PLEASE PRINT

I. Name of Lobbyist(s) George W. Roussos and Lindsay E. Nadeau

STATE OF NEW HAMPSHIRE

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

RECEIVED

APR 30 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15)

II. Name of lobbyist's partnership, firm or corporation, if any:							
Orr &	& Reno, P.A.						
	(Name of partners	hip, firm or cor	poration)	1.4.			
45 S	. Main Street, P.O. Box	c 3550	Concord	N	Н	03302	
	s Address: (Street)		(Town/City)		ate)	(Zip Code)	
(603)	224-2381 (Telephone)	(603)	224-2318 (Fax		groussos(<u>@orr-reno.com</u>	
	is statement covers: (Choo able expense transactions				OR you may	file a separate report for	
🛚 All	reportable transactions occ	urring in the r	months prior to	the reporting date re	lative to the 1	following client:	
	AmeriHealth Carita (Full Name	S of Client as it a	appears on the Lo	obbyist Registration Fo	rm)		
<u>OR</u>							
	reportable transactions by the dot any particular client.	ne lobbyist (ir	ncluding the lob	obyist's family), or th	e lobbying fi	rm listed below which are	
IV. Date of Report April 25, 2018 X Reports cover: activity from date of registration to 3/31/18			to 3/31/18	July 25, 20 activity from 4/1/18			
		1, 2018 7/1/18 to 9/30/	18	January 30, activity from 10/1/			
If this b	ere have been no fees re ox is checked, complete jus d, NH 03301.						
VI. Ch	eck if additional reports a	re attached:					
	ou have received fees or m		ires, you must	file Addendum A – F	ees and Exp	enses	
	ou have paid an honorariume Reimbursement	-					
	you, your firm, or your fam	ily has made p	oolitical contrib	outions, you must file	Addendum	C- Political Contributions	
I have	Statement/Affirmation by ead RSA 15, RSA 15-B, R nullete to the best of my kno	SA 14-C and	RSA 664 and h	nereby swear or affirm	n that the for	egoing information is true	
	must / mm			04/25/	18		
(Signa	ture of lobbyist)			_	(Date)		
	orge W. Roussos Name of lobbyist)						

L E A S E P R I N

STATE OF NEW HAMPSHIRE

1173

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)		
(Name of partnership, firm or corporation)		
III. Name of Client <u>AmeriHealth Caritas</u>	Date <u>04</u>	/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, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or p	oublic relations servi
a) Total of all fees received in this reporting period	a) \$	18,900.00
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 year)	b) \$ ear)	0.00
c) Total of all fees received to date (Add lines a and b)	c) \$	18,900.00
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 repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of 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 (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (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 greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if ex- may be filed to exaggregate to expenses; (b) the exaggregate to expenses; (b) the example that the example	spenditures are made for the lobbyist(s)/fit tal of all expenses p he aggregate total of hased during a busin at is given to the pers e of \$25.00 or less); a f greater than \$25.00 han \$25, purchase of ut not greater than \$ hbursement, 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) \$	100.00
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 (Add lines a, b and c)	d) \$	100
e) Total of expenses paid this calendar year, prior to this reporting (This should be the amount on line f of addendum A for last mon		0
f) Total of all expenses year to date	f) \$	100
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 period, including by whom paid or to whom charged.	made from lobbying fees dur	ring this report
Paid to:	Amount:	
	\$	
	\$	
	\$	
	•	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.		going informa
my W/ nm	04/25/18	
(Signature of lobbyist)	(Date	e)
George W. Roussos		
(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 corpor	ration: Orr & Reno, P.A.
Name of Client (leave blank if Statement is for	r the partnership, firm, or corporation and not related to any
particular client): AmeriHealth Caritas	
Date of Report (check one):	
April 25, 2018 ☑ July 25, 2018 □	October 31, 2018 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019 January 30, 2019
	te Statement of Income and Expenses described above, and at Statement (insert the number of Addendum forms being
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing inf complete to the best of my knowledge and believed for the best of my knowledge for the best of my	formation on the Statement and each Addendum is true and ief. 04/25/18 (Date)
(Signature of lobbyist)	(Dute)
George W. Roussos (Print Name of lobbyist)	