

Kelly Memphis (Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

RECEIVED

APR 21 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Kelly Memphis		NEW HAMPS DEPARTMENT O
II. Name of lobbyist's partnership, firm or corporation Healthcare Distribution Alliance	on, if any:	
(Name of partnership, firm or corporation)		
901 N. Glebe Road, #1000 Arlin	gton VA	22203
Business Address: (Street) (Town/	City) (State)	(Zip Code)
() (703) 885-0229 ()	e-mail kmen	mphis@hda.org
(Telephone)	(Fax)	All and a second a
III. This statement covers: (Choose one – file separate reportable expense transactions which are not attributed at the correspondence of the country of the	ntable to any one client).	
Healthcare Distribution Alliance (Full Name of Client as it appears of		
All reportable transactions by the lobbyist (including unrelated to any particular client. IV. Date of Report April 27, 2022 Reports cover: activity from date of registration to 3/31/2 October 26, 2022 activity from 7/1/22 to 9/30/22 V. There have been no fees received and no repo	July 27, 2022 2 activity from 4/1/22 to 6/3 January 25, 2023 activity from 10/1/22 to 1 rtable transactions made sin	30/22 12/31/22 ace the last report.
If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you	must file Addendum A- Fees ar	nd Expenses
If you have paid an honorarium or reimbursed exper Expense Reimbursement		
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and complete to the best of my lenguisday; and belief.		
Kelly Memphia	4/20/22	
(Signature of lobbyist)		(Date)