

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECFIVED
SEP 01 2023
NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lo	bbyist(s) Nathar	n Bryc	e		
	bbyist's partnership,	firm or co	rporation, if any:		
_	iopharmace		•		
ірооп В	(Name of partnership,		<u> </u>	·	
One	Main Street, S	Ste. 700	Cambridge	MA	02142
Business Addres	ss: (Street)		(Town/City)	(State)	(Zip Code)
, 646	5964490	()		e-mail nathan.bry	ce@ipsen.com
(Tele	phone)	_	(Fax)	•	
			separate reports for eact attributable to any on		file a separate report for
All reporta	ble transactions occurri	ng in the n	nonths prior to the report	ing date relative to the	following client:
lpsen B	iopharmace	utical	s. Inc.		
1			ppears on the Lobbyist Reg	istration Form)	
OR					
	ole transactions by the l y particular client.	obbyist (in	cluding the lobbyist's fa	mily), or the lobbying	firm listed below which are
IV. Date of Re Reports cover:	eport April 26, 202 activity from date of re October 25, 2 activity from 7/1/23	egistration (Jar	July 26, 2023	
If this box is ch		is form and	no reportable transac I submit it to the Secreta		
VI. Check if a	dditional reports are	attached:			
			res, you must file Adder		
If you have Expense Reiml		r reimburse	ed expenses, you must fi	e Addendum B– Repo	ort of Honorariums or
— 		nas made p	olitical contributions, yo	u must file Addendun	C-Political Contributions
I have read RS and complete to	o the best of my knowle	14-C and I		ar or affirm that the fo	regoing information is true
Nathan Br Nathan Bryce (Aug 22, 20	400 13 10:51 EDT)		(08/22/23	
(Signature of l				(Date)
Nathan	Bryce				
(Print Name o	<u> </u>				