

STATE OF NEW HAMPSHIRE

2023 Statement of Income and **Expenses for LOBBYISTS** (RSA Chapter 15)

RECEIVED

JUL 2 1 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Kathleen Garrett Loughran

I. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or o	ornoration if any		
Elevance Health, and its Affiliates	or por acton, it any.		
(Name of partnership, firm or co	orporation)		
1001 Pennsyl Ave. NW, Suite 710	Washington	DC	20004
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() (202) 628-7838 () e-mail ka		e-mail kathleen.lo	ughran@ele
(Telephone)	(Fax)	e-man	
III. This statement covers: (Choose one – fil reportable expense transactions which are not all reportable transactions occurring in the	ot attributable to any	one client).	-
Elevance Health, and its Affiliates			· ·
	t appears on the Lobbyist	Registration Form)	··-
All reportable transactions by the lobbyist (unrelated to any particular client.	including the lobbyist's	s family), or the lobbying fir	m listed below which are
IV. Date of Report April 26, 2023 Reports cover: activity from date of registration	n to 3/31/23 ac	July 26, 2023 V stivity from 4/1/23 to 6/30/23	·
October 25, 2023 activity from 7/1/23 to 9/30/2] 3 activi	January 31, 2024	
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached	:		
If you have received fees or made expendi		dendum A- Fees and Expen	nses
If you have paid an honorarium or reimbur Expense Reimbursement			
If you, your firm, or your family has made	political contributions,	, you must file Addendum (C Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete double best of my knowledge and	I RSA 664 and hereby belief.	swear or affirm that the fore	going information is true
kathleen Garrett Loughran		7/20/2023	
(Signature of loodyist)		(Date)	_
Kathleen Garrett Loughran			
(Print Name of lobbyist)			