



**STATE OF NEW HAMPSHIRE**  
**2022 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

PLEASE PRINT

**I. Name of Lobbyist(s)** Rory Whelan

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

National Association of Mutual Insurance Companies (NAMIC)

(Name of partnership, firm or corporation)

3601 Vincennes Rd Indianapolis IN 46268

Business Address: (Street) (Town/City) (State) (Zip Code)

( ) (518) 312-9287 ( ) \_\_\_\_\_ e-mail rwhelan@namic.org  
 (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:

National Association of Mutual Insurance Companies (NAMIC)

(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 27, 2022  July 27, 2022   
*Reports cover: activity from date of registration to 3/31/22 activity from 4/1/22 to 6/30/22*  
 October 26, 2022  January 25, 2023   
*activity from 7/1/22 to 9/30/22 activity from 10/1/22 to 12/31/22*

**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, 107 North Main Street, 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**

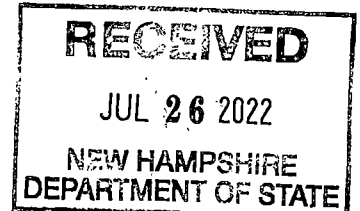
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

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

Rory Whelan

(Print Name of lobbyist)

7/21/22  
 (Date)



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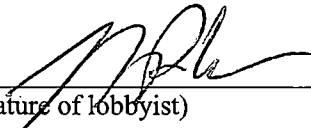
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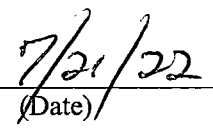
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(If more than three contributions were made, report additional contributions on separate addendum C forms.)

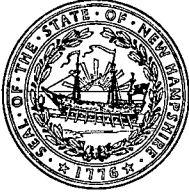
**Sworn Statement/Affirmation by Lobbyist**

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)

Rory Whelan  
\_\_\_\_\_  
(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) Rory Whelan

L II. Name of lobbyist's partnership, firm or corporation, if any:
A National Association of Mutual Insurance Companies (NAMIC)
S (Name of partnership, firm or corporation)
E

P III. Name of Client Date

R Political Contributions

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

Full name of candidate: Chris Sununu
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 2000 Office Candidate is Seeking Governor

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."

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

Amount of contribution \$ Office Candidate is Seeking