

STATE OF NEW HAMPSHIRE

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

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NEW 11 SUPSHIRE

DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Roxolana Kozyckyj	
II. Name of lobbyist's partnership, firm or corporation, if any:	
N/A	
(Name of partnership, firm or corporation)	
1301 Pennsylvania Ave NW, Suite 400, Wa	ashington, DC 20004-2654
Business Address: (Street) (Town/City)	(State) (Zip Code)
() 312-550-4366	e-mail rkozyckyj@advamed.org
(Telephone) (Fax)	
III. This statement covers: (Choose one – file separate reports for reportable expense transactions which are not attributable to any	
All reportable transactions occurring in the months prior to the rep	
Advanced Medical Technology Association	า
(Full Name of Client as it appears on the Lobbyist	Registration Form)
OR	
All reportable transactions by the lobbyist (including the lobbyist's unrelated to any particular client.	family), or the lobbying firm listed below which are
October 30, 2024	July 31, 2024
V. There have been no fees received and no reportable trans If this box is checked, complete just this form and submit it to the Secr 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 Ad	dendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you mus Expense Reimbursement	t file Addendum B- Report of Honorariums or
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 sand complete to the best of my knowledge and belief. (Signature of lobbyist) Roxolana Kozyckyj	swear or affirm that the foregoing information is true $\frac{7/27/24}{(Date)}$
(Print Name of lobbyist)	