STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 28 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

PLEASE PRINT

I. Name of Lobbyist(s) Samuel	Hallemeier	-	
II. Name of lobbyist's partnership,	firm or corporation, if	any:	
Pharmaceutical Care Man	agement Associat	ion	
(Name of partnership			
325 7th St. NW, 9th Floor	Washing	ton DC	20004
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(202) <u>756-5727</u> (Telephone)	_ ()(F	e-mail <u>sh</u>	allemeier@pcmanet.org
III. This statement covers: (Choose reportable expense transactions wh			you may file a separate report for
X All reportable transactions occurr	ing in the months prior	to the reporting date relati	ive to the following client:
Pharmaceutical Care Ma			
(Full Name of OR	Client as it appears on the	Lobbyist Registration Form))
	lobbyist (including the l	obbyist's family), or the l	obbying firm listed below which are
IV. Date of Report April 24, Reports cover: activity from date of reg		July 31, 2024 activity from 4/1/24 to	
October 30, 3 activity from 7/1/24		January 29, 2025 activity from 10/1/24 to	
V. There have been no fees rece If this box is checked, complete just the State House, Room 204, Concord, NR	his form and submit it to		
VI. Check if additional reports are	attached:		
If you have received fees or mad		t file Addendum A- Fee	s and Expenses
If you have paid an honorarium of Expense Reimbursement	or reimbursed expenses,	you must file Addendum	B- Report of Honorariums or
If you, your firm, or your family	has made political contr	ributions, you must file A	ddendum C- Political Contributions
Sworn Statement/Affirmation by L I have read RSA 15, RSA 15-B, RSA and complete to the best of by know (Signature of lobbyist)	14-C and RSA 664 and		hat the foregoing information is true 7/25 (Date)
Samuel Hallemeier			
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
(Name of partnership, firm or corporation)	
III. Name of Client Pharmaceutical Care Management Assoc.	Date_ January 29, 2025
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) \$ 0
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) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>0</u>
 Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. 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 exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessering lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report 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 may be filed for the lobbyist(s)/fir aggregate total of all expenses particles; (b) the aggregate total of e: meals purchased during a busine as than \$10 that is given to the person d with a value of \$25.00 or less); a parting period of greater than \$25.00 are of greater than \$25, purchase of the trans \$25, but not greater than \$25, purchase of the expense reimbursement, or politic
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a) \$ <u>6,895.83</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы) \$ <u>186.88</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 567.93

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7,650.64
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>22,959.57</u>
f) Total of all expenses year to date	f) \$ <u>30,610.21</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	lobbying fees during this reporting
Paid to:	Amount:
National Car Rental (Transportation - Sam Hallemeier)	\$240.92
National Car Rental (Transportation - Sam Hallemeier)	\$128.26
Uber (Transportation - Sam Hallemeier)	\$25.12
Uber (Transportation - Sam Hallemeier)	\$26.94
Uber (Transportation - Sam Hallemeier)	\$39.68
National Car Rental (Transportation - Sam Hallemeier)	s <u>107.01</u>

Sworn Statement/Affirmation by Lobbyist	(6)
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affire is true and complete to the best of my knowledge and belief.	rm that the foregoing information
(Signature of lobbyist)	1/27/25 (Date)
Samuel Hallemeier	
(Print Name of lobbyist)	

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