



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

(RSA Chapter 15:6)

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JAN 17 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Katrina Iserman

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

N/A

(Name of partnership, firm or corporation)

III. Name of Client Sunovion Pharmaceuticals Inc. Date 01/06/2017

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

- a) Total of all fees received in this reporting period a) \$ 194.00
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 485.00
c) Total of all fees received to date c) \$ 679.00
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$ 0.00

V. Expenses:

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

d) Total expenses for this reporting period (Add lines a, b and c) d) \$ 0.00

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) \$ 0.00

f) Total of all expenses year to date f) \$ 0.00

VI. Other Expenses:

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 | \$ |
| _____ | \$ |
| _____ | \$ |
| _____ | \$ |
| _____ | \$ |
| _____ | \$ |
| _____ | \$ |

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.

Katrina Iserman
(Signature of lobbyist)

1-14-17
(Date)

Katrina Iserman
(Print Name of lobbyist)

State of New Hampshire
Signature Form for Associated Lobbyist
RSA Chapter 15

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DEPARTMENT OF STATE

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: Katrina Iserman

Name of Lobbying partnership, firm, or corporation: _____

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Sunovion Pharmaceuticals Inc. _____

Date of Report (check one):

April 27, 2016 July 27, 2016 October 27, 2016 January 25, 2017

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).

 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.

Katrina Iserman
(Signature of lobbyist)

 1-14-17
(Date)

Katrina Iserman
(Print Name of lobbyist)