## STATE OF NEW HAMPSHIRE



(Print Name of lobbyist)

PLEASE PRINT

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

JUL 2 4 2018

I. Name of Lobbyist(s	NEW HAMPSHIRE DEPARTMENT OF STATE			
II. Name of lobbyist's	partnership, firm	or corporation, if a	ny:	DEPARTMENT OF THE
National As	sociation of Mut	ual insurance Cor	mpanies (NAMIC)	
(Name	e of partnership, firm	or corporation)		·····
3601 Vincennes	Road	Indianapolis	IN	46268
Business Address: (Stre	cet)	(Town/City)	(State)	(Zip Code)
(508) 431-0484	(	)	e-mail lobbying@	Paristotle.com
(Telephone)		(Fax)	e-mail lobbyinge	
reportable expense tra	insactions which a	re not attributable t	to any one client).	nay file a separate report for
✓ All reportable trans	actions occurring in	the months prior to	the reporting date relative to	the following client:
National Asso	ciation of Mutual	insurance Compar	nies (NAMIC)	
	(Full Name of Client	Las it appears on the Lo	bbyist Registration Form)	
OR All reportable transcurrelated to any particu	•	rist (including the lob	byist's family), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: activi	April 25, 2018 [		July 25, 2018 🗹 activity from 4/1/18 to 6/30/.	18
·	October 31, 2018 activity from 7/1/18 to		January 30, 2019 activity from 10/1/18 to 12/.	
V. There have been If this box is checked, o Concord, NH 03301.	no fees received complete just this fo	and no reportable rm and submit it to th	transactions made since ne Secretary of State's Office,	the last report. U State House, Room 204,
VI. Check if additions	il reports are attac	ched:		
	•		ile Addendum A- Fees and	Expenses
Expense Reimburseme	nt		ou must file Addendum B+ F	
☐ If you, your firm, o	or your family has r	nade political contrib	utions, you must file Adden	Jum C- Political Contributions
Sworn Statement/Aff I have read RSA 15. R and complete to the	8 <u>A انته B,</u> RSA 14-0	C and RSA 664 and h	ereby swear or affirm that th	e foregoing information is true
1/1/91	oling	)	7/20/2018	
Signature of lobbyist	)	±48 H + 0 - 0	(1)	Date)
Cate Paolino				

# PLEASE PRINT

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist	(s) Cate Paolino	- Addition
II. Name of lobbyis	t's partnership, firm or corporation, if any:	
National A	ssociation of Mutual insurance Companies (NAMIC)	
(Na	me of partnership, firm or corporation)	
III. Name of Client	National Association of Mutual insurance Companies (NAMIC)	Date
to lobbying, includin	nount of all fees received from the client identified above g fees for services such as public advocacy, government monitoring legislation, and related legal work. The grases:	relations, or public relations service
a) Total of all fees re	eceived in this reporting period	a) \$
	eccived this calendar year, prior to this reporting period al the total of all prior monthly reports for this calendar y	b) \$ 5230.56 ear)
c) Total of all fees r (Add lines a a		c) \$
d) Indicate the amor yet been paid	unt of any such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reporting lobbyist(s)/firm Expenses are to be during the reporting individual expenses lunch where the cost being lobbied, purch (c) an itemized states any purpose not coveremonial object to restaurant expenses	g partnerships, firms, or corporations are required to reports are to be filed for expenditures made relative to each that are unrelated to any one client a separate report reported in one of three categories of expenses: (a) the period for salaries, benefits, support staff, and office ewhere the expenditure was of \$25.00 or less (for example was \$25.00 or less, purchase of a pen with a value of lease of a ceremonial object given to a person being lobbinent of each individual expenditure made during this reported by (a) (for example: purchase of a meal with value be given to the subject of lobbying with a value great for a legislative reception). Expenses for honorariums reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a busines ess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
support staff, and off	xpenses for this reporting period for salaries, benefits, fice expenses, related directly or indirectly to lobbying.	a) \$ _ 0
b) Total aggregate of in a), of \$25 or less.	of expenditures during this reporting period, not reported	h) \$
e). Total of all itemi:	zed expenditures reported in detail in section VI.	c) \$ 0

d) Total expenses for this reporting period	d) \$24.70
(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)\$ 529.13
f) Total of all expenses year to date	n s
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from begind, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
Thave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir	m that the foregoing information
is true and complete to the best of my knowledge and belief.	
Mading	7/20/2018
(Signature of lobbyist)	(Date)
Cate Paolino	
(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 corpora	ation; National Association of Mutual insurance Companies (NAMIC)
Name of Client (leave blank if Statement is for particular client):	the partnership, firm, or corporation and not related to any
Date of Report (check onc):	
April 25, 2018 July 25, 2018 🗸	October 31, 2018
	e Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and belie	formation on the Statement and each Addendum is true and ef.
Madling	7/20/2018
(Signature of lobbyist)	(Date)
Cate Paolino	
(Print Name of lobbyist)	<del></del>