

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

PLEASE PRINT

JUL 19 2017

I. Name of Lobbyist(s) Leslie Wood		DEP.	NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partnership, firm	or corporation, if any:		and of online	
(Name of partnership, firm	or corporation)			
950 F Street, NW, Suite 300	Washington	DC	20004	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(202) 835-3451 (2	202) 715-6987	e-mail lwood@phrma.org		
(Telephone)	(Fax)			
III. This statement covers: (Choose one reportable expense transactions which a	– file separate reports for ore not attributable to any	each client, OR you may file a	a separate report for	
All reportable transactions occurring in	n the months prior to the re	porting date relative to the follo	wing client:	
Pharmaceutical Research and	Manufacturers of Am	erica (PhRMA)		
	t as it appears on the Lobbyist	Registration Form)		
OR ☐ All reportable transactions by the lobby unrelated to any particular client.	vist (including the lobbyist'	s family), or the lobbying firm l	isted below which are	
IV. Date of Report April 26, 2017 Reports cover: activity from date of regista		July 26, 2017 🗸		
October 25, 2017 activity from 7/1/17 to		January 31, 2018 [] tivity from 10/1/17 to 12/31/17		
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.				
VI. Check if additional reports are attac	hed:			
☐ If you have received fees or made exp		Idendum A- Fees and Expenses	S	
☐ If you have paid an honorarium or rein Expense Reimbursement				
If you, your firm, or your family has n	nade political contributions	, you must file Addendum C – l	Political Contributions	
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge (Signature of lobbyist) Leslie Wood	and RSA 664 and hereby	swear or affirm that the foregoin $\frac{1/8/14}{\text{(Date)}}$		
(Print Name of lobbyist)				