### STATE OF NEW HAMPSHIRE

# 2015 Statement of Income and Expenses RECEIVED

for LOBBYISTS (RSA Chapter 15)

JAN 26 2016

### PLEASE PRINT

NEW HAMPSHIRE

| I. Name of Lobbyist(s)                      | Melissia Petro  |                      |   | EFARTMENT OF STATE        |
|---|---|----------------------|---|---------------------------|
| II. Name of lobbyist's p                    | partnership, firm or corpo                                  | ration, if any:      |   |                           |
| N/A   |   |                      |   | ****                      |
| (Name                                       | of partnership, firm or corpora                             | tion)                | ,   |                           |
| 80 Patton Drive                             |   | eshire               | Connecticut   | 06410                     |
| Business Address: (Street                   | (To   | own/City)            | (State)   | (Zip Code)                |
| (203) <u>271-8099</u><br>(Telephone)        | ( )   | (Fax)                | e-mail melissia.petro   | @pharma.com               |
| III. This statement cov                     | ers: (Choose one – file sepa<br>nsactions which are not att | arate reports for    | each client, OR you may fi<br>one client).                    | le a separate report for  |
|   | ctions occurring in the mont                                | ths prior to the rep | orting date relative to the fo                                | llowing client:           |
| Purdue Pharma LP                            |   |                      |   |                           |
| <u>OR</u>                                   |   |                      | family), or the lobbying firm                                 | n listed below which are  |
|   |   |                      |   |                           |
|   | April 29, 2015  from date of registration to 3/             | /21/15 acti          | July 29, 2015   |                           |
|   | October 28, 2015<br>tivity from 7/1/15 to 9/30/15           |                      | January 27, 2016 <b>√</b> ivity from 10/1/15 to 12/31/15      |                           |
|   |   |                      | sactions made since the le<br>tetary of State's Office, State |                           |
| VI. Check if additional                     | reports are attached:                                       |                      |   |                           |
|   | •   | you must file Ad     | dendum A- Fees and Expen                                      | ses                       |
| ☐ If you have paid an Expense Reimbursement |   | xpenses, you mus     | t file Addendum B- Report                                     | of Honorariums or         |
| ☐ If you, your firm, or                     | your family has made politi                                 | cal contributions,   | you must file Addendum C                                      | - Political Contributions |
| to the best of my knowle                    | A 15-B and RSA 664 and hedge and belief.                    | ereby swear or aff   | irm that the foregoing inform                                 |                           |
| (Signature of lob yist)                     |   |                      | 01/22/16 (Date)   |                           |
|   |   |                      | / (Date)  |                           |
| Melissia Petro                              |   |                      |   |                           |
| (Print Name of lobbyist                     | )   |                      |   |                           |

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any:   |   |  |  |  |  |
|--|---|--|--|--|--|
| N/A  |   |  |  |  |  |
| (Name of partnership, firm or corporation)   |   |  |  |  |  |
| III. Name of Client Purdue Pharma LP   | Date 1/21/2016  |  |  |  |  |
| 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 granded by any expenses:  | t relations, or public relations service  |  |  |  |  |
| a) Total of all fees received in this reporting period   | a) \$ 500.00  |  |  |  |  |
| 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 y   | b) \$ 2,000.00<br>ear)  |  |  |  |  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$ 2,500.00  |  |  |  |  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$ <u>0.00</u>   |  |  |  |  |
| V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (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. | client and if expenditures are made by may be filed for the lobbyist(s)/firm the aggregate total of all expenses particles, (b) the aggregate total of all expenses; (c) the aggregate total of a purchase of the aggregate than \$25.00 for the aggregate than \$25, purchase of the aggregate than \$25, but not greater than \$5, expense reimbursement, or politic |  |  |  |  |
| <ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>  | a) \$ 0.00  |  |  |  |  |
| 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)  | 01/22/16<br>(Date)                 |
| Melissia Petro:  |                                    |
| (Print Name of lobbyist)   |                                    |

## 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.

|                         | affirmation by Lobb<br>ne and Expenses for: |                    |  |
|-------------------------|---|--------------------|--|
| Name of Lobbying pa     | rtnership, firm, or corpo                   | oration: N/A       | -  |
|                         | blank if Statement is fo                    |                    | corporation and not related to any                             |
| Date of Report (check   | one):                                       |                    |  |
| April 29, 2015 □        | July 29, 2015 □                             | October 28, 2015 □ | January 27, 2016   |
|                         |   |                    | nd Expenses described above, and umber of Addendum forms being |
| 1 Addendum A(           | s).   |                    |  |
| Addendum B(             | s).   |                    |  |
| Addendum C(             | s).   |                    |  |
|                         | rm that the foregoing in                    |                    | nt and each Addendum is true and                               |
| mg                      | 24  |                    | 01/22/14   |
| (Signature of lobby)st) |   |                    | (Date) l   |
| Melissia Petro          |   |                    |  |
| (Print Name of lobbyis  | st)   |                    |  |