PLEASE PRINT

STATE OF NEW HAMPSHIRE

RECEIVED

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

FEB 06 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobb	yist(s) Richard Sigel		·	
II. Name of lobb	oyist's partnership, firm or	corporation, if any:		
McLane Midd	lleton Government & I	Public Strategies	, LLC	
	(Name of partnership, firm or c			
900 Elm Str	eet, P.O. Box 326	Manchester	NH	03105-0326
Business Address:		(Town/City)	(State)	(Zip Code)
(603) 628-14	89 (603) 625-5650	e-mail richard	d.sigel@mclanegps.com
(Teleph		(Fax)		<u></u>
reportable expe	ent covers: (Choose one – fil nse transactions which are a e transactions occurring in the	iot attributable to any o	one client).	nay file a separate report for the following client:
New Hammehi	re Hospital Associa	tion		
New Hampsiii		t appears on the Lobbyist R	egistration Form)	
<u>OR</u>				
All reportable unrelated to any p		including the lobbyist's	family), or the lobbyin	g firm listed below which are
IV. Date of Repo	ort April 25, 2018 🗌		July 25, 2018 🛚	
Reports cover:	activity from date of registratio	n to 3/3 1/18 activi	ty from 4/1/18 to 6/30/1	8
	October 31, 2018 activity from 7/1/18 to 9/3	0/18 activ	January 30, 2019 x ity from 10/1/18 to 12/3.	1/18
	been no fees received and kked, complete just this form a 301.			
VI Charle if udd	litional reports are attached			
	eceived fees or made expendi		endum A_ Fees and F	vnencec
•	aid an honorarium or reimbu	=		•
🕱 If you, your i	firm, or your family has made	political contributions, y	ou must file Addende	um C- Political Contributions
I have read RSA and complete to t	at/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and he best of my knowledge and byjist)		wear or affirm that the $\frac{1/29/9}{(Da}$	
(Print Name of le	obbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I Now of the work Pichard Sign!		
I. Name of Lobbyist(s) Richard Sige1 II. Name of lobbyist's partnership, firm or corporation, if any:		
•		
McLane Middleton Government & Public Strategies, LLC (Name of partnership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·	
III. Name of Client New Hampshire Hospital	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, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or p	ublic relations service
a) Total of all fees received in this reporting period	a) \$	25,000.00
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 y	b) \$	75,000.00
c) Total of all fees received to date (Add lines a and b)	c) \$	100,000.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report 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 examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing 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.	client and if ex may be filed for e aggregate total expenses; (b) the le: meals purch ess than \$10 that ed with a value orting period of ue of greater the er than \$25, but, expense reim	penditures are made by or the lobbyist(s)/firm al of all expenses paid a aggregate total of all ased during a business t is given to the persor of \$25.00 or less); and greater than \$25.00 for an \$25, purchase of a t not greater than \$50 bursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	0.00
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	0.00

d) Total expenses for this reporting period	d) \$	25,000.00
(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) \$	75 <u>,</u> 000.00
f) Total of all expenses year to date	n s	100,000.00
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 d	luring this reporting
Paid to:	Amount:	
	\$	<u> </u>
	\$	
	\$	
	\$	
	\$	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the for	egoing information
is true and complete to the best of my knowledge and belief.		
(Signature of Johnvist)	1):	19/19
(Signature of lobbyist)	/(Da	nte)
Richard Sigel (Print Name of Johnwitt)		
(Print Name of lobbyist)		