### P L E A S $\mathbf{E}$ P R I N T

## STATE OF NEW HAMPSHIRE

### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

RECEIVED JUL 3 0 2024 NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Kathryn F. Killory  II. Name of lobbyist's partnership, firm or corporation, if any:				
IIL Name of Client FedEx Corporation	<sub>Date</sub> 7/29/2024			
IV. Fces Received Indicate the gross amount of all fees received from the client identified to lobbying, including fees for services such as public advocacy, gove including research, monitoring legislation, and related legal work. reduced by any expenses:	ernment relations, or public relations service			
a) Total of all fees received in this reporting period	a) \$			
<ul> <li>Total of all fees received this calendar year, prior to this reporting p</li> <li>(This should equal the total of all prior monthly reports for this calendar.)</li> </ul>				
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>00</u>			
d) Indicate the amount of any such fees that are due, but have not yet been paid	c) \$ 00 d) \$ 00			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are require fees. Separate reports are to be filed for expenditures made relative to the lobbyist(s)/firm that are unrelated to any one client a separate Expenses are to be reported in one of three categories of expenses: during the reporting period for salaries, benefits, support staff, and of individual expenses where the expenditure was of \$25.00 or less (for lunch where the cost was \$25.00 or less, purchase of a pen with a value being lobbied, purchase of a ceremonial object given to a person being (c) an itemized statement of each individual expenditure made during to any purpose not covered by (a) (for example: purchase of a meal we ceremonial object to be given to the subject of lobbying with a value restaurant expenses for a legislative reception). Expenses for honor contributions will be reported on separate addendums and should not be	o each client and if expenditures are made to report may be filed for the lobbyist(s)/firm (a) the aggregate total of all expenses paroffice expenses; (b) the aggregate total of a example: meals purchased during a busine use of less than \$10 that is given to the person globbied with a value of \$25.00 or less); at his reporting period of greater than \$25.00 foith value of greater than \$25, purchase of the greater than \$25, but not greater than \$5 rariums, expense reimbursement, or politice			
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, bene support staff, and office expenses, related directly or indirectly to lobby</li> </ul>				

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

(Add lines a, b and c)  c) 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)  f) Total of all expenses year to date  VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.  Paid to:  Amount:  \$ 00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.  Paid to:  Amount:  \$  OO  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$
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Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyst)  July 29, 2024  (Date)
Kathryn F. Killory

(Print Name of lobbyist)

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Aff Statement of Income		rist	
Name of Lobbying partr	ership, firm, or corpo	ration:	
Name of Client (leave be particular client):Fe		or the partnership, firm, or	corporation and not related to any
Date of Report (check o	ne):		
April 24, 2024 🗆	July 31, 2024 🔯	October 30, 2024 🗆	January 29, 2025 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A(s)	•		
Addendum B(s)	·		
Addendum C(s)	<u> </u>		
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and
John m.	1 Lillon	July	/ 29, 2024
(Signature of lowyist)			(Date)
Kathryn F. Killory			
(Print Name of lobbyist)			