#### STATE OF NEW HAMPSHIRE

#### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	e Health, and its Aff			- J
1155	(Name of purtnership, firm of Elm Street	Manchester	NH	03101
usiness Addre		(Town/City)	(State)	(Zip Code)
	7000070		sabrina duni	ap@anthem.com
(Tel	7038073	(Fax)	_ c-mail	·
portable ex	pense transactions which as	file separate reports for each re not attributable to any one the months prior to the reporti	client).	
<u>R</u>		as it appears on the Lobbyist Regi		
	le transactions by the lobbying particular client.	st (including the lobbyist's fam	nily), or the lobbying	firm listed below which
Date of Re	port April 27, 2022	]	aly 27, 2022	
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	October 26, 2022	Ja	muary 25, 2023 🗹	
	ectivity from 7/1/22 to 3	V30/22 ectivity	from 10/1/22 to 12/31/	22
is bax is che	e been no fees received a coked, complete just this form om 204, Concord, NH 0330.	nd no reportable transact in and submit it to the Secretar l.	ions made since to y of State's Office, I	he last report. 07 North Main Street,
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read RSA I			,	
read RSA I	15, RSA 15-B, RSA 14-C at		1/25/23	si.
read RSA I	15, RSA 15-B, RSA 14-C at best of my knowledge an		1/25/23	ate)

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NEW HAMPSHIRE
DEPARTMENT OF STAND

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#### STATE OF NEW HAMPSHIRE

#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

A 1 1 B 1	
I. Name of Lobbytst(s) Sabrina Dunlap	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Elevance Health, and its Affiliates	
(Name of pertnership, firm or corporation)	
III. Name of Client	Date
<ul> <li>IV. Fees Received</li> <li>Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government of including research, monitoring legislation, and related legal work. The gross reduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	a) \$b) \$
V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office excluding the reporting period for salaries, benefits, support staff, and office excluding the reporting period for salaries, benefits, support staff, and office excluding the reporting period for salaries, benefits, support staff, and office excluding the report individual expension or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object to be given to the subject of lobbying with a value greatermonial object given to a person being lobbying to the person of the period of the person of the period of the period of the period of the pe	nay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid quenses, (b) the aggregate total of all e: meals purchased during a business ss than \$10 that is given to the person d with a value of \$25.00 or less); and arting period of greater than \$25.00 for the of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported</li> </ul>	a) \$ b) \$
in a), of \$25 or less. c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this rep (This should be the amount on line f of addendum A for las	orting period e) \$t nonth's report)
f) Total of all expenses year to date	f)\$
VI. Other Expenses:  Provide the following detail for all expenditures of more that period, including by whom paid or to whom charged.	n \$25 made from lobbying fees during this reporting
Paid to:	Amount:
	s
	s
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. Fi	•
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and here is true and complete to the best of my knowledge and b	by swear or affirm that the foregoing inform belief.
500	1/25/23
(Signature of lobbyist)	(Date)
Sabrina Dunlap	節
(Print Name of lobbyist)	8

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## STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 2 6 2023
NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	obbyist(s) Rory Whelan			
	obbyist's partnership, firm or c	orporation, if any:		
National	<b>Association of Mutual</b>	Insurance Comp	oanies (NAMIC	<b>)</b>
	(Name of partnership, firm or co	rporation)		3
3601	Vincennes Road	Indianapolis	IN	4628
Business Addre		(Town/City)	(State)	(Zip Code)
\	3129287		_ <sub>e-mail</sub>	@namic.org
(Tel	ephone)	(Fax)		
III. This state	ement covers: (Choose one – file	separate reports for eac	h client, OR you ma	y file a separate report for
reportable ex	pense transactions which are no	of attributable to any one	e client).	-
All reports	able transactions occurring in the	months prior to the venori	ina data ralativa to the	Callandaa aliaat
	- vie ambaciota cocuring in the	monus prior to the report	ing date relative to the	; following client:
	(Gull Name of Clima as is	4 7 11 7 7		
OR	(run Name of Chent as it	appears on the Lobbyist Reg	istration Form)	
All reporta	ble transactions by the lobbyist (in	ncluding the lobbyist's far	nily), or the lobbying	firm listed below which are
Unrelated to an	ny particular client.		,,,	
IV Data of D	431 02 0000	-		
IV. Date of R Reports cover:	eport April 27, 2022 activity from date of registration		uly 27, 2022 from 4/1/22 to 6/30/22_	
	October 26, 2022		anuary 25, 2023	
	activity from 7/1/22 to 9/30/		from 10/1/22 to 12/31/2	12
V. There has	ve been no fees received and	no reportable transact	ione mada cinca th	a last report
If this box is ci	hecked, complete just this form an	d submit it to the Secretar	y of State's Office, 10	7 North Main Street,
State House, R	Room 204, Concord, NH 03301.		-	
VI. Check if a	additional reports are attached:		1	
If you hav	re received fees or made expenditu	res, you must file Adden	dum A- Fees and Exp	penses
If you hav	e paid an honorarium or reimburs	ed expenses, you must file	Addendum B- Repo	ort of Honorariums or
Expense Reimi		political contributions		0.000
11 700, 700	ur firm, or your family has made p	onical contributions, you	must nic Addendum	1 C- Political Contributions
		i a		r'
Sworn Statem	ent/Affirmation by Lobbyist			
I have read RS	A 15, RSA 15-B, RSA 14-C and 1	RSA 664 and hereby swea	r or affirm that the fo	regoing information is true
and complete t	o the best of my knowledge and b	elief.	1/2/	
100			1/25/2	<u>5</u>
(Signature of )	Obbyist)		/(Date)	) ————————————————————————————————————
·				
(Print Name o	t lobbyist)			



