

STATE OF NEW HAMPSHIRE

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

RECEIVED

AUG 2 7 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jon Hoffman			
II. Name of lobbyist's partnership, firm or	corporation, if any:		
(Name of partnership, firm or	corporation)		
11921 Rockville Pike, Suite 300	Rockville	Mondond	20852
Business Address: (Street)	(Town/City)	Maryland (State)	(Zip Code)
() <u>(240) 292-7059</u> ((Telephone) ()(Fax)	e-mail jhoffman@	<u>Dkidneyfund,</u> org
III. This statement covers: (Choose one – f reportable expense transactions which are			file a separate report for
All reportable transactions occurring in the	e months prior to the r	eporting date relative to the f	ollowing client:
American Kidney Fund, Inc. (Full Name of Client as OR All reportable transactions by the lobbyist unrelated to any particular client.	it appears on the Lobbyis		rm listed below which are
IV. Date of Report April 24, 2024 Reports cover: activity from date of registration October 30, 2024 activity from 7/1/24 to 9/30/ V. There have been no fees received an If this box is checked, complete just this form	action ac		last report. 🔽
VI. Check if additional reports are attached If you have received fees or made expending the sound of the sou	d: ditures, you must file A	ddendum A—Fees and Expo	enses
Expense Reimbursement If you, your firm, or your family has made		•	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge ar	nd RSA 664 and hereby	y swear or affirm that the for	egoing information is true
Jon Hoffman		08/08/24	
Jon Hoffman (Signature of lobbyist)		(Date)	
Jon Hoffman			
(Print Name of lobbyist)			