

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

PLEASE PRINT

I. Name of Lobbyist(s) Kevin Bourque

II. Name of lobbyist's partnership, firm or corporation, if any:

N/A

(Name of partnership, firm or	corporation)		
125 Washington Street, Suite 1	Foxboro	MA	02035
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(508) 698-4994)	e-mail kbourque	e@phrma.org
(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).

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

Pharmaceutical Research and Manufacturers of America

(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 Re	port April 25, 2018
Reports cover:	activity from date of registration to 3/31/18
	October 31, 2018
	activity from 7/1/18 to 9/30/18

July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/18

V. There	have been	no fees	received an	nd no rep	ortable	transactio	ons made	since	the las	t rep	ort.	\Box	
If this box	is checked,	complete	just this form	and subm	it it to th	e Secretary	of State's	Office,	State H	ouse,	Room	204	,
Concord, i	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 of lobbyist) Kevin Bourgue

4/19/18

(Print Name of lobbyist)

	STATE OF NEW HAN Lobbyists Fees and E Addendum A	xpenses	8102 C S 99A NEW HAMAH WEN ETATE TO THEMTHAP
21116 2.1	(RSA Chapter 15	5:6)	RECEIVED
I. Name of Lobbyist(s) Kevin Bourque			
II. Name of lobbyist's partnership, fi N/A	rm or corporation, if any:		
(Name of partnership, firm or	corporation)		
III. Name of Client Pharmaceutical Research	rch and Manufacturers of America	Date 4/10/201	18
IV. Fees Received Indicate the gross amount of all fees rece to lobbying, including fees for services s including research, monitoring legislation reduced by any expenses:	uch as public advocacy, government	relations, or public	c relations services
a) Total of all fees received in this report	ing period	a) \$ 3,076.48	
b) Total of all fees received this calendar (This should equal the total of all price		b) \$ <u>0.00</u> ear)	
c) Total of all fees received to date (Add lines a and b)		c) \$ <u>3,076.48</u>	
d) Indicate the amount of any such fees t yet been paid	that are due, but have not	d) \$ <u>0.00</u>	

V. Expenses:

PLEASE

P R I N T

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$_0.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$_0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.00

LV A	d) Total expenses for this reporting period	d) \$_0.00
	(Add lines a, b and c)	
	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) \$
	f) Total of all expenses year to date	f) \$_0.00

VI. Other Expenses:

ų.,

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:			Amount:	
N/A			\$	
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			\$	
-		- the second second second	\$	1.1.1
			\$	
			\$	

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B 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 of lobby st)

Kevin Bourque

4/19/18 (Date)

(Print Name of lobby ist)

		Lobbyists Repo Political Contribu Addendum (RSA Chapter 1	utions C
. Name of Lobbyist(s) _	Kevin Bourque		
I. Name of lobbyist's N/A	p <mark>artnership, firm or co</mark> r	poration, if any:	
	partnership, firm or corporation)		
	rmaceutical Research and	Manufacturers of Am	
II. Name of Client			Date 4/10/2018
			oter 664 paid on behalf of the
Full name of candidate:	Sununu	Chris	
un manne of emilardate.	(Last Name)	(First Name)	(Middle Name/Initial)
	4 000 00		•
f the contribution is an in actual cost of the in-kind of	-kind contribution, provide contribution on the line abo	a description of the good	ds or services provided, and enter the ution. If the actual cost is not known
f the contribution is an in ctual cost of the in-kind o	-kind contribution, provide contribution on the line abo	a description of the good	ds or services provided, and enter the
f the contribution is an in actual cost of the in-kind of enter an estimated value a	e-kind contribution, provide contribution on the line abo nd the word "estimate."	a description of the good ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
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if the contribution is an in actual cost of the in-kind of enter an estimated value a Full name of candidate:	-kind contribution, provide contribution on the line abo nd the word "estimate."	a description of the good ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known
f the contribution is an in actual cost of the in-kind of enter an estimated value a Full name of candidate: Amount of contribution \$ f the contribution is an in actual cost of the in-kind of	-kind contribution, provide contribution on the line abo ind the word "estimate." (Last Name) -kind contribution, provide contribution on the line abo	a description of the good ve for amount of contrib (First Name) Office Candidate is a description of the good	ds or services provided, and enter the ution. If the actual cost is not known (Middle Name/Initial) s Seeking
f the contribution is an in actual cost of the in-kind of enter an estimated value a Full name of candidate: Amount of contribution \$ f the contribution is an in actual cost of the in-kind of enter an estimated value a	-kind contribution, provide contribution on the line abo ind the word "estimate." (Last Name) -kind contribution, provide contribution on the line abo ind the word "estimate."	a description of the good ve for amount of contrib (First Name) Office Candidate is a description of the good ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known (Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known
Exercise a stimated value a stimated val	-kind contribution, provide contribution on the line abo ind the word "estimate." (Last Name) -kind contribution, provide contribution on the line abo ind the word "estimate."	a description of the good ve for amount of contrib (First Name) Office Candidate is a description of the good ve for amount of contrib	ds or services provided, and enter the ution. If the actual cost is not known (Middle Name/Initial) s Seeking ds or services provided, and enter the ution. If the actual cost is not known

(turn over to continue \rightarrow)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

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

of lobby (Signature

(Date)

Kevin Bourque (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: Kevin Bourque

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pharmaceutical Research and Manufacturers of America

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):

1 Addendum A(s).

0 Addendum B(s).

1 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.

yist)

4/19/11

Kevin Bourque

(Print Name of lobbyist)