



**STATE OF NEW HAMPSHIRE**  
**2015 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

**RECEIVED**

JAN 27 2016

PLEASE PRINT

NEW HAMPSHIRE  
DEPARTMENT OF STATE

**I. Name of Lobbyist(s)** George W. Roussos; Susan S. Geiger; Douglas L. Patch

**II. Name of lobbyist's partnership, firm or corporation, if any:**

Orr & Reno, P.A.

(Name of partnership, firm or corporation)

45 S. Main Street; PO Box 3550                      Concord                      NH                      03302-3550  
 Business Address: (Street)                      (Town/City)                      (State)                      (Zip Code)

(603 ) 224-2381                      (603 ) 224-2318                      e-mail \_\_\_\_\_  
 (Telephone)                      (Fax)

**III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).**

All reportable transactions occurring in the months prior to the reporting date relative to the following client:

\_\_\_\_\_  
 (Full Name of Client as it appears on the Lobbyist Registration Form)

**OR**

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

**IV. Date of Report**    April 29, 2015                       July 29, 2015   
*Reports cover: activity from date of registration to 3/31/15                      activity from 4/1/15 to 6/30/15*  
    October 28, 2015                       January 27, 2016   
    *activity from 7/1/15 to 9/30/15                      activity from 10/1/15 to 12/31/15*

**V. There have been no fees received and no reportable transactions made since the last report.**   
*If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.*

**VI. Check if additional reports are attached:**

- If you have received fees or made expenditures, you must file **Addendum A-- Fees and Expenses**
- If you have paid an honorarium or reimbursed expenses, you must file **Addendum B-- Report of Honorariums or Expense Reimbursement**
- If you, your firm, or your family has made political contributions, you must file **Addendum C-- Political Contributions**

**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)

January 27, 2016  
 (Date)

George W. Roussos  
 (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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

P I. Name of Lobbyist(s) George W. Roussos, Susan Geiger, Douglas L. Patch

L E II. Name of lobbyist's partnership, firm or corporation, if any: A S Orr & Reno, P.A. E (Name of partnership, firm or corporation)

P III. Name of Client Miscellaneous Date January 27, 2016

R I Political Contributions

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

Full name of candidate: NH Senate Democratic Caucus (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 500.00 Office Candidate is Seeking

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: Committee to Elect House Republicans (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 250.00 Office Candidate is Seeking

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: (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ Office Candidate is Seeking

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.)

(turn over to continue ->)

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

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."  
\_\_\_\_\_  
\_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

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."  
\_\_\_\_\_  
\_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

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."  
\_\_\_\_\_  
\_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

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."  
\_\_\_\_\_  
\_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ \_\_\_\_\_ Office Candidate is Seeking \_\_\_\_\_

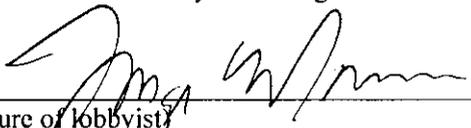
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."  
\_\_\_\_\_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

(turn over to continue →)

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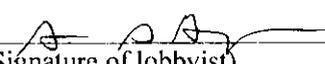
**Sworn Statement/Affirmation by Lobbyist**

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)

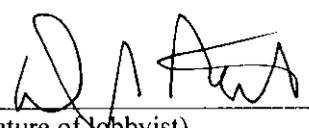
\_\_\_\_\_  
January 27, 2016  
(Date)

George W. Roussos  
\_\_\_\_\_  
(Print Name of lobbyist)

  
\_\_\_\_\_  
(Signature of lobbyist)

\_\_\_\_\_  
January 27, 2016  
(Date)

Susan S. Geiger  
\_\_\_\_\_  
(Print Name of lobbyist)

  
\_\_\_\_\_  
(Signature of lobbyist)

\_\_\_\_\_  
January 27, 2016  
(Date)

Douglas L. Patch  
\_\_\_\_\_  
(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, PA

Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): \_\_\_\_\_

***Date of Report (check one):***

April 29, 2015       July 29, 2015       October 28, 2015       January 27, 2016

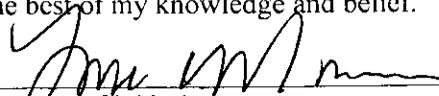
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

\_\_\_\_\_ Addendum A(s).

\_\_\_\_\_ Addendum B(s).

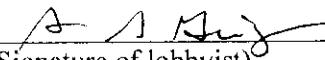
  X   Addendum C(s).

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)

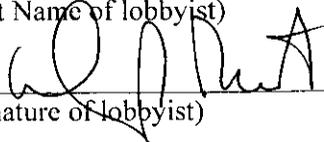
January 27, 2016  
(Date)

George W. Roussos  
(Print Name of lobbyist)

  
\_\_\_\_\_  
(Signature of lobbyist)

January 27, 2016  
(Date)

Susan S. Gejger  
(Print Name of lobbyist)

  
\_\_\_\_\_  
(Signature of lobbyist)

January 27, 2016  
(Date)

Douglas L. Patch  
(Print Name of lobbyist)

\_\_\_\_\_  
(Signature of lobbyist)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of lobbyist)