

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

## 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

Kelly Memphis

RECEIVED

JAN 25 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s)	•				DEPARTMENT OF S	
II. Name of lobbyist's partners			:			
Healthcare Distribution						
(Name of partner	ship, firm or co	•				
1275 Pennsylvania Ave M	W (suite 600)	Washingto	n	D.C.	20004	
Business Address: (Street)		(Town/City)		(State)	(Zip Code)	
7038850229			e-ma	kmemphis(	nemphis@hda.org	
(Telephone) .	` ` ′	(Fax)				
III. This statement covers: (Che reportable expense transactions)  All reportable transactions or	s which are n	ot attributable to	any one client)			
_		1.01.44	23			
(Full Nam	e of Client as it	appears on the Lobb	yist Registration	Form)		
OR					29	
All reportable transactions by unrelated to any particular client.		including the lobby	vist's family), o	r the lobbying fi	rm listed below which are	
		]	•		L.2	
V. There have been no fees r If this box is checked, complete ju State House, Room 204, Concord	ıst this form a	no reportable t nd submit it to the	ransactions n Secretary of Sta	nade since the ate's Office, 107	last report.  North Main Street,	
VI. Check if additional reports	are attached	:				
If you have received fees or	•			_		
Expense Reimbursement	um or reimbur	sed expenses, you	must file Adde	ndum B– Repor	t of Honorariums or	
If you, your firm, or your far	nily has made	nolitical contributi	ions vou must t	file Addendum	C- Political Contributions	
ii you, your iniii, or your iai.	inity has made	pointeur continue.	.0110, 702 111401			
Sworn Statement/Affirmation I I have read RSA 15, RSA 15-B, I and complete to the best of my ke	RSA 14-C and	I RSA 664 and her belief.	eby swear or af	firm that the fore	egoing information is true	
Kelly Memakie (Signature of lobbyist)			1/24	1/2023		
(Signature of lobbyist)				(Date)		
Kelly Memphis						