

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

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

APR 27 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
Pfizer Inc.			
(Name of partnershi	p, firm or corporation)		
c/o 28 Liberty Ship Way, Si	uite 2815, Sausalito,	CA 94965	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
415 209-2800	_ ()	e-mail pfizer@p	oliticomlaw.com
(Telephone)	(Fax)	
III. This statement covers: (Choos reportable expense transactions w			ay file a separate report for
All reportable transactions occur	ring in the months prior to	the reporting date relative to the	ne following client:
Pfizer Inc.			
	Client as it appears on the L	obbyist Registration Form)	
OR			
All reportable transactions by the unrelated to any particular client.	lobbyist (including the lol	bbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Report April 27, 20	22 🗸	July 27, 2022	
Reports cover: activity from date of	registration to 3/31/22	activity from 4/1/22 to 6/30/2	2
October 26,		January 25, 2023	
activity from 7/	1/22 to 9/30/22	activity from 10/1/22 to 12/3	1/22
V. There have been no fees rece If this box is checked, complete just to State House, Room 204, Concord, NI	his form and submit it to t		
VI. Check if additional reports are	attached:		
If you have received fees or mad			
Lif you have paid an honorarium of Expense Reimbursement	or reimbursed expenses, y	ou must file Addendum B- F	Report of Honorariums or
If you, your firm, or your family	has made political contrib	outions, you must file Addend	dum C-Political Contributions
Sworn Statement/Affirmation by L. I have read R\$A 15, R\$A 15-B, R\$A and complete to the best of my knowl	14-C and RSA 664 and I	hereby swear or affirm that the	
(Signature of lobbyist)		, (I	Date)
Molly Williams			