

STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

JAN 20 2021

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

VI. Check if additional reports are attached: VI. Check if additional reports are attached: X 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 Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C— Political Cont 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 informatic and complete to the best of my knowledge and belief. Collaboration (Date)	. Name of Lobbyist(s) _	Collan Rosier		MATERIAL CONTROL	
(Name of partnership, firm or corporation) 7227 Lee DeForest Drive	I. Name of lobbyist's p	artnership, firm or	· corporation, if any	/:	
(Name of partnership, firm or corporation) (7227 Lee DeForest Drive	Maxim Healthcare S	Services, Inc.			•
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below wunrelated to any particular client. IV. Date of Report April 29, 2020 October 28, 2020 July 29, 2020 January 27, 2021 Activity from Arti20 to 9/30/20 Activity from 17/1/20 to 9/30/20 V. There have been no fees received and no reportable transactions made since the last report. If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses If you have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing informatic and complete to the best of my knowledge and belief. All reports to the report 10/23/20			corporation)		
Business Address: (Street) (Town/City) (State) (Zip Code) (410) 910-1467 () e-mail corosier@maxhealth.com III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate repreportable expense transactions which are not attributable to any one client). X All reportable transactions occurring in the months prior to the reporting date relative to the following client: Maxim Healthcare Services, Inc. (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 we unrelated to any particular client. IV. Date of Report April 29, 2020 Coctober 28, 2020 July 29, 2020 January 27, 2021 Reports cover: activity from date of registration to 3/31/20 activity from 4/1/20 to 6/30/20 January 27, 2021 V. There have been no fees received and no reportable transactions made since the last report. If this bax 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: X If you have received fees or made expenditures, you must file Addendum B—Report of Honorariums Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions and complete to the best of my knowledge and belief. Lid B. Contribution of the properties of the political Contribution of hothers of hothers of hothers of the political contribution of hothers of hothers of hothers.	227 Lee DeForest D)rive	Columbia	MD	21046
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All reportable transactions occurring in the months prior to the reporting date relative to the following client: Maxim Healthcare Services, Inc. (Full Name of Client as it appears on the Lobbyist Registration Form)	(410) 910-1467 (Telephone)	()(Fax)	e-mail <u>corosier@</u>	maxhealth.com
Maxim Healthcare Services, Inc. (Full Name of Client as it appears on the Lobbyist Registration Form) OR	III. This statement cove reportable expense tran	ers: (Choose one – i	file separate reports e not attributable to	s for each client, OR you m any one client).	ay file a separate report
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O-N Dhalan	I have read RSA 15, RS and complete to the best (Signature of lobbyist)	A 15-B, RSA 14-C	and RSA 664 and he		
(Print Name of Johnviet)	Collan Rosier				

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Collan Rosier	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Maxim Healthcare Services, Inc.	
(Name of partnership, firm or corporation)	,)
III. Name of Client Maxim Healthcare Services, Inc.	Date
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 gro reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ <u>100.00</u>
b) 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 ye	b) \$ <u>200.00</u> ar)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>300.00</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to represes. 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 in 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 expendividual 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 lobbie (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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by nay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all exmeals purchased during a business s than \$10 that is given to the persond with a value of \$25.00 or less); and tring period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>100.00</u>
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _100.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$300.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
Colla B. Roie	10/23/20
(Signature of lobbyist)	(Date)
Collan Rosier	

(Print Name of lobbyist)

JAN 2 0 2021

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DEPARTMENT OF STATE