of a meal ceremonial object to be given to the subject of lobbying with a val restaurant expenses for a legislative reception). Expenses for hone contributions will be reported on separate addendums and should not	to each client and if expenditures are made by report may be filed for the lobbyist(s)/firm.  (a) the aggregate total of all expenses paid office expenses; (b) the aggregate total of all rexample: meals purchased during a business due of less than \$10 that is given to the person ng lobbied with a value of \$25.00 or less); and this reporting period of greater than \$25.00 for with value of greater than \$25, purchase of a ue greater than \$25, but not greater than \$50, parariums, expense reimbursement, or political	
a) Total aggregate expenses for this reporting period for salaries, ben	efits, 1/8 56	

support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

d) Total expenses for this reporting period	<sub>d)\$</sub> 148.56
(Add lines a, b and c)	
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	ŋ\$ 148.56
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:
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
	\$
	\$
·	\$
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.	m that the foregoing information
adriana Tejada	04/21/22
(Signature of lobbyist)	(Date)
Adriana Tejada	
(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:  NH Hunger Solutions
Name of Lobbying partnership, firm, or corporation: NH 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 27, 2022
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) Usate O7/22/2022 (Date)
Adriana Tejada
(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 corporation	NH Hunger Solutions
	partnership, firm, or corporation and not related to any
particular client):	
Date of Report (check one):	·
April 27, 2022  July 27, 2022 Oct	ober 26, 2022 January 25, 2023
	tement of Income and Expenses described above, and tement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	tion on the Statement and each Addendum is true and
Naviemo Jusoalo	04/21/22
(Signature of lobbyist)	(Date)
Adriana Tejada	_
(Print Name of lobbyist)	-