



STATE OF NEW HAMPSHIRE
2018 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

RECEIVED
OCT 31 2018
NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Jim Bouley / Mike Dennehy

II. Name of lobbyist's partnership, firm or corporation, if any:
Dennehy & Bouley LLC
(Name of partnership, firm or corporation)

17 Depot St #3 Concord, NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)

603 228-1601 (Telephone) () (Fax) e-mail _____

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:
Association for Accessible Medicines
(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 25, 2018 July 25, 2018
Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18
October 31, 2018 January 30, 2019
activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18

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 03301.

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 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
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

[Signature]
(Signature of lobbyist)

10/29/18
(Date)

Jim Bouley
(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.

**Sworn Statement/Affirmation by Lobbyist
Statement of Income and Expenses for:**

Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Association for Accessible Medicines

Date of Report (check one):

April 25, 2018 July 25, 2018 October 31, 2018 January 30, 2019

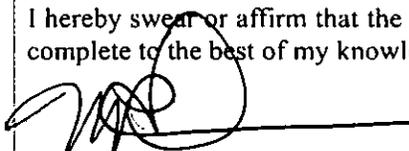
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

_____ Addendum A(s).

_____ Addendum B(s).

_____ Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.



(Signature of lobbyist)

10/29/18

(Date)

Mike Dennehy

(Print Name of lobbyist)