

STATE OF NEW HAMPSHIRE

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



PLEASE PRINT

N/A	ame of partn	ership, firm or	comoration)				
(14)	anie or parui	Setsing, min or	corporation)				
5 Fallview Circle			Newark		DE	19711	
Business Address: (S	Street)		(Town/City)		(State)	(Zip Code)	
(203) 461-0823		()		ail melissis.whitn	narsh@pharma.com	
(Telephone))		(Fax)			
III. This statement reportable expense All reportable tra	transactio	ns which are	not attributable	to any one clien	ıt).	nay file a separate report	
Purdue Pha		_	ne mondis prior to	the reporting da	ic relative to	ine tonowing enomi.	
	(Fuli Na	me of Client a	s it appears on the Lo	bbyist Registration	on Form)	,	
<u>OR</u>							
All reportable tra unrelated to any part			t (including the lob	byist's family),	or the lobbying	ng firm listed below which	
IV. Date of Report	April 29, 2020 🔲			July 29	July 29, 2020 🔲		
	ctivity from date of registration to 3/31/20			activity from	activity from 4/1/20 to 6/30/20		
	October 28, 2020 🛘			January 27, 2021 🖸			
	activity from 7/1/20 to 9/30/20			activity from	activity from 10/1/20 to 12/31/20		
V. There have bee If this box is checked State House, Room 2	l, complete	just this forn	n and submit it to ti	e transactions he Secretary of S	made since State's Office,	the last report. 2 107 North Main Street,	
VI. Check if addition	nal renor	ts are attach	ed:				
	-		ditures, you must	file Addendum	A- Fees and	Expenses	
	an honora					leport of Honorariums or	
If you, your firm	n, or your f	amily has ma	de political contrib	utions, you mus	t file Addend	lum C-Political Contribu	
Sworn Statement/A I have read RSA 15, and complete to the	RSA 15-B best of my	, RSA 14-C a knowledge a	and RSA 664 and hand hand hand hand hand hand hand		affirm that the	e foregoing information is	
(Signature of lobby)	ist)				(L	atoj	
Melissia Whitmars	sh						
(Print Name of lobb	ovist)						