(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 23 2018

NEW HAMPSHIRE

PLEASE PRINT

I. Name of Lobbyist(s) Kevin Bourque		DEPARTMENT OF S	
II. Name of lobbyist's partnership, firm of N/A	corporation, if any:		
(Name of partnership, firm or	corporation)		•
125 Washington Street, Suite 1	Foxboro	MA	02035
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(508) 698-4994)	_{e-mail} kbourqu	e@phrma.org
(Telephone)	(Fax)	C-IIIAII	
III. This statement covers: (Choose one – if reportable expense transactions which are	not attributable to any	y one client). porting date relative to th	
Pharmaceutical Research a	and Manufactur	ers of America	
(Full Name of Client as	s it appears on the Lobbyist	Registration Form)	
All reportable transactions by the lobbyist unrelated to any particular client.	t (including the lobbyist)	's family), or the lobbying	g firm listed below which ar
IV. Date of Report April 25, 2018 Reports cover: activity from date of registrate October 31, 2018 activity from 7/1/18 to 9/		July 25, 2018 tivity from 4/1/18 to 6/30/18 January 30, 2019 tivity from 10/1/18 to 12/31.	
V. There have been no fees received an If this box is checked, complete just this form Concord, NH 03301.			
VI. Check if additional reports are attache	ed:		
If you have received fees or made expen If you have paid an honorarium or reimb Expense Reimbursement	ditures, you must file Ac		-
If you, your firm, or your family has made	de political contributions	s, you must file Addendu	m C-Political Contribution
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C a and complete to the best of my knowledge ar	nd RSA 664 and hereby	swear or affirm that the	foregoing information is true
1 lh/1/V		1/20/18	
(Signature of physist)		7/20/18/(Da	te)
Kovin Ballahua		•	

P L E A S P R I Ν T

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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		JUL 2 3 2018
I. Name of Lobbyist(s) Kevin Bourque		NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm or corporation, if any:		DEPARTMENT OF STA
N/A		
(Name of partnership, firm or corporation)		
III. Name of Client Pharmaceutical Research and Manufacturers of America	Date	7/11/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations,	or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>12</u>	7.60
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ <u>3,</u> ar)	076.48
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>3,2</u>	204.08
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.</u>	00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to represes. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and hay be fil aggregate penses; (be: meals ps than \$10 d with a verting periode of great r than \$20 expense	if expenditures are made by ed for the lobbyist(s)/firm. total of all expenses paid by the aggregate total of all burchased during a business that is given to the person alue of \$25.00 or less); and of greater than \$25.00 for ter than \$25, purchase of a 5, but not greater than \$50, reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>0.0</u>	00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0.0</u>	00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.0	0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
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)	e) \$ <u>0.00</u>
f) Total of all expenses year to date	f) \$ <u>0.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from learned, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
· · · · · · · · · · · · · · · · · · ·	\$
	s
·	
•	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
	7/20/18
(Signature of obby ist)	(Date)
Kevin Bourque	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

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

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JUL 2 3 2018

	Kevin Bourque			NEW HAMPSHIRE PARTMENT-OF STATE
II. Name of lobbyist's pa	artnership, firm or cor	poration, if any:	100	
	artnership, firm or corporation)			
	-	f Manufacturers of Amer	ica 7/44/	2010
III. Name of Client Pharr			Date	2018
Political Contributions For each political contributions client/lobbyist and lobby			er 664 paid on be	half of the
Full name of candidate:		ect House Repub		
	(Last Name)	(First Name)	(Middle Name	(Initial)
Amount of contribution \$	3,000.00	Office Candidate is	Seeking_N/A	
F. II	Senate Republic	an Maiority PAC		
Full name of candidate:	Senate Republic		(Middle Name	/Initial)
	(Last Name)	an Majority PAC (First Name) Office Candidate is S	(Middle Name Seeking N/A	/Initial)
Full name of candidate: Amount of contribution \$	(Last Name) 5,000.00 kind contribution, provide ontribution on the line abo	(First Name) Office Candidate is S a description of the goods	Seeking N/A or services provid	ed, and enter the

Amount of contribution \$ _____Office Candidate is Seeking _____

, · · · · ·	
f more than three contributions were made, re	eport additional contributions on separate addendum C forms.)
worn Statement/Affirmation by Lo	SA 664 and hereby swear or affirm that the foregoing information
true and complete to the best of my	knowledge and belief.
10 h-	7/20/18
$-1/\lambda \Lambda X$	

•

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

Kevin Bourque

(Print Name of 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 25, 2018 □ July 25, 2018 Ø October 31, 2018 □ January 30, 2019	9 🗆
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses describe the following Addendums submitted with that Statement (insert the number of Addendur submitted):	
1 Addendum A(s).	
O Addendum B(s).	
1 Addendum C(s).	
I hereby swear or affirm that the foregoing information on the Statement and each Addend complete to the best of my knowledge and belief.	um is true and
(Signature of labbyist) (Date)	