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STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

	PLEASE	PRINT
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RECEIVED JAN 2 8 2025 NEW HAMPSHIRE DEPARTMENT OF STATE

Name of Lobbyist(s)	Kelly	нуап
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II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

OR

isiness Address: (Street)	(Town/City)	(State)	(Zip Code)
518-449-5370	()	e-mail kryan@p	hrma.org
(Telephone)	(Fax)		
	ose one – file separate reports for e		y file a separate re
	ose one – file separate reports for e which are not attributable to any o		y file a separate re
eportable expense transactions		one client).	

(Full Name of Client as it appears on the Lobbyist Registration Form)

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report April 24, 2024	July 31, 2024
Reports cover: activity from date of registration to 3/31/24	activity from 4/1/24 to 6/30/24
October 30, 2024 activity from 7/1/24 to 9/30/24	January 29, 2025

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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

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(Print Name of lobbyist)