

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses

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

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OCT 2 7 2020

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Nicholas Doherty				
II. Name of lobbyist's	partnership, firm or corp	poration, if any	:		
N/A					
(Name	e of partnership, firm or corpo	oration)			
5 Eileen Road		Milton	MA	١	02186
Business Address: (Stre	et) ((Town/City)	(Sta	te)	(Zip Code)
(508) 698-4994		e-mail_ni	cholas.doherty@statea	ndfed.com	
(Telephone)		(Fax)			
	vers: (Choose one – file se insactions which are not:		•	R you may file	a separate report for
			,		
All reportable transa	actions occurring in the mo	onths prior to the	e reporting date rela	ative to the follo	owing client:
Pharmaceutica	al Research and	Manufac	turers of An	nerica	
	(Full Name of Client as it ap	pears on the Lobb	yist Registration For	m)	
<u>OR</u>					
☐ All reportable transa unrelated to any particu	ctions by the lobbyist (incl lar client.	luding the lobby	rist's family), or the	e lobbying firm	listed below which are
IV. Date of Report	April 29, 2020 🛘		July 29, 202	ο 🗆	
_	y from date of registration to	3/31/20	activity from 4/1/20		
	October 28, 2020 🖸		January 27,	2021 🛮	
а	ctivity from 7/1/20 to 9/30/20)	activity from 10/1/2	0 to 12/31/20	
	no fees received and no omplete just this form and a Concord, NH 03301.	_			-
VI. Check if additiona	l reports are attached:				
_	d fees or made expenditure	es, you must file	Addendum A- Fe	es and Expense	es
☐ If you have paid an Expense Reimbursemen	honorarium or reimbursed	l expenses, you	must file Addendu	m B Report o	f Honorariums or
If you, your firm, or	r your family has made po	litical contributi	ons, you must file	Addendum C-	Political Contributions
	A 15-B, RSA 14-C and R		eby swear or affirm	that the forego	ing information is true
and complete to the bes	t of my knowledge and bel	lief.		, ,	
and			101	23/20 (Date)	
(Signature of lobbyist)				(Date)	
Nicholas Doherty					
(Print Name of Johnwist	•/				