



**STATE OF NEW HAMPSHIRE**  
**2012 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

PLEASE PRINT

RECEIVED

JAN 3 2014

**I. Name of Lobbyist(s)** Kevin Bourque

**II. Name of lobbyist's partnership, firm or corporation, if any:** ✓

N/A

(Name of partnership, firm or corporation)

125 Washington St., Suite 1                      Foxboro                      Massachusetts                      02035  
 Business Address: (Street)                      (Town/City)                      (State)                      (Zip Code)

(508) 698-4994 x 201                      (508) 698-4990                      e-mail kbourque@phrma.org  
 (Telephone)                      (Fax)

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for 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:  
Pharmaceutical Research and Manufacturers of America (PhRMA)

(Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report**    April 25, 2012                       July 25, 2012   
*Reports cover: activity from date of registration to 3/31/12                      activity from 4/1/12 to 6/30/12*

   October 31, 2012                       January 30, 2013   
*activity from 7/1/12 to 9/30/12                      activity from 10/1/12 to 12/31/12*

**V. There have been no fees received and no reportable transactions made since the last report.**   
*If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.*

**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 and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

Kevin Bourque:   
 (Signature of lobbyist)

Kevin Bourque  
 (Print Name of lobbyist)

1/29/14  
 (Date)



STATE OF NEW HAMPSHIRE

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

P I. Name of Lobbyist(s) Kevin Bourque

L II. Name of lobbyist's partnership, firm or corporation, if any:
A
S
E (Name of partnership, firm or corporation)

P III. Name of Client Pharmaceutical Research and Manufacturers of America (PhRMA) Date 1/23/2014

R I Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: SEE ATTACHED LIST OF CONTRIBUTIONS
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ Office Candidate is Seeking

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."

Full name of candidate:
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ Office Candidate is Seeking

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."

Full name of candidate:
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ Office Candidate is Seeking

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."

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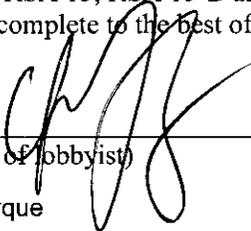
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

**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.

Kevin Bourque:



(Signature of lobbyist)

Kevin Bourque

(Print Name of lobbyist)

1/29/14

(Date)



**STATE OF NEW HAMPSHIRE**

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

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<b><u>Name of Candidate:</u></b>	<b><u>Amount:</u></b>	<b><u>Office sought:</u></b>
Nancy Stiles	\$150	State Senate
Andy Sanborn	\$150	State Senate
David Watters	\$150	State Senate
Maggie Hassan	\$150	Governor
Sam Cataldo	\$500	State Senate
Ovide Lamontagne	\$500	Governor
Governor Maggie Hassan Inaugural Committee	\$5000	N/A

*State of New Hampshire*  
*Signature Form for Associated Lobbyist*  
*RSA Chapter 15*

Use this form to swear or affirm the truth and completeness of  
Income and Expense Statements and related Addendums.

**Sworn Statement/Affirmation by Lobbyist**  
**Statement of Income and Expenses for: Kevin Bourque**

Name of Lobbying partnership, firm, or corporation: \_\_\_\_\_

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any  
particular client): PhRMA

***Date of Report (check one):***

April 25, 2012       July 25, 2012       October 31, 2012       January 30, 2013

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and  
the following Addendums submitted with that Statement (insert the number of Addendum forms being  
submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

  1   Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and  
complete to the best of my knowledge and belief.

Kevin Bourque: \_\_\_\_\_

(Signature of lobbyist)

1/29/14

(Date)

**Kevin Bourque**

(Print Name of lobbyist)