

## STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) JUL 2 9 2024

NEW FLAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Kelly Ryan	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	<u></u>
(Name of partnership, firm or corporation)	
99 Washington Ave. Suite 806A Albany, I	-
Business Address: (Street) (Town/City)	(State) (Zip Code)
( ) 518-449-5370 (Fax)	e-mail kryan@phrma.org
(Telephone) (Fax)	
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).	
All reportable transactions occurring in the months prior to the rep	
Pharmaceutical Research and Manufacturers of America	
(Full Name of Client as it appears on the Lobbyist Registration Form)	
OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are	
unrelated to any particular client.	
October 30, 2024	July 31, 2024
V. There have been no fees received and no reportable transactions made since 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 and Expenses	
If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement	
If you, your firm, or your family has made political contributions,	you must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby and complete to the best of my knowledge and belief.  (Signature of lobbyist)  Kelly Ryan	
(Print Name of Johnvist)	