(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

FEB 0 4 2019

NEW HAMPSHIRE SEPARTMENT OF STATE

PLEASE PRINT	DEPARTMENT OF
1. Name of Lobbyist(s) Jim Bouley Mike Derneh	
II. Name of lobbyist's partnership, firm or corporation, if any:	1
Dennely & Bouley LLC (Name of partnership, firm of corporation)	
17 Depot St. #3 Concord NH C	13301
Business Address: (Street) (Town/City) (State)	(Zip Codc)
603 228-1601 () e-mail	
III. This statement covers: (Choose one - file separate reports for each client, OR you may file a reportable expense transactions which are not attributable to any one client).	separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the follow	ing client:
ASSOCIATION For ACCESSIBLE Medic (Full Name of Client as it appears on the Lobbyist Registration Form)	ines
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm lisunrelated to any particular client.	ited below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 April 25, 2018 July 25, 2018 activity from 4/1/18 to 6/30/18	
October 31, 2018 January 30, 2019 Activity from 7/1/18 to 9/30/18 Activity from 10/1/18 to 12/31/18	
V. There have been no fees received and no reportable transactions made since the last If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Ho Concord, NH 03301.	report. use, Room 204,
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 Expense Reimbursement	Honorariums or
If you, your firm, or your family has made political contributions, you must file Addendum C-F	olitical 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 and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	ng information is true

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.

RECEIVED FEB 0 4 2019 NEW HAMPSHIRE DEPARTMENT OF STATE

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

Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Association for Accessible Medicines
Date of Report (check one):
April 25, 2018
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).
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. (Signature of lobbyist) (Date)
Mike Dennehy
(Print Name of lobbyist)