

PLEASE PRINT

### STATE OF NEW HAMPSHIRE

2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

NOV 01 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Johnson & Johnson (Name of partnership, fir		7	· · · · · · · · · · · · · · · · · · ·
O Box 361	Delmar	NY	12054
siness Address: (Street)	(Town/City)	(State)	(Zip Code)
) <u>518-390-3259</u>	( )	<sub>e-mail</sub> jmannion@	⊉skadden.com
(Telephone)	(Fax)	C-indit	
oortable expense transactions which All reportable transactions occurring	are not attributable to any in the months prior to the rep	one client).	-
All reportable transactions which ohnson & Johnson &	in the months prior to the rep Services, Inc.	one client).	-
All reportable transactions which ohnson & Johnson & (Full Name of Clie	are not attributable to any in the months prior to the rep	one client).	-
All reportable transactions which one of Clients of Cli	in the months prior to the report of the services, Inc.  and as it appears on the Lobbyist	one client).  corting date relative to the  Registration Form)	following client:
All reportable transactions occurring ohnson & Johnson & Full Name of Clie  R All reportable transactions occurring (Full Name of Clie R All reportable transactions by the lobble related to any particular client.	in the months prior to the report of the report of the report of the report of the services, Inc.  In the months prior to the report of the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the months prior to the report of the services, Inc.  In the services, In the services, Inc.  In the services, In the ser	one client).  corting date relative to the Registration Form)  s family), or the lobbying	following client:
(Full Name of Clients)	in the months prior to the report as it appears on the Lobbyist oyist (including the lobbyist's stration to 3/31/22 activation and activation and activation activati	one client).  corting date relative to the Registration Form)  family), or the lobbying	following client:

VI. Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses

If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true

and complete to the best of my knowledge and belief.

(Signature of løbbyist)

10/27/2022

(Date)

Bria\Lucey

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Bria	n Lucey		**************************************
II. Name of lobbyist's partr	iership, firm or c	orporation, if any:	
Johnson & Johnson Se	ervices, Inc.		
	rship, firm or corporation	1)	
III. Name of Client Johnson	n & Johnson S	ervices, Inc.	Date 10/27/2022
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportabl	le pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate: 16	eb Bradley (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	, ,	Office Candidate is Seeking	•
If the contribution is an in-kind actual cost of the in-kind contri enter an estimated value and th	ibution on the line al	de a description of the goods of contribution	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate: S	haron Carso	on	
Tun name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)
^-	.∩		
Amount of contribution \$ 25	<u> </u>	Office Candidate is Seekin	g Senate
Amount of contribution \$ 25  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	l contribution, provide the contribution, provide the contribution on the line at	Office Candidate is Seeking  de a description of the goods of the g	Senate or services provided, and enter the on. If the actual cost is not known,
If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the	l contribution, provide ibution on the line ab e word "estimate."	de a description of the goods of contribution of contribution	or services provided, and enter the
If the contribution is an in-kind actual cost of the in-kind contri	l contribution, provide the contribution, provide the contribution on the line at	de a description of the goods of contribution of contribution	or services provided, and enter the

# STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Brian	n Lucey			
II. Name of lobbyist's partr	iership, firm or c	orporation, if any:		
Johnson & Johnson Se	rvices, Inc.	-		
	ship, firm or corporation			<del></del>
III. Name of Client Johnson	n & Johnson S	ervices, Inc.	<sub>Date</sub> 10/27/202	2
Political Contributions				
For each political contribution client/lobbyist and lobbying	on that is reportab	le pursuant to RSA Chap	ter 664 paid on behalf of t	he
or and the second secon	min, maioato tro	tonowing,		
Full name of candidate: Re	egina Birds			_
25	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 25	<u> </u>	Office Candidate is Seeki	ng Senate	_
If the contribution is an in-kind actual cost of the in-kind contri	bution on the line a	de a description of the good bove for amount of contrib	ls or services provided, and e	nter the known,
enter an estimated value and the	e word "estimate."			
			1	-
		<del></del>	<del></del>	-
Full name of candidate: Bi	ll Gannon			
	(Last Name)	(First Name)	(Middle Name/Initial)	ge.
Amount of contribution \$ 25	0	Office Candidate is See	king Senate	
If the contribution is an in-kind actual cost of the in-kind contri	contribution, providuation on the line at	de a description of the good	ls or services provided, and e	nter the
enter an estimated value and the	word "estimate."			,
			· · · · · · · · · · · · · · · · · · ·	
<del></del>				
		·		
Full name of candidate:	Sue Prer	ntiss		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ 250	)	Office Candidate is See	Senate	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)  Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Blef Will 10/27/27 (Signature of lobbyist)  Brian Lucey (Print Name of lobbyist)

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