21113

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 3 2020

NEW HAWFORIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Ashlie Van Meter			- THENT
I. Name of lobbyist's p	eartnership, firm or cor	poration, if any	/:	
(Name	of partnership, firm or corp	oration)		
601 New Jersey Avenu	e NW, Suite 850	Washington	DC	20001
usiness Address: (Stree		(Town/City)	(State)	(Zip Code)
202) 249-7100	()		e-mail ashlie.vanme	eter@accessiblemeds.org
(Telephone)		(Fax)		
eportable expense trar	nsactions which are not	attributable to	s for each client, OR you may any one client). e reporting date relative to the	
-	Association for Acces			tionowing chem.
	Full Name of Client as it a			
<u>DR</u>				
All reportable transac nrelated to any particula		cluding the lobb	yist's family), or the lobbying	firm listed below which are
	April 29, 2020 □	. 2/21/00	July 29, 2020	
•	from date of registration to October 28, 2020	0 3/3 1/20	activity from 4/1/20 to 6/30/20 January 27, 2021 □	
	tivity from 7/1/20 to 9/30/2	0	activity from 10/1/20 to 12/31/.	20
There have been not this box is checked, contate House, Room 204,	mplete just this form and	o reportable to the	ransactions made since th Secretary of State's Office, 10	ne last report. 🛛 🕅 07 North Main Street,
I. Check if additional	reports are attached:			
	- ·	res, you must file	e Addendum A – Fees and Ex	penses
If you have paid an I expense Reimbursement		ed expenses, you	must file Addendum B- Rep	port of Honorariums or
If you, your firm, or	your family has made p	olitical contribut	ions, you must file Addendu	m C- Political Contributions
	mation by Lobbyist A 15-B, RSA 14-C and I of my knowledge and b		reby swear or affirm that the f	
an You Roce			October 22, 20	
Signature of lobbyist)		_	(Dat	e)
Ashlie Van Meter (Print Name of lobbyist)			