

STATE OF NEW HAMPSHIRE

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

PECEIVED

JAN 21 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Katrina Ise	erman erm		
II. Name of lobbyist's partnership, firm	or corporation, if any:		
(Name of partnership, firm	or corporation)		
280 Beacon Street #31	Boston	MA	02116
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(617) 266-3113 (Telephone))(Fax)	e-maile	n@sunovion.com
III. This statement covers: (Choose one reportable expense transactions which	- file separate reports fo		file a separate report for
All reportable transactions occurring i	in the months prior to the r	eporting date relative to the	following client:
Sunovion Pharmaceutica	ls Inc.		
(Full Name of Clier OR ☐ All reportable transactions by the lobb unrelated to any particular client. IV. Date of Report April 28, 2021 ☐ Reports cover: activity from date of regist October 27, 2022 activity from 7/1/21 t V. There have been no fees received If this box is checked, complete just this for State House, Room 204, Concord, NH 03:	tration to 3/31/21 ac 1	July 28, 2021 July 28, 2021 January 26, 2022 July 27, 2012	e last report.
VI. Check if additional reports are atta If you have received fees or made exp If you have paid an honorarium or rei Expense Reimbursement If you, your firm, or your family has a	penditures, you must file A mbursed expenses, you mu	st file Addendum B – Repo	rt of Honorariums or
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-c and complete to the best of my knowledge Katrina Iserman Digitally signed by Katrina Iserman Date: 2022.01.19 14:	C and RSA 664 and hereby and belief.	swear or affirm that the for	egoing information is true
(Signature of lobbyist)		(Date)	
Katrina Iserman	•		
(Print Name of Johnwigt)			