

# STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

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

# I. Name of Lobbyist(s) Kevin Bourque

RECEIVED JAN 24 2023 **NEW HAMPSHIRE** DEPARTMENT OF STATE

N/A				
(1	Name of partnership, firm	or corporation)		
125 Washington	Street, Suite 1	Foxboro	MA	02035
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)
( ) 508-698	8-4994 x201 (	)	e-mail kbourque	@phrma.org
(Telephon	e)	(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)

# 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 Rep	port April 27, 2022	
Reports cover:	activity from date of registration to 3/31/22	a
	October 26, 2022	
	activity from 7/1/22 to 9/30/22	

July 27, 2022	
activity from 4/1/22 to 6/30/22	
January 25, 2023 activity from 10/1/22 to 12/31/22	2

<b>)</b> 1	fees	received	and	no	reportable	transactions	made	since	the	last	report.	
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V. There have been no 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 the best of my knowledge and belief.

(Signature of lobbyist) Kevin Bourgue

1/23/2023

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: Ke

**Kevin Bourque** 

Name of Lobbying partnership, firm, or corporation: N/A

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):



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).	1
Addendum B(s).	0
Addendum C(s).	1

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.

bbyist) (Signature of

1 23 2023

Kevin Bourque

RECEIVED
JAN 24 2023
NEW HAMPSHIRE DEPARTMENT OF STATE

	STATE OF NEW HAN Lobbyists Fees and E	xpenses	RECEIVED
	Addendum A	1	JAN 24 2023
	(RSA Chapter 15	5:6)	NEW HAMPSHIRE DEPARTMENT OF STAT
I. Name of Lobbyist(s) Kevin	n Bourque		
II. Name of lobbyist's partne	rship, firm or corporation, if any:		
N/A			
(Name of partners)	hip, firm or corporation)		<u></u>
III. Name of Client	utical Research and Manufacturers of Ame	rica Data 1/23/2	2023
to lobbying, including fees for s	fees received from the client identified above ervices such as public advocacy, government legislation, and related legal work. The gro his reporting period	relations, or public oss fee amount rep a) \$831.10	c relations services orted shall not be
	calendar year, prior to this reporting period of all prior monthly reports for this calendar ye	<sub>b) \$</sub> <u>4,207.5</u>	54
c) Total of all fees received to c (Add lines a and b)	late	c) \$_5,038.6	64
d) Indicate the amount of any so yet been paid	uch fees that are due, but have not	d) <b>s</b> _0.00_	

#### V. Expenses:

PLEASE

P R I N T

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.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

<ul> <li>d) Total expenses for this reporting period</li> <li>(Add lines a, b and c)</li> </ul>	<sub>d) \$</sub> 0.00
<ul> <li>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)</li> </ul>	<sub>e) \$</sub> 1,691.13
<ul><li>f) Total of all expenses year to date</li></ul>	<sub>f) \$</sub> _1,691.13
VI Other Expenses	

VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

\$
\$
\$
\$
\$
S

## 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 of loubyist)

1 23 2023 (Date)

Kevin Bourque

	SIAL	E OF NEW HAMP Lobbyists Report of Political Contribution Addendum C (RSA Chapter 15:6)		RECEIVED JAN 2 4 2023 NEW HAMPSHIRE DEPARTMENT OF STAT
I. Name of Lobbyist(s) Kev	in Bourque			
II. Name of lobbyist's parts	nership, firm or co	rporation, if any:		
	ership, firm or corporation)		<u></u>	
		anufacturers of America	Date 1/23/20	23
Political Contributions For each political contributi client/lobbyist and lobbying		e pursuant to RSA Chapter 6 following:	54 paid on beha	If of the
Full name of candidate:	Altschiller	Debra		
	(Last Name)	(First Name)	(Middle Name/Ini	
Amount of contribution \$ 50	0.00	Office Candidate is Seeking S	tate Senate	
If the contribution is an in-kine	d contribution, provid	e a description of the goods or s	services provided	, and enter the
If the contribution is an in-kine	d contribution, provid ibution on the line ab		services provided	, and enter the
If the contribution is an in-kine actual cost of the in-kind contri enter an estimated value and th	d contribution, provid ribution on the line ab ne word "estimate."	e a description of the goods or s ove for amount of contribution.	services provided	, and enter the
If the contribution is an in-kine actual cost of the in-kind contu	d contribution, provid ribution on the line ab ne word "estimate." Bradley	e a description of the goods or s ove for amount of contribution.	services provided If the actual cos	, and enter the t is not known,
If the contribution is an in-kine actual cost of the in-kind contri- enter an estimated value and th 	d contribution, provid ribution on the line ab ne word "estimate." Bradley (Last Name)	e a description of the goods or s ove for amount of contribution.	(Middle Name/In	, and enter the t is not known,
If the contribution is an in-kine actual cost of the in-kind contri- enter an estimated value and the 	d contribution, provid ribution on the line ab ne word "estimate." Bradley (Last Name) 000.00 d contribution, provid ribution on the line ab	e a description of the goods or s ove for amount of contribution. Jeb (First Name)	(Middle Name/In State Sena	, and enter the t is not known, 
If the contribution is an in-kine actual cost of the in-kind contri- enter an estimated value and the 	d contribution, provid ribution on the line ab ne word "estimate." Bradley (Last Name) 000.00 d contribution, provid ribution on the line ab	e a description of the goods or s ove for amount of contribution.  Jeb 	(Middle Name/In State Sena	, and enter the t is not known, 
If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the Full name of candidate:	d contribution, provid ibution on the line ab ne word "estimate." Bradley (Last Name) 000.00 d contribution, provid ribution on the line ab he word "estimate."	e a description of the goods or sove for amount of contribution.	(Middle Name/In State Sena services provided If the actual cos	, and enter the t is not known, itial) ate I, and enter the st is not known,
If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the Full name of candidate:	d contribution, provid ibution on the line ab ne word "estimate." Bradley (Last Name) 000.00 d contribution, provid ribution on the line ab he word "estimate."	e a description of the goods or sove for amount of contribution.	(Middle Name/In State Sena services provided If the actual cos	, and enter the t is not known, itial) ate I, and enter the st is not known,
If the contribution is an in-kind actual cost of the in-kind contri- enter an estimated value and the 	d contribution, provid ibution on the line ab ne word "estimate." Bradley (Last Name) 000.00 d contribution, provid ribution on the line ab he word "estimate." (Last Name)	e a description of the goods or sove for amount of contribution.	(Middle Name/In State Sena services provided If the actual cos	, and enter the t is not known, itīal) ate l, and enter the st is not known, itīal)

(turn over to continue  $\rightarrow$ )

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.)

#### 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 of lobbyist)

1/23/2023 (Date)

Kevin Bourque