

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

PLEASE PRINT

I. Name of Lobbyist(s) <u>Maureen D. S</u>	Smith and Su	san S. Geiger	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist'	s partnership, firm or c	orporation, if any:		
Orr & Reno,	P.A.			
	ne of partnership, firm or co	orporation)		
45 S. Main	St. PO Box 35	550 Concord	NH	03302
	reet)	(Town/City)	(State)	(Zip Code)
(603) <u>224-2381</u> (Telephone)	(603)	224-2318 (Fax)	e-mail_msmit	h@orr-reno.com
reportable expense ti	ansactions which are n	ot attributable to an	y one client).	ay file a separate report for
	sactions occurring in the ungli USA Inc.	months prior to the re	porting date relative to t	he following client:
mindt & Spin	(Full Name of Client as it	appears on the Lobbyis	t Registration Form)	
<u>OR</u>	(-pp		
☐ All reportable trans unrelated to any partic		ncluding the lobbyist	's family), or the lobbyir	g firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 []	n to 3/31/17 ac	July 26, 2017 []	7
	October 25, 2017 🗷 activity from 7/1/17 to 9/36	V17 ac	January 31, 2018 Intivity from 10/1/17 to 12/3	1/17
	no fees received and complete just this form a			
VI. Check if addition	al reports are attached:	;		
	ed fees or made expendit		dendum A- Fees and I	Expenses
☐ If you have paid a Expense Reimburseme	n honorarium or reimbur ent	sed expenses, you mu	st file Addendum B — R	eport of Honorariums or
☐ If you, your firm,	or your family has made	political contribution	s, you must file Addend	um C- Political Contributions
I have read RSA 15, R and complete to the be	irmation by Lobbyist SA 15-B, RSA 14-C and st or my knowledge and	belief.		foregoing information is true
(Signature of lobbyist			10/25/2017	ute)
` ` `	,		(D)	,
Maureen D. S	Smith			