Joel Maiola (Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 23 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist	s) Joel Mai	ola		<u> </u>	DEPARTMENT OF S
II. Name of lobbyist	s partnership,	firm or corporatio	n, if any:		
McLane Middlet	on Governme	ent & Public S	Strategies,	LLC	
		, firm or corporation)			<u></u>
900 Elm Street	. P.O. Box	326 Map	chester	NH	03105-0326
Business Address: (St		(Town/C		(State)	(Zip Code)
(603) 638 1485		(603) 625-56	CEA	الممتر المساء	aiola@mclanegps.com
(603) <u>628-1485</u> (Telephone)		_ (803) 823-36	(Fax)	e-man_ <u>joer.m</u>	atotaemetanagps.com
-			reports for ea		nay file a separate report for
X All reportable trai	sactions occur	ring in the months p	rior to the repor	ting date relative to	the following elient:
New Hampshire	Hospital A	ssociation			
<u>OR</u>	(Full Name of	Client us it appears or	the Lobbyist Re	gistration Form)	
·		lobbyist (including	the lobbyist's fi	mily), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: activ	April 24, 20 city from date of	19 🖟 registration to 3/31/19	9 activit	July 31, 2019 X v from 4/1/19 to 6/30/	19
	October 30, activity from 7/2		activi	January 29, 2020 🗆 Ty from 10/1/19 to 12/.	
V. There have been If this box is checked, Concord, NH 03301.					the last report. State House, Room 204,
VI. Check if addition	ial reports are	attached:			
X If you have receive	•		must file Adde	ndum A- Fees and	Expenses
•	an honorarium (Report of Honorariums or
X If you, your firm.	or your family	has made political of	contributions, y	ou must file Addene	dum C- Political Contributions
and complete to the b	RSA 15-B, RSA est of my know	14-C and RSA 66-	and hereby sw	car or affirm that the	e foregoing information is true
(Signature of lobbyis	t)			(Ľ	Date)

P L E A S E P R I N T

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)	:
III. Name of Client New Hampshire Hospital Association	Date 7/22/19
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 public relations services coss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) S
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) S _25,000.00
c) Total of all fees received to date (Add lines a and b)	c) S <u>50,000.00</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) S0
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 e individual expenses where the expenditure was of \$25.00 or less (for examplanch 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 eremonial object to be given to the subject of lobbying with a value great 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 by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid xpenses; (b) the aggregate total of all ele: meals purchased during a business is than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a cr 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) \$ _25,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	ы s
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0

d) Total expenses for this reporting period	d) § 25,000.00
(Add lines a, b and c)	. 25 000 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) S 25,000.00
f) Total of all expenses year to date	r) \$ _50,000.00
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 during this reporting
Paid to:	Amount:
	\$
	\$
	S
	S
	S
	\$
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.	n that the foregoing information
Is the and complete to the best of my knowledge and benefit	, ,
- Cfort	7/22/19
(Signature of lobbyist)	(Date)
Joel Maiola	
(Print Name of lobbyist)	