

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobb	oyist(s) Samuel Hallem	neier		
II. Name of lobb	oyist's partnership, firm or co	rporation, if any:		
Pharmace	utical Care Managen	nent Association		
•	(Name of partnership, firm or cor	poration)		
325	7th St. NW, 9th FI.	Washington	DC	20004
Business Address:		(Town/City)	(State)	(Zip Code)
(202) 756-5			_e-maile-mail	pcmanet.org
(Teleph	one)	(Fax)		
	ent covers: (Choose one – file nse transactions which are no			ile a separate report for
✓ All reportable	e transactions occurring in the I	months prior to the reporti	ng date relative to the fo	ollowing client:
Pharmace	utical Care Managen	nent Association		
on	(Full Name of Client as it	appears on the Lobbyist Regis	stration Form)	
OR All reportable	transactions by the lobbyist (in	scluding the labbuist's fam	ily) or the lobbying fir	m listed helow which are
unrelated to any		icidanig the loodyist's fair	my), or the loodying in	in tisted below witch are
IV. Date of Reperts cover:	ort April 27, 2022 activity from date of registration October 26, 2022 activity from 7/1/22 to 9/30/	<i>to 3/31/22</i> activity f	ily 27, 2022 From 4/1/22 to 6/30/22 Inuary 25, 2023 X From 10/1/22 to 12/31/22	
If this box is check State House, Root VI. Check if add If you have r	been no fees received and taked, complete just this form an om 204, Concord, NH 03301. ditional reports are attached: received fees or made expendituated an honorarium or reimburs received.	d submit it to the Secretar	y of State's Office, 107 lum A- Fees and Expe	North Main Street, nses
	firm, or your family has made p	political contributions, you	must file Addendum (C- Political Contributions
I have read RSA	nt/Affirmation by Lobbyist +5, BSA 15-B, RSA 14-C and the best of my knowledge and b		r or affirm that the fore $\frac{1/23/202}{\text{(Date)}}$	3
Samuel Halle			(RECEIVED
(Print Name of le				JAN 2 4 2023
				NEW HAMPSHIRZ
				DEPARTMENT OF STATE

P L E A S E P R

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Samuel Hallemeier	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Pharmaceutical Care Management Association	
(Name of partnership, firm or corporation)	
III. Name of Client Pharmaceutical Care Management Association	Date January 25, 2023
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this reported any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid epenses; (b) the aggregate total of all e: meals purchased during a business is than \$10 that is given to the persor d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 3,859.38
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 44.12
District the state	
[6] Total of all itemized expenditures reported in detail in section VI.	c) \$ 205.85

d) Total expenses for this reporting period	d) \$ 4,109.35
(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) \$ <u>14,983.17</u>
f) Total of all expenses year to date	f) \$ <u>19,092.52</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
Hertz (car rental/transportation - Sam Hallemeier)	s <u>205.85</u>
	\$
	\$
	\$
	\$
	\$
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.	n that the foregoing information
11/11.	1/23/2023
(Signature of lobbyist)	(Date)
Samuel Hallemeier	

(Print Name of lobbyist)

