

PLEASE PRINT

## STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 25 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s)	Kevin Bourque			
II. Name of lobbyist's pa	artnership, firm o	r corporation, if an	y:	
N/A				
(Name o	of partnership, firm or	corporation)		
125 Washington Stree	t, Suite 1	Foxboro	MA	02035
Business Address: (Street		(Town/City)	(State)	(Zip Code)
(508) 698-4994	(		e-mail khourque@	Pphrma.org
(Telephone)		(Fax)		
reportable expense tran	sactions which are	e not attributable to	s for each client, OR you o any one client). he reporting date relative t	may file a separate report for
•	_		cturers of Americ	
		The second secon	byist Registration Form)	
<u>OR</u>				•
☐ All reportable transacturrelated to any particular		t (including the lobb	oyist's family), or the lobb	ying firm listed below which are
IV. Date of Report	April 29, 2020		July 29, 2020 🛚	
Reports cover: activity from date of regi		tion to 3/31/20	activity from 4/1/20 to 6/3	
	October 28, 2020 ( tivity from 7/1/20 to 9		January 27, 2021 activity from 10/1/20 to 12	
V. There have been n If this box is checked, con State House, Room 204,	mplete just this form	n and submit it to the	transactions made sind e Secretary of State's Offic	ce the last report.   Ce, 107 North Main Street,
VL Check if additional	renorts are attach	ed:		
☐ If you have received	fees or made exper	nditures, you must fi	le Addendum A– Fees an	d Expenses
	nonorarium or reiml			- Report of Honorariums or
If you, your firm, or	your family has ma	de political contribu	tions, you must file Adde	ndum C- Political Contributions
Sworn Statement/Affirm I have read SA 15, RSA and complete to the best of (Signature of Johbyist)	15-B, RSA 14-C	and RSA 664 and he	1/20/21	the foregoing information is true (Date)
Kevin Bourque		<del></del>		
(Print Name of lobbuict)				•