STATE OF NEW HAMPSHIRE

Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

P L E A S E P R I N T

I. Name of Lobbyist(s) Peter J. McArdle

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 Domestic Insurance Companies Date

Political Contributions

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: Carson (Last Name) Sharon (First Name) (Middle Name/Initial)

Amount of contribution $ 100 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Odell (Last Name) Bob (First Name) (Middle Name/Initial)

Amount of contribution $ 100

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Boutin (Last Name) David (First Name) (Middle Name/Initial)

Amount of contribution $ 100

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist) _____ (Date) 5-23-13

Peter J. McArdle
(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: Orr & Reno, P.A.

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): New Hampshire Association of Domestic Insurance Companies

Date of Report (check one):

April 24, 2013 ☒ July 31, 2013 ☐ October 30, 2013 ☐ January 29, 2014 ☐

I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

x Addendum A(s).

____ Addendum B(s).

x Addendum C(s).

I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.

(Signature of lobbyist) 5-23-13 (Date)

Peter J. McArdle

(Print Name of lobbyist)