

## STATE OF NEW HAMPSHIRE

RECEIVED

STATE

	for I	of Income and Expenses LOBBYISTS LChapter 15)	APR 28 2021  NEW HAMPSHII  DEPARTMENT OF
PLEASE PRINT			DEPARTMENT O.
I. Name of Lobbyist(s) Molly Willi	ams		
II. Name of lobbyist's partnership, fir	m or corporation, if any	<b>/:</b>	
Pfizer Inc.			
(Name of partnership, fire	_		
c/o 28 Liberty Ship Way, Suite		CA	94965
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
( ) 415 903-2800 (Telephone)	$( ) \frac{415\ 610-76}{(Fax)}$	604 e-mail pfizer@pol	iticomlaw.com
reportable expense transactions which  All reportable transactions occurring  Pfizer Inc.	in the months prior to th	e reporting date relative to the	following client:
(Full Name of Clie  ○ All reportable transactions by the lobble unrelated to any particular client.	ent as it appears on the Lobb	,	irm listed below which are
IV. Date of Report April 28, 2021 Reports cover: activity from date of regi		July 28, 2021	
October 27, 202 activity from 7/1/21		January 26, 2022   activity from 10/1/21 to 12/31/2	1
V. There have been no fees received If this box is checked, complete just this j State House, Room 204, Concord, NH 03	form and submit it to the		

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 Honorariums or
Exp	ense Reimbursement
	If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B, PSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my howledge and belief.

Molly Williams

(Print Name of lobbyist)