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I. Name of Lobbyist(s) Mary Kaysen

STATE OF NEW HAMPSHIRE

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

REGEIVED

OCT 12 2021

NEW LAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

Siness Address: (Street) (Town/City) (State) (Zip Code)) 978-232-1147 ()	istol-Myers Squib		firm or o			41
Asiness Address: (Street) (Town/City) (State) (Zip Code)) 978-232-1147. ()	(IAAII	ie or parmersing,	IIIII OE C	orporation)		
Part	18 Valley Street	<u>i</u>			MA	
I. This statement covers: (Choose one — file separate reports for each client, OR you may file a separate reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: tristol-Myers Squibb Company. (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Registration Form) (Full Name of Client as it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client as it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client as it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client as it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client as it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name of Client As it appears on the Lobbyist Porm Advisor Registration Form) (Full Name	usiness Address: (Str	eet)		(Town/City)	(State)	(Zip Code)
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Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information and complete to the best of my knowledge and belief. Mary Kaysen 10/05/2021	☐ If you have paid a	n honorarium o				→ 18 m H
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have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing informated complete to the best of my knowledge and belief. Mary Kaysen 10/05/2021				e political contribution	ns, you must file Addend i	ım C– Political Co
	have read RSA 15, R	SA 15-B, RSA	14-C ar		y swear or affirm that the	foregoing information
(Signature of lobbyist) (Date)	Mary Kaysen			· · · · · ·		· .
	(Signature of lobbyist	;)			(Da	te)
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PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

Bristol-Myers Squibb Company (Name of partnership, firm or corporation)	40/05/0004
III. Name of Client Bristol-Myers Squibb Compan	y _{Date} 10/05/2021
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 0.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ 595.00
c) Total of all fees received to date (Add lines a and b)	c) \$ _595.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fine aggregate total of all expenses particles; (b) the aggregate total of the emeals purchased during a business than \$10 that is given to the person with a value of \$25.00 or less); are of greater than \$25.00 in the of greater than \$25.00 in than \$25, but not greater than \$5 or than \$25, but not greater than \$5
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 411.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	_{b) \$} 2.00 c) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ U.UU

d) Total expenses for this reporting period	_{d) \$} 413.00
(Add lines a, b and c)	57 00
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	
f) Total of all expenses year to date	₀ \$ 470.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from period, including by whom paid or to whom charged.	m lobbying fees during this reporting
Paid to:	Amount:
n/a	-\$
	. \$
	· "
	\$
	\$ <u></u>
	<u></u>
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or af is true and complete to the best of my knowledge and belief.	firm that the foregoing information
May Kay Sen (Signature of lobbyist)	(0/05/21
Many Mayor	(Daw)
(Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Ma	ry Kaysen		<u>ما د وشهرت به پرې هم د د د </u>
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	
Bristol-Myers Squibb		- The manage of the state of the	
(Name of partr	nership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·	the strength of the later with the strength of
III. Name of Client Bristo	-Myers Squibb C	ompany	_{Date} 10/05/2021
Hi ranc or chene			Date
Political Contributions	elings on the same of the same	and the second s	and seek the seek at the
client/lobbyist and lobbying			pter 664 paid on behalf of the
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	<u> </u>	San Transfer of the San	· · · · · · · · · · · · · · · · · · ·
Full name of candidate: 1	lew Hampshi	re Senate De	mocrats
t an name of candidates.	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 10	00.00	Office Candidate is Seek	ing Party
		4	
	ribution on the line abo		ods or services provided, and enter the oution. If the actual cost is not known,
n/a			
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	<u> </u>	<u> </u>	
the contract of the contract o	and a control of the second		the second secon
	·	r and the service of	
Full name of candidate:	(Last Name)	(First Name)	A. P.
			(Middle Name/Initial)
Amount of contribution \$	A SECTION OF THE SECT	_ Office Candidate is Se	eking
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abo	e a description of the goo ove for amount of contrib	ods or services provided, and enter the oution. If the actual cost is not known,
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		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	and the second s
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
X 2 2 2 2 2 2 2	(Last Haille)	• • •	•
Amount of contribution \$		Office Candidate is Se	eking

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	the state of the s	Access to the state of the stat
(If more than th	ree contributions were made, report additional con	tributions on separate addendum C forms.)
Sworn State	ment/Affirmation by Lobbyist	
I have read I	RSA 15, RSA 15-B and RSA 664 and here complete to the best of my knowledge and	eby swear or affirm that the foregoing information belief.
(Signature o	ry Kayser	10/05/21

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