PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

NEW HAMPSHIRE

I. Name of Lobb	yist(s) Paul R. Pe:	scaterro	DEPARTMENT
II. Name of lobbyist's partnership, firm or corporation, if any:			
New E	NGLAND BIOTECHNOLOG (Name of partnership, firm or corporation)	y Association	
Business Address:	O CHURCH STREET (Town/Ci	HARTFORD CT ty) (State)	(Zip Code)
(860) <u>244-1</u> (Telepho	(938 (860) <u>244 -</u> one)	8402 e-mail Pau (Fax)	u. pescateuo ocbia con
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 price	or to the reporting date relative	to the following client:
<u>OR</u>	(Full Name of Client as it appears on t	he Lobbyist Registration Form)	
	transactions by the lobbyist (including the particular client.	e lobbyist's family), or the lob	bying firm listed below which are
IV. Date of Repo	ort April 26, 2017 activity from date of registration to 3/31/17	July 26, 2017 E	
	October 25, 2017 activity from 7/1/17 to 9/30/17	January 31, 201 activity from 10/1/17 to	
	been no fees received and no report ked, complete just this form and submit it 01.		
VI. Check if add	itional reports are attached:		
☐ If you have re	eceived fees or made expenditures, you n	nust fi le Addendum A – Fees a	nd Expenses
☐ If you have p Expense Reimbur	aid an honorarium or reimbursed expense sement	es, you must file Addendum E	Report of Honorariums or
☐ If you, your f	irm, or your family has made political co	ntributions, you must file Add	endum C-Political Contributions
I have read RSA	t/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and belief. byist)	and hereby swear or affirm tha	t the foregoing information is true
Paul (Print Name of lo	escatello		