#### STATE OF NEW HAMPSHIRE

#### 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

#### PLEASE PRINT

II. Name of lobbyist's partnership, firm or corporation, if any:  Rape, Abuse & Incest National Network (RAINN)  (Name of partnership, firm or corporation)  1220	you may file a separate report we to the following client:  Obbying firm listed below which
(Name of partnership, firm or corporation)  1220 L St. NW Washington DC  Business Address: (Street) (Town/City) (State)  (Pax) (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relations.  (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 longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions by the lobbyist (including the lobbyist's family), or the longerable transactions form activity from date of registration to 3/31/22 activity from 4/1/22 to October 26, 2022 January 25, 20 activity from 10/1/22 to Activity from 10/1/22	(Zip Code)  efant@rainn.org  you may file a separate report  ve to the following client:  Obbying firm listed below which
All reportable transactions by the lobbyist (including the lobbyist's family), or the lotterlated to any particular client.  V. Date of Report  April 27, 2022  Reports cover:  activity from date of registration to 3/31/22  October 26, 2022  January 25, 20  activity from 10/1/22 to 9/30/22  V. There have been no fees received and no reportable transactions made so that Box is checked, complete just this form and submit it to the Secretary of State's Cotate 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	(Zip Code)  efant@rainn.org  you may file a separate report  ve to the following client:  Obbying firm listed below which
Business Address: (Street)  Add-406-9639  (Telephone)  (Town/City)  (Town/City)  (State)  (Town/City)  (State)  (Town/City)  (State)  (Town/City)  (State)  (Fax)  II. This statement covers: (Choose one – file separate reports for each client, OR reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relati  (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 lateral to any particular client.  V. Date of Report  April 27, 2022  Reports cover: activity from date of registration to 3/31/22  Activity from 4/1/22 to October 26, 2022  January 25, 20  Activity from 10/1/22 to 9/30/22  V. There have been no fees received and no reportable transactions made of this box is checked, complete just this form and submit it to the Secretary of State's Contact 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	(Zip Code)  efant@rainn.org  you may file a separate report  ve to the following client:  Obbying firm listed below which
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If you have paid an honorarium or reimbursed expenses, you must file Addendum	and Expenses
	B- Report of Honorariums or
expense Reimbursement	
If you, your firm, or your family has made political contributions, you must file Ad	dendum C- Political Contribu
Sworn Statement/Affirmation by Lobbyist	
have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm the nd complete to the best of my knowledge and belief.	at the foregoing information is
Signature of lobbyist) 1/23/23	(Date)
Stefan Turkheimer	(Date)
Print Name of lobbyist)	



#### STATE OF NEW HAMPSHIRE

#### 2022 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

### RECEIVED

JAN 26 2023

NEW HAMPSHIRE DEPARTMENT OF STATE

#### PLEASE PRINT

I. Name of Lobb	yist(s) Kelly Memph	is	<u></u>	
	yist's partnership, firm or			*
Healthcare	Distribution Allian	ce		
	(Name of partnership, firm or	corporation)		
1275	Pennsylvania Ave NW (suita 600)	Washington	D.C.	20004
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( ) <u>70388</u>	50229	)	e-mail kmemphis	s@hda.org
(Telepho	one)	(Fax)		
reportable exper	ise transactions which are	ile separate reports for eac not attributable to any on ne months prior to the report	e client).	
OR		it appears on the Lobbyist Reg		
	•	(including the lobbyist's fa	mily), or the lobbying f	firm listed below which are
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VI. Check if add	itional reports are attache	ed:		
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Expense Reimbur  If you, your i		de political contributions, yo	u must file Addendum	C- Political Contribution
I have read RSA	t/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C a he best of my knowledge an	nd RSA 664 and hereby swe	ear or affirm that the for	regoing information is tru
Kelly	Yenahir		1/24/2023(Date	
(Signature of lob	byist)		(Date)	)
Kelly Me	mphis			
(Print Name of k			38	



## 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 26 2023 NEW HAMPSHIRE DEPARTMENT OF STATES

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	(Name of partnership, firm or		461	7626 <del>5</del>	1747
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