(Print Name of lobbyist)

### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

I. Name of Lobbyist(s) Kevin Bour	que		NOV 0 1 2018  NEW HAMPSHIRE
II. Name of lobbyist's partnership, firm	or corporation, if any:		DEPARTMENT OF STAT
(Name of partnership, firm	· _ :		<del></del>
125 Washington Street, Suite 1	Foxboro	MA	02035
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(508) 698-4994	)	<sub>e-mail</sub> kbourqı	ue@phrma.org
(Telephone)	(Fax)		<u> </u>
All reportable transactions occurring in Pharmaceutical Research			
All reportable transactions by the lobby unrelated to any particular client.  IV. Date of Report April 25, 2018  Reports cover: activity from date of registre  October 31, 2018  activity from 7/1/18 to	ation to 3/31/18 activ	family), or the lobbying July 25, 2018 July 25, 2018 July from 4/1/18 to 6/30/1  January 30, 2019 July from 10/1/18 to 12/3	<i>8</i> ]
V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are attact  ✓ If you have received fees or made experience  If you have paid an honorarium or rein Expense Reimbursement  ✓ If you, your firm, or your family has me	enditures, you must file Add nbursed expenses, you must	file <b>Addendum B</b> - R	eport of Honorariums or
Sworn Statement/Affirmation by Lobbyi I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge	and RSA 664 and hereby sy	wear or affirm that the	foregoing information is true

### P L E A S E P R I N T

### STATE OF NEW HAMPSHIRE

**Lobbyists Fees and Expenses** Addendum A

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**NEW HAMPSHIRE** DEPARTMENT OF STATE

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Kevin Bourque

II. Name of lobbyi	st's partnership, firm or corporation, if any:	
N/A		·
(Na	une of partnership, firm or corporation)	
III. Name of Client	Pharmaceutical Research and Manufacturers of America	Date 10/26/18
to lobbying, includir	nount of all fees received from the client identified above ng fees for services such as public advocacy, governmen monitoring legislation, and related legal work. The gr	it relations, or public relations services

a) Total of all fees received in this reporting period

- a) \$ 396.97
- 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) \$ 3,204.08

c) Total of all fees received to date (Add lines a and b)

- c) \$ 3,601.05
- d) Indicate the amount of any such fees that are due, but have not yet been paid
- d) \$ 0.00

### V. Expenses:

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

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) \$ 0.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
N/A	\$
	\$
	\$
	\$
	\$
	\$
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.	n that the foregoing information
(Signature of lobbyist)	(Date)
Kevin Bourque	
(Print Name of lobbyist)	

PLEASE

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# STATE OF NEW HAMPSHIRE

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

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NOV 0 1 2018

NEW HAMPSHIRE

I. Name of Lobbyist(s) Ke	vin Bourque	<u> </u>	DEPARTMENT OF STA
II. Name of lobbyist's part	tnership, firm or co	rporation, if any:	
	nership, firm or corporation)		
III. Name of Client Pharma	ceutical Research an	d Manufacturers of Am	erica Date 10/26/18
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	LEASE SEE A	TTACHED	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate i	s Seeking
Full name of candidate:	(Lost Nama)	(First Name)	(Middle Name/Initial)
			·
Amount of contribution \$		Office Candidate is	Seeking
	ribution on the line abo	ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	: Seeking
	Office Candidate is Seeking		

If the contribution is an in-kind contribution, provide a d	escription of the goods or services provided, and enter the or amount of contribution. If the actual cost is not known,
enter an estimated value and the word "estimate."	of amount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and h	ereby swear or affirm that the foregoing information
is true and complete to the best of my knowledge ar	
$\alpha \wedge (Y)$	, 1
CKINX	10/30/18
(Signature of lobbyist)	(Date)
Kevin Bourgue	
(Print Name of lobbyist)	-

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### STATE OF NEW HAMPSHIRE

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

Name of Candidate:	Amount:	Office sought:
Dan Innis	\$500.00	Senate
Regina Birdsell	\$500.00	Senate
David Boutin	\$250.00	Senate
Kevin Avard	\$500.00	Senate
Donna Soucy	\$1,000.00	Senate
Jeb Bradley	\$1,000.00	Senate
Sharon Carson	\$1,000.00	Senate
Chuck Morse	\$500.00	Senate
Ruth Ward	\$500.00	Senate
Bill Gannon	\$1,000.00	Senate
Lou D'Allesandro	\$500.00	Senate
John Reagan	\$500.00	Senate
Kevin Cavanaugh	\$1,000.00	Senate
Harold French	\$250.00	Senate
Martha Fuller Clark	\$250.00	Senate
Dan Feltes	\$500.00	Senate

Name of Candidate:	Amount:	Office sought:
Jay Kahn	\$250.00	Senate
Martha Hennessey	\$500.00	Senate
Terry Wolf	\$1,000.00	Senate
Committee to Elect House Democrats	\$1,000.00	N/A
David Watters	\$500.00	Senate
Gary Daniels	\$500.00	Senate
Gary Daniels	\$1,000.00	Senate

## 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.

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NEW HAMPSHIRE DEPARTMENT OF STATE

# 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 25, 2018 □ July 25, 2018 □ October 31, 2018   January 30, 2019 □
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):
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the fest of my knowledge and belief.  (Signature of loobyist)  Kevin Bourque  (Print Name of lobbyist)