

#### STATE OF NEW HAMPSHIRE

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

JUL 25 2018

NEW HAMPSHIRE
LIDERARTMENT OF STATE

PLEASE PRINT

I. Name of Lot	obyist(s) <u>Douglas L.</u>	Patch		
II. Name of lot	obyist's partnership, fir	m or corporation, if a	nny:	
Orr & Reno	o. P.A.			
	(Name of partnership, fir	rm or corporation)		
45 S. Main	Street, P.O. Box 355	0 Concord	NH	03302
Business Address		(Town/City)	(State)	(Zip Code)
((02) 224.2	201	/// 124 1210	1 - <b></b>	
(603) <u>224-2</u> (Telep		(603) <u>224-2318</u> (Fax	e-mail <u>dpatch@</u>	<u>vorr-reno.com</u>
` •	,	`		
	•		rts for each client, OR you ma	ay file a separate report for
reportable exp	ense transactions which	i are not attributable	to any one chent).	
🛭 All reportab	ole transactions occurring	; in the months prior to	the reporting date relative to th	e following client:
New Hai	mpshire Association	of Fire Chiefs		
			obbyist Registration Form)	
<u>OR</u>				
•	le transactions by the lob particular client.	byist (including the lo	obyist's family), or the lobbying	g firm listed below which are
IV. Date of Rej	port April 25, 2018	П	July 25, 2018 🛚	
Reports cover:	activity from date of reg		activity from 4/1/18 to 6/30/18	
•	October 31, 20		January 30, 2019	
	activity from 7/1/18		activity from 10/1/18 to 12/31.	/18
	ecked, complete just this		e transactions made since t he Secretary of State's Office, S	
VI Check if ac	iditional reports are at	tached:		
	•		file Addendum A- Fees and E	xpenses
· ·	paid an honorarium or r		ou must file Addendum B- Re	
*		s made political contrib	outions, you must file Addendu	m C- Political Contributions
	,	•	·•	
I have read RSA	ent/Affirmation by Lob A 15, RSA 15-B, RSA 14 One best of my knowled	I-C and RSA 664 and I	nereby swear or affirm that the	foregoing information is true
			07/25/18	
(Signature of	bbyist)		(Da	ie)
Douglas L.	Patch			
(Print Name of	flobbyist)			



## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Orr & Reno, P.A. (Name of partnership, firm or corporation)		
III. Name of Client New Hampshire Association of Fire Chiefs	Date <u>0</u> ^	7/25/18
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, governmen including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, or	public relations servi
a) Total of all fees received in this reporting period	a) \$	3.750.00
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		3,750.00
c) Total of all fees received to date (Add lines a and b)	c) \$	7,500.00
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 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 expenditure was of \$25.00 or less (for examplunch 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 lobbied; an itemized statement of each individual expenditure made during this reparant 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 e. may be filed e aggregate to expenses; (b) the client set of the cli	spenditures are made for the lobbyist(s)/fir stal of all expenses pe the aggregate total of chased during a busing at is given to the perse of \$25.00 or less); a figreater than \$25.00 than \$25, purchase of out not greater than \$ mbursement, or politi
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

d) Total expenses for this reporting period	d) \$	0.00
(Add lines a, b and c)		
e) Total of expenses paid this calendar year, prior to this reporting period	e) \$	50.00
(This should be the amount on line f of addendum A for last month's report)		
f) Total of all expenses year to date	f) \$	50.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during	this reporting
Paid to:	Amount:	•
	\$	··-
	\$	
	\$	
	\$ \$	
	\$	
	\$	<del></del>
		********
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin	m that the foregoir	ng information
is true and complete to the best of my knowledge and belief.		8
DI I Had	07/25/18	
(Signature of pobbyist)	(Date)	
Douglas L. Patch		
(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 partnership, firm, or corporation: _	Orr & Reno, P.A.
Name of Client (leave blank if Statement is for the par	tnership, firm, or corporation and not related to any
particular client): New Hampshire Association of F	ire Chiefs
Date of Report (check one):	
April 25, 2018 🗆 July 25, 2018 🖾 Octob	er 31, 2018   January 30, 2019
I have read RSA 15, RSA 15-B, RSA 664, the Statem the following Addendums submitted with that Statem submitted):	
1 Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.  (Signature of lookyist)	n on the Statement and each Addendum is true and  07/25/18 (Date)
(Signature of toomyst)	(54.5)
Douglas L. Patch (Print Name of Johnvist)	