

#### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name	of Lobbyist(s)	Cate Paolino					
H. Name	e of løbbyist's p	artnership, firm o	or corporation, if an	y:			
ı	National Asso	ociation of Mutu	al insurance Com	npanies (NAMIC	:)		
		of partnership, firm o			<u> </u>	***	<del></del>
3601	Vincennes F	Road	Indianapolis	IN		46268	
Business A	Address: (Stree	1)	(Town/City)	(Si	ate)	(Zip C	ode)
·/	431-0484	(	)	e-mail	lobbying@aris	stotle.com	
	(Telephone)		(Fax)				
reportab	le expense tran	isactions which ar	file separate report e not attributable to the months prior to th	any one client).		·	·
			nsurance Compani		idive to the i	onowing enc	iii.
			is it appears on the Lob		rm)		
<u>OR</u>				-			
	portable transactor to any particula		st (including the lobb	yist's family), or th	e lobbying fi	irm listed belo	ow which are
IV. Date	•	April 25, 2018 from date of registra	tion to 3/31/18	July 25, 20 activity from 4/1/18			
		October 31, 2018 [ tivity from 7/1/18 to 9		January 30, activity from 10/1/		<b>:</b>	
If this box			nd no reportable to and submit it to the				
VI. Chec	k if additional	reports are attach	ed:				
			nditures, you must fil		-		
	u have paid an l Reimbursement		bursed expenses, you	ı must file Addendı	um <b>B</b> – Repo	rt of Honorari	ums or
			ide political contribut	tions, you must file	Addendum	C- Political C	Contributions
I have rea	ad RSA 15. RS		and RSA 664 and he	reby swear or affirn	n that the for	egoing inform	nation is true
and con	Mete to the Mist	of my knowledge a	and belief.	10/19/20	<b>018</b>		
(Signatur	re of lobbyist)	unp		10/13/20	(Date)		RECENTES
Cato	Paolino				,		RECEIVED
	me of lobbyist)						OCT 2.9 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

National Association of Mutual insurance Companies (NAMIC)	
(Name of partnership, firm or corporation)	
III. Name of Client	Date 10/19/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$2310.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 7307.56 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$9617.56
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ _0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less that example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be 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 ele: meals purchased during a business ess than \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
<ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> </ul>	a) \$
b) Total aggregate of expenditures during this reporting period, not reported	
in a), of \$25 or less.	b) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	0	
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)\$_	553.83	
f) Total of all expenses year to date	f) \$ _	553.83	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying	fees during this reporting	
Paid to:	Amount:		
	\$		
	\$		
	\$		
	\$		
	\$		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that t	he foregoing information	
Chaolino		10/19/2018	
(Signature of lobbyist)		(Date)	
Cate Paolino			
(Print Name of lobbyist)			

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### 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 partnersh	ip, firm, or corpor	ation: National Association of N	lutual insurance Companies (NAMIC)
			corporation and not related to any
particular client):			
Date of Report (check one):			
April 25, 2018	y 25, 2018 🔲	October 31, 2018 🗹	January 30, 2019
I have read RSA 15, RSA 1 the following Addendums submitted):	5-B, RSA 664, th ubmitted with tha	e Statement of Income and Statement (insert the nu	d Expenses described above, and imber of Addendum forms being
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that complete to the best of my k		ief.	nt and each Addendum is true and
N aolini	e		0/19/2018
(Signature of lobbyist)			(Date)
Cate Paolino			
(Print Name of Johnvist)		· ·	