(Print Name of lobbyist)

PLEASE PRINT

### STATE OF NEW HAMPSHIRE

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

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I. Name of Lobbyist(s	Paul Graml			NEW MARI-SHIRE
		A SAME OF BRIDE	*analysis	DEPART NT OF STAT
II. Name of lobbyist's	partnership, firm or	corporation, if any:		And the second state of the second state of the second second second second second second second second second
N/A	- Andrews and Asset Williams	200 - 200 An		
•	e of partnership, firm or c		СT	06371
	ightwater Rd.	Old Lyme	48- 3	
Business Address: (Str		(Town/City)	(State)	(Zip Code)
860305-969	9.	)(	e-mail paul.c.gr	aml@gsk.com
(Telephone)		(Fax)		
III. This statement co	vers: (Choose one – fi	le separate reports	for each client, OR you ma	y file a separate report for
reportable expense tr	insactions which are	not attributable to a	iny one client).	
All reportable trans	العبر من من من		11	a fallowing alignft
		e months prior to the	reporting date relative to th	e tollowing chent.
GlaxoSmithKlin	**			
<del>a ang grapa ang ang talandang and</del>	(Full Name of Client as	if appears on the Lobby	yist Registration Form)	
<u>OR</u>			no cur com o seu como e e e e e e e e e e e e e e e e e e	sees time 1911-190-19-1819-18-18-18-
All reportable trans	actions by the lobbyist	(including the lobby	ist's family), or the loobying	firm listed below which are
unrelated to any partice	nar chent.			
IV. Date of Report	April 28, 2021		July 28, 2021	
	ty from date of registration	on to 3/31/21	activity from 4/1/21 to 6/30/21	<b>y</b> .
ਰ	October 27, 2021		January 26, 2022	
í	activity from 7/1/21 to 9/3	<del>30</del> /21	activity from 10/1/21 to 12/31.	<b>/21</b> i
TE Thomas have been	na face vacaived un	d no renoviable fr	ansactions made since t	he last report.
If this box is checked.	complete just this form	and submit it to the	Secretary of State's Office, 1	07 North Main Street,
State House, Room 20	1, Concord, NH 03301.	1	. •	
VI. Check if addition	al ranorts are attache	ď.		
VI. Check if addition	ad fees or made expend	litures, vou must file	Addendum A- Fees and E	xpenses
If you have read a	n honorarium or reimbi	ursed expenses, you	must file <b>Addendum B</b> – Re	port of Honorariums or
Expense Reimburseme	ent			
If you, your firm,	or your family has mad	le political contributi	ons, you must file Addendu	ım C-Political Contributions
<del></del>				*
Sworn Statement/Aff	irmation by Lobbyist	i Santana saka saka sa	i v čiča distributa	Caracina information is true
I have read RSA 15, R	SA 15-B, RSA 14-C ar st of my knowledge an	nd RSA 664 and here	by swear or ammunatimes	foregoing information is true
and complete to the oc	S. LITTII KIIU KUGC AII	- John J	9/1/2021	
John S		· · · · · · · · · · · · · · · · · · ·	(Da	te
(Signature of lobbyist	)		, ţ <u>i</u>	<del>ro</del> j
Paul Grami				

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## STATE OF NEW HAMPSHIRE

### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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Date 9/1/2021
t are related, directly or indirectly, ations, or public relations services fee amount reported shall not be
5,664.00 3 s 13,216.00
) \$ <u>13,210.99</u>
<sub>)\$</sub> <u>18,880.00</u>
) is <u>0.00</u>
1

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	(a) \$\(\int 0.00\)	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	10110	<del>lajās - t</del>
c) Total of all itemized expenditures reported in detail in section VI.	0.00	<del>),</del>

(Signature of lobbyist) Paul Grami	(Date)
	9/1/2021 (Date)
is true and complete to the best of my knowledge and belief.	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or a	ffirm that the foregoing information
Sworn Statement/Affirmation by Lobbyist	
/ <del></del>	į.
<del></del>	
	<u>0.00</u>
	s 0.00°
	\$ 0.00
	\$ 0.00
<del>and the state of </del>	s 0.00
Paid to:	\$ 0.00
Provide the following detail for all expenditures of more than \$25 made fro period, including by whom paid or to whom charged.	Amount:
VI. Other Expenses:	institute of a continuous security
f) Total of all expenses year to date	<sub>1) \$</sub> 47.88
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report	e) \$ <u>47.88</u>
(Add lines a, b and c)	· · · · · · · · · · · · · · · · · · ·
d) Total expenses for this reporting period	<sub>d) \$</sub> U.UU

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## STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

. Name of Lobbyist(s) Paul			
I. Name of lobbyist's partn	iership, firm or cor	poration, if any:	
WA			
(Name of partne	rship, firm or corporation)	· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * *
II. Name of Client GlaxoS	mithKline, PLC		Date 9/1/2021
Political Contributions For each political contribution in the contribution of the con	on that is reportable	pursuant to RSA Char illowing:	oter 664 paid on behalf of the
rull name of candidate: N	1 Senate Dem	ocratic PAC	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 20	0.00	Office Candidate is Seeki	ng State Senate
inter an estimated value and the	e word "estimate."		ution. If the actual cost is not know
inter an estimated value and the	e word "estimate."		,
	e word "estimate."		
Full name of candidate:	e word "estimate."  (Last Name)	(First Name)	(Middle Name/Imitial)
Full name of candidate:	e word "estimate."  (Last Name)	(First Name)	
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name)  d contribution, provid	(First Name) Office Candidate is Se	(Middle Name/Imitial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name)  d contribution, provid	(First Name) Office Candidate is Se	(Middle Name/Initial) eking
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name)  d contribution, provid	(First Name) Office Candidate is Se	(Middle Name/Initial) eking
If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution is an in-kind contribution in the indicated value and the indicated value	(Last Name)  d contribution, provid ibution on the line ab	(First Name) Office Candidate is See a description of the god	(Middle Name/Initial) eking: ods or services provided, and enter to outlion. If the actual cost is not known.
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution.	(Last Name)  d contribution, provid	(First Name) Office Candidate is Se	(Middle Name/Initial) eking

2	And the second s		
Section 19			<b>=</b>
(If more than three contributions	were made, report additional co	ontributions on separate addendum C forms:)	<del>-</del>
Sworn Statement/Affirma	ition by Lobbyist		
Thave read RSA 15, RSA 1 is true and complete to the	5-B and RSA 664 and he	ereby swear or affirm that the foregoing information d belief.	
I have read RSA 15, RSA 1 is true and complete to the	5-B and RSA 664 and he best of my knowledge an	ereby swear or affirm that the foregoing information d belief:  9/1/2021	
I have read RSA 15, RSA 1 is true and complete to the (Signature of lobbyist)	15-B and RSA 664 and he best of my knowledge an	d belief:	
is true and complete to the	15-B and RSA 664 and he best of my knowledge and	d belief: 9/1/2021	

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