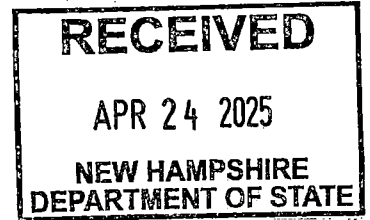


STATE OF NEW HAMPSHIRE

2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Kelly Ryan

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of partnership, firm or corporation)

99 Washington Ave. Suite 806A Albany NY 1221
Business Address: (Street) (Town/City) (State) (Zip Code)
() 518-449-5370 () 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 reporting date relative to the following client:

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.

IV. Date of Report April 30, 2025 ☒
Reports cover: activity from date of registration to 3/31/25

July 30, 2025 ☐
activity from 4/1/25 to 6/30/25

October 29, 2025 ☐
activity from 7/1/25 to 9/30/25

January 28, 2026 ☐
activity from 10/1/25 to 12/31/25

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.

(Signature of lobbyist)

Kelly Ryan

(Print Name of lobbyist)

(Date)

4/14/25

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/Affirmation by Lobbyist
Statement of Income and Expenses for: Kelly Ryan

Name of Lobbying partnership, firm, or corporation: N/A

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pharmaceutical Research and Manufacturers of America

Date of Report (check one):

April 30, 2025 ☒ July 30, 2025 ☐ October 29, 2025 ☐ January 28, 2026 ☐

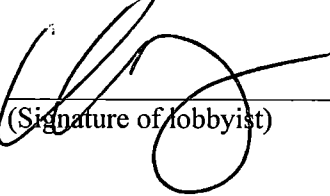
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

Addendum A(s). 1

Addendum B(s).

Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

4/14/25

(Date)

Kelly Ryan

(Print Name of lobbyist)