

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Christ	opher Kent		
II. Name of lobbyist's partnershi N/A	p, firm or corporation, if any:		
(Name of partners)	ip, firm or corporation)		
18 Draper Road	Dover	MA	02030
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(401) 465-2106 (Telephone)	()	_{e-mail} ckent01@amgen.com	
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions v	which are not attributable to an	y one client).	
✓ All reportable transactions occu Amgen, Inc.	urring in the months prior to the r	eporting date relative to the	following client:
•	of Client as it appears on the Lobbyis	st Registration Form)	
<u>OR</u>	••	•	
 All reportable transactions by the unrelated to any particular client. 	e lobbyist (including the lobbyis	t's family), or the fobbying t	firm listed below wh
IV. Date of Report April 28, 3 Reports cover: activity from date		July 28, 2021	
October 2 activity from		January 26, 2022 ctivity from 10/1/21 to 12/31/2	1
V. There have been no fees re If this box is checked, complete Jus State House, Room 204, Concord,	this form and submit it to the Se		
VI. Check if additional reports a	re attached:		
•	ade expenditures, you must file A	ddendum A– Fees and Exp	penses
Expense Reimbursement	n or reimbursed expenses, you me		
If you, your firm, or your fami	ly has made political contribution	s, you must file Addendun	1 C- Political Contri
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R: and complete to the best of my kpe (Signature of lobbyist) Christopher Kent	SA 14-C and RSA 664 and hereb	y swear or affirm that the fo	
(Print Name of lobbyist)			

RECEIVED
APR 2 8 2021

NEW HAMPSHIRE DEPARTMENT OF STATE