

STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) RECEIVED

OCT 2 5 2023

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

. Name of I	_obbyist(s) _	George	W. Ro	oussos and	Lindsay	E. Nad	eau
I. Name of	lobbyist's pa	artnership, f	firm or co	rporation, if any	':		
Orr & R	leno, P.	A.					
-	(Name o	of partnership,	firm or cor	poration)			
45	S. N	Main Str	eet	Concord		NH	03302
Business Add	ress: (Street))		(Town/City)		(State)	(Zip Code
, 603	3 224-23	381	()	603 224-23	318 _{e-m}	_{ail} Inadea	u@orr-reno.com
/(Te	elephone)	<u> </u>	_ \	(Fax)			
II. This sta	tement cove	rs: (Choose	one — file	senarate reports	for each clies	at. OR vou r	nay file a separate 1
				t attributable to			
7	4-1-1-4	49	! 41				41 6 . 11
						e relative to	the following client:
Nationv				Company			
)R	(F	Full Name of (Client as it	appears on the Lobi	oyist Registratio	n Form)	
=-	table transact	tions by the I	ahhviet (ii	actuding the lobby	viet'e family)	or the lobbyi	ng firm listed below
	any particula		oooyist (ii	icidanig inc 1000	yist s latting /,	or the loody.	ing min hated below
IV. Date of Reports cover	: activity f	April 26, 202 from date of re October 25, 2 ty from 7/1/23	egistration 023 🗸				
f this box is		nplete just th	is form an				the last report. 107 North Main Str
VI. Check is	f additional 1	reports are	attached:				
			•	ires, you must file			-
	ave paid an h mbursement		r reimburs	ed expenses, you	must file Add	endum B– F	Report of Honorariun
			nas made i	oolitical contribut	ions, vou must	file Addend	lum C- Political Co
have read F	ement/Affirn RSA 15, RSA e to the best o	15-B, RSA	14-C and		eby swear or a	ffirm that the	e foregoing informati
SAN	VIII	11			Octo	ber 25,	2023
(Signature o	f lobbyist)	/				(D	Pate)
Lindsa∫	/ E. Nad	eau					
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: Or Name of Client (leave blank if Statement is for the partnership)	ership, firm, or corporation and not related to								
any particular client): Nationwide Mutual Insurance	Company								
Date of Report (check one):									
April 26, 2023 □ July 26, 2023 □ October 25	25, 2023 ☑ January 31, 2024 □								
	•								
I have read RSA 15, RSA 15-B, RSA 664, the Statement the following Addendums submitted with that Statement submitted):									
Addendum A(s)									
Addendum B(s)									
Addendum C(s).									
I hereby swear or affirm that the foregoing information or complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and								
October 25, 2023									
(Signature of lobbyist)	(Date)								
Lindsay E. Nadeau (Print Name of lobbyist)									