

#### STATE OF NEW HAMPSHIRE

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

RECEIVED

JAN 3 0 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Name of Lobbyist(s) Jessica Goma	#11 · ·	<u></u>			·
. Name of lobbyist's partnership, firm or co	rporation, if any	<b>/:</b>			
NH Hunger Solutions, INC	• . • • • • • • • • • • • • • • • • • •				
(Name of partnership, firm or corp	poration)		<u> </u>		<del>·                                      </del>
00 N. Main St. Ste 400			NH		03301
isiness Address: (Street)	(Town/City)	<u> </u>	(State)	· _	(Zip Code)
603-731-8191					
(Telephone)	(Fax)	E	e-mail	•	
		1.1		و أ و عسامه	
I. This statement covers: (Choose one – file	separate reports	for each c	lient, OR you	may file a	separate report
portable expense transactions which are no	i attributable to	any one ci	ши).		
All reportable transactions occurring in the n	nonths prior to th	e reporting	date relative to	the follov	ving client:
	· ·				- :
(Fell Name of Client or it o	mmaans on the Lab	heriat Daniste	otion Form)		
(Full Name of Client as it a	ppears on the Loo	byist Kegisti	ation Form)	:	•
All reportable transactions by the lobbyist (in	cluding the lobb	vist's famil	v), or the lobby	ving firm li	sted below which
related to any particular client.		,	,,, ,		
_			, _	7	ŧ
7. Date of Report April 24, 2024		Ju	ly 31, 2024		
eports cover: activity from date of registration to	3/31/24		om 4/1/24 to 6/3	<u>0/24</u>	
October 30, 2024 activity from 7/1/24 to 9/30/24			ry 29, 2025    [ <i>10/1/24 to 12/3]</i>	1/24	
				· · ·	
. There have been no fees received and I					
this box is checked, complete just this form an ate House, Room 204, Concord, NH 03301.	d submit it to the	Secretary of	of State's Offic	e, 107 Nor	th Main Street,
uie 110use, Room 204, Concoru, 1411 03301.					
I. Check if additional reports are attached:			4	., :	
If you have received fees or made expenditu	=	•		_	
If you have paid an honorarium or reimburs	ed expenses, you	must file A	Addendum B–	Report of	Honorariums or
xpense Reimbursement  If you, your firm, or your family has made p	olitical contribu	tions vou n	nist file Adder	ndum C_:F	Political Contribut
	omical continu	nons, you n	iust inc Adde		ontical Condition
		• •	41 1		
worn Statement/Affirmation by Lobbyist	1				
nave read RSA 15, RSA 15-B, RSA 14-C and		reby swear	or affirm that t	he foregoir	ng information is
nd complete to the best of my knowledge and b					
/ Jessich/Coll		01	/29/2025	5	
Signature of lobbyist)	<del></del>		(	Date)	<del>-</del>
lessica T. Gorhan		* -			
Print Name of Johnvist)					

# PLEASE PRINT

#### STATE OF NEW HAMPSHIRE

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### 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		
(Name of partnership, firm	n or corporation)		
III. Name of Client N/A		Date	•
III. Name of Cheft	•	Date	
IV Food Descrived			•
IV. Fees Received Indicate the gross amount of all fees re	eceived from the client identified abo	ve that are related, di	rectly or indirectly
to lobbying, including fees for service	s such as public advocacy, governme	ent relations, or publi-	c relations service
including research, monitoring legislated reduced by any expenses:	ation, and related legal work. The	gross fee amount rep	orted shall not t
		. 0	
a) Total of all fees received in this rep	orting period	a) \$ 0	
b) Total of all fees received this calen	dar year, prior to this reporting period	0 b) \$	
	prior monthly reports for this calendar	year)	. :
c) Total of all fees received to date		•	
(Add lines a and b)		c) \$ <u> </u>	
d) Indicate the amount of any such fe	og that are due but have not		
yet been paid	es that are due, but have not	d) \$ 0	÷
· · ·	•		
V. Expenses:			
Lobbyist(s)/Lobbying partnerships, fir			
fees. Separate reports are to be filed			
the lobbyist(s)/firm that are unrelated Expenses are to be reported in one of			
during the reporting period for salarie	es, benefits, support staff, and office	expenses; (b) the ag	gregate total of a
individual expenses where the expend lunch where the cost was \$25.00 or le			
being lobbied, purchase of a ceremoni	al object given to a person being lob	bied with a value of \$	325.00 or less); ar
(c) an itemized statement of each indiv	ridual expenditure made during this re	eporting period of great	ter than \$25.00 f
any purpose not covered by (a) (for ceremonial object to be given to the			
restaurant expenses for a legislative	reception). Expenses for honorarium	ns, expense reimburs	ement, or politic
contributions will be reported on separ	ate addendums and should not be repo	orted on Addendum A	
-) T-4-1	and a second of the second		
<ul> <li>a) Total aggregate expenses for this re support staff, and office expenses, rela</li> </ul>		a) \$ _11.97	
<ul> <li>b) Total aggregate of expenditures durin a), of \$25 or less.</li> </ul>	ring this reporting period, not reporte	d b) \$ 0	
m α <sub>j</sub> , οι φ25 οι 1035.	•	<u> </u>	<del>- :</del>
c) Total of all itemized expenditures r	enorted in detail in section VI.	c) \$ U	

d) Total expens		rting period			d) \$	3.93 	. : . 	
<ul><li>(Add lines a, b and c)</li><li>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)</li></ul>					e) \$ 0 f) \$ 35.90			
f) Total of all expenses year to date			<sub>f)</sub> \$ _35					
VI. Other Expe Provide the follo period, including	owing detail for			han \$25 made fr	om lobbying fe	es during th	is reporting	
Paid to:	:		. :		Amount	:·	.*	
					\$			
					\$		~	
· ·		A						
			-		_			
					\$			
	·. :			-	- <u>-</u>		- 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
					<del></del> , : <del></del>		· · ·	
	<u>-</u>				·			
Sworn Staten	nent/Affirmat	tion by Lob	byist		•			
have read RS s true and con				reby swear or a	. * .	foregoing	₹ .	
(Signature of	lobby(st)		<u> </u>			(Date)	.0	
Jessica 7	Γ. Gorhar	<b>1</b>	•	.·				
(Print Name o	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 o	corporation: NH	Hunger Solutions, INC	
Name of Client (leave blank if Statement particular client):	t is for the partne	rship, firm, or corporation and	not related to any
Date of Report (check one):	; ;		
April 24, 2024   July 31, 2024	□ October 3	30, 2024 □ January 29, 20	025 <b>☑</b>
			₹, 1
I have read RSA 15, RSA 15-B, RSA 66 the following Addendums submitted wire submitted):			
Addendum A(s).	•		• · · · · · · · · · · · · · · · · · · ·
Addendum B(s).			
Addendum C(s).	·		
I hereby swear or affirm that the foregoing complete to the best of my knowledge an		n the Statement and each Add	endum is true and
/ Jessich/Col	· ;	01/29/2025	
(Signature of lobbyist)		(Date)	- <del></del> :
Jessica T. Gorhan			
(Print Name of lobbyist)	· ·		