## STATE OF NEW HAMPSHIRE

## 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

OCT 12 2021

NEW MANUPSHIRE
DEPARTMENT OF STATE

I. Name of Lobbyist(s) Ken Hiscoe			LDEPARTIMENT OF ST
II. Name of lobbyist's partnership, firm or co	orporation, if any:		OF ST
(Name of partnership, firm or co	rporation)	·	<del></del>
c/o 28 Liberty Ship Way, Suite 2815	Sausalito	CA	94965
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
<i>A</i> 15 903-2800 <i>A</i> 15	610-7604	e-mail_pfizer@po	oliticomlaw.com
(Telephone)	(Fax)		
III. This statement covers: (Choose one – file reportable expense transactions which are not all reportable transactions occurring in the	ot attributable to an	y one client).	
Pfizer Inc.			
(Full Name of Client as it	appears on the Lobbyi	st Registration Form)	
All reportable transactions by the lobbyist (i unrelated to any particular client.	including the lobbyis	t's family), or the lobbying	firm listed below which are
IV. Date of Report April 28, 2021  Reports cover: activity from date of registration  October 27, 2021  activity from 7/1/21 to 9/30		July 28, 2021	
V. There have been no fees received and If this box is checked, complete just this form a State House, Room 204, Concord, NH 03301.			
VI. Check if additional reports are attached	:		
If you have received fees or made expendit		ddendum A– Fees and Ex	penses
If you have paid an honorarium or reimbur Expense Reimbursement	sed expenses, you m	ust file <b>Addendum B</b> – Rep	oort of Honorariums or
If you, your firm, or your family has made	political contribution	ns, you must file <b>Addendu</b>	m C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and  (Signature Licence Li	belief.	y swear or affirm that the form $\frac{10/12/2021}{\text{(Date)}}$	·
Ken Hiscoe		•	
(Print Name of lobbyist)			