STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of I	_obbyist(s) Meredith Beeso	on	<u> </u>	The state of the s
II. Name of	lobbyist's partnership, firm or co	rporation, if any:		
Global E	Business Alliance			12.4-
F. N. P. I	(Name of partnership, firm or cor		당 3호	
99	M Street SE (Suite 200)	Washington	D.C.	20003
Business Add		(Town/City)	(State)	(Zip Code)
() 202	27705141 ().	<u> 2 02</u>	e-maile	obalbusiness.org
(Te	elephone)	(Fax)		
reportable e	tement covers: (Choose one – file expense transactions which are no table transactions occurring in the	t attributable to any on	e client).	
All lepoi		80	71.03 (a.g. mag)	
OR	(Full Name of Client as it	appears on the Lobbyist Reg	istration Form)	
✓ All report	table transactions by the lobbyist (in any particular client.	ncluding the lobbyist's fa	mily), or the lobbying f	irm listed below which are
IV. Date of I	: activity from date of registration	to 3/31/22 activity	fuly 27, 2022 from 4/1/22 to 6/30/22	
	October 26, 2022 activity from 7/1/22 to 9/30/		January 25, 2023 √ √ From 10/1/22 to 12/31/22	
If this box is	ave been no fees received and a checked, complete just this form an Room 204, Concord, NH 03301.	no reportable transac d submit it to the Secreta	tions made since the ry of State's Office, 107	last report. North Main Street,
VI. Check if	additional reports are attached:			
	ave received fees or made expenditu			
LIf you ha	ave paid an honorarium or reimburs	ed expenses, you must fil	e Addendum B Repo	rt of Honorariums or
	our firm, or your family has made p	political contributions, yo	u must file Addendum	C- Political Contribution
I have read R	ment/Affirmation by Lobbyist ISA 15, RSA 15-B, RSA 14-C and to the best of my knowledge and b	RSA 664 and hereby swe belief.	ar or affirm that the for	egoing information is true
(Signature o			(Date)	
(Print Name	ENITH BEESON of lobbyist)		20	RECEIVED
				JAN 2 0 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

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