STATE OF NEW HAMPSHIRE RECEIVED

2015 Statement of Income and Expenses OCT 28 2015

(RSA Chapter 15)

NEW HAMPSHILL DEPARTMENT OF STATE

PLEASE PRINT

I. Name of lobbyist's partnership, firm or corporation, if any: N/A	I. Name of Lobby	yist(s) Kevin Bourqu	e	-	
(Name of partnership, firm or corporation) 125 Washinaton Street. Suite 1 Foxboro Massachusetts 02035 Business Address: (Street) (TownCity) (State) (Zip Code) (Sol) 698-4994 x 201 (Foxboro Massachusetts 02035 (Telephone) (Fax) 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). 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). 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). III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable transactions which are not attributable to any one client). IV. Date of Report April 29, 2015 [] Reports cover: activity from date of registration to 3/31/15 October 28, 2015 [] All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 29, 2015 [] Apartage 2015 [] July 29, 2015 [] Activity from #Ill15 to 6/30/15 Activity from	II. Name of lobby	yist's partnership, fir	m or corporation, if a	ny:	
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Business Address: (Street) (Town/City) (State) (Zip Code) (508) 698-4994 x 201 (508) 698-4990 e-mail kbourque@phrma.org 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 prior to the reporting date relative to the following client: Pharmaceutical Research and Manufacturers of America (PhRMA) (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 29, 2015 V. Date of Report April 29, 2015 October 28, 2015 Activity from 4/1/15 to 6/30/15 October 28, 2015 Activity from 7/1/15 to 9/30/15 Activity from 10/1/15 to 12/31/15 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 0/3/0/1. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum B—Report of Honorariums or Expense Reimbursement If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions Sworn Statement/Affirmation by Lobbyist Thave read BSA-15, RSA-15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of the transaction and belief.		(Name of partnership, fi	rm or corporation)		
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