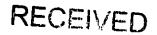


## STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



OCT 2 7 2020

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Kevin Bourque

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

N/A			
(Name of partnership, f	irm or corporation)		
125 Washington Street, Suite 1	Foxboro	MA	02035
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(508) 698-4994	( )	e-mail kbourque@phrma.c	
(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

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

### <u>OR</u>

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 29, 2020 Reports cover: activity from date of registration to 3/31/20 October 28, 2020 activity from 7/1/20 to 9/30/20 July 29, 2020 activity from 4/1/20 to 6/30/20

January 27, 2021 activity from 10/1/20 to 12/31/20

**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, 107 North Main Street, 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, 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 lo

10 26 20 (Date)

Kevin Bourque (Print Name of lobbyist) State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15 RECEIVED

OCT 2 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

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:

Name of Lobbying partnership, firm, or corporation: Kevin Bourque

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

Date of Report (check one):

April 29, 2020 🗌 July 29, 2020 🗌 October 28, 2020 🗹 January 27, 2021 🔲

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):

O Addendum A(s).

0 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.

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10/21/20

Kevin Bourque

(Print Name of lobbyist)

	SIAII	E OF NEW HA Lobbyists Repo Political Contrib Addendum (RSA Chapter	ort of outions		
I. Name of Lobbyist(s) K	evin Bourque				
II. Name of lobbyist's pa N/A	artnership, firm or co	•			
	artnership, firm or corporation)				
III. Name of Client Pharmaceutical Research and Manufacturers of America Date 10/16/20					
client/lobbyist and lobbyi	ing firm, indicate the fo	ollowing:	pter 664 paid on behalf of the		
Full name of candidate:	Please se	e attached			
· · · · · · · · · · ·	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate	is Seeking		
enter an estimated value and	i me word estimate.				
Full name of candidate:			(Middle Name/Initial)		
Full name of candidate: _	(Last Name)	(First Name)			
Full name of candidate: Amount of contribution \$ If the contribution is an in-ki	(Last Name) ind contribution, provide ntribution on the line above	(First Name) Office Candidate is a description of the good	(Middle Name/Initial) s Seeking is or services provided, and enter the		
Full name of candidate:	(Last Name) ind contribution, provide ntribution on the line abov the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contribu	s Seeking		
Full name of candidate: Amount of contribution \$ If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	(Last Name) ind contribution, provide ntribution on the line abov the word "estimate."	(First Name) Office Candidate is a description of the good ve for amount of contribu	(Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known,		
Full name of candidate: Amount of contribution \$ If the contribution is an in-ki actual cost of the in-kind con- enter an estimated value and  Full name of candidate:	(Last Name) ind contribution, provide ntribution on the line abov the word "estimate." (Last Name)	(First Name) Office Candidate is a description of the good ve for amount of contribu (First Name)	(Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known		

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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.)

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#### 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.

(Signature dillopbyist)

10 26 20 (Date)

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(Print Name of lobbyist)



## STATE OF NEW HAMPSHIRE

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

Name of Candidate:	Amount:	Office sought:
NH Senate Democratic Caucus	\$5,000.00	N/A
NH Senate Republicans	\$1,000.00	N/A
NH Senate Republicans	\$1,500.00	N/A
James Gray	\$1,000.00	Senate
David Watters	\$1,000.00	Senate
Donna Soucy	\$2,000.00	Senate
Jeb Bradley	\$1,000.00	Senate
Jon Morgan	\$2,000.00	Senate
Chuck Morse	\$2,000.00	Senate
Jay Kahn	\$500.00	Senate
Kevin Cavanaugh	\$2,000.00	Senate
Regina Birdsell	\$1,000.00	Senate
Harold French	\$1,000.00	Senate
Lou D'Allesandro	\$1,000.00	Senate
Sharon Carson	\$2,000.00	Senate
Ruth Ward	\$1,000.00	Senate

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Name of Candidate:	Amount:	Office sought:
John Reagan	\$1,000.00	Senate
Bob Guida	\$1,000.00	Senate
Chris Sununu	\$1,000.00	Governor

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