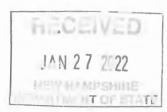


STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)



PLEASE PRINT

I. Name of Lobbyist(s) Joel	Maiola			
II. Name of lobbyist's partner	ship, firm or corpora	tion, if any:		
McLane Middleton Gove	rnment & Public	Strategies	LLC	
(Name of partn	ership, firm or corporation	n)		
900 Elm Street, P.O.	Box 326 Ma	nchester	NH	03105-0326
Business Address: (Street)	(Town	n/City)	(State)	(Zip Code)
(603) 628-1485	(603) 625-	5650	e-mail joel.ma	aiola@mclanegps.com
(Telephone)		(Fax)		
III. This statement covers: (Cl reportable expense transaction All reportable transactions of	ns which are not attri	butable to any o	ne client).	
All reportable transactions of	ccuring in the months	prior to the repo	tung date relative to t	the following chefit.
BMC HealthNet Plan /				
	ne of Client as it appears	on the Lobbyist Re	gistration Form)	
OR All reportable transactions by unrelated to any particular client		g the lobbyist's f	amily), or the lobbying	ng firm listed below which are
IV. Date of Report April 2	8, 2021 🗆		July 28, 2021 🗌	
Reports cover: activity from da	te of registration to 3/31,	/21 activit	y from 4/1/21 to 6/30/2	1
	r 27, 2021	activi	January 26, 2022 K ty from 10/1/21 to 12/3.	1/21
V. There have been no fees If this box is checked, complete of State House, Room 204, Concor	ust this form and subm			
VI. Check if additional report	are attached:			
If you have received fees or		ou must file Adde	ndum A Fees and F	xnenses
☐ If you have paid an honorar Expense Reimbursement				_
If you, your firm, or your fa	mily has made politica	l contributions, y	ou must file Addend	um C-Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k	RSA 14-C and RSA 6	64 and hereby sw	ear or affirm that the	foregoing information is true
/s/ Joel Maiola			1/26/2022	
(Signature of lobbyist)			(Da	ite)
Joel Maiola				
(Print Name of lobbyist)				



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Joel Maiola	
II. Name of lobbyist's partnership, firm or corporation, if any:	
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation) BMC HealthNet Plan / Well Sense Health	Date 1/26/2022
III. Name of Client Plan	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 groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 24,000.00
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 year)	b) \$ 72,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$ _96,000.00
 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 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 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 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 expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of a see: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of the 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.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ 24,000.00
in a), of \$25 or less.	b) \$0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period	d) \$ 24,000.00
(Add lines a, b and c)	
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) \$ <u>72,000.00</u>
f) Total of all expenses year to date	f) \$ <u>96,000.00</u>
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 affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
/s/ Joel Maiola	1/26/2022
(Signature of lobbyist)	(Date)
Joel Majola	
(Print Name of lobbyist)	