

STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

	rnment & Public Stra	tegies, LLC	
(Name of partners)	ership, firm or corporation)		
900 Elm Street, P.O.	Box 326 Manches	ster NH	03105-0326
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
603) 628-1489	(603) 625-5650	e-mail richa	ard.sigel@mclanegps.c
(Telephone)	(Fa	x)	
II. This statement covers: (Cleportable expense transaction All reportable transactions of		e to any one client).	
BMC HealthNet Plan /			o the following chem.
	me of Client as it appears on the I	obbyist Registration Form)	
OR All reportable transactions by inrelated to any particular client		obbyist's family), or the lobb	ying firm listed below which a
	8, 2021 🗆	July 28, 2021 🗆	
	ute of registration to 3/31/21	activity from 4/1/21 to 6/3	
	- 27 2021	January 26, 2022	
	er 27, 2021	• .	
	er 27, 2021	activity from 10/1/21 to 1.	
activity fro 7. There have been no fees f this box is checked, complete	om 7/1/21 to 9/30/21 received and no reportablicity form and submit it to	activity from 10/1/21 to 1.	ce the last report.
activity from 7. There have been no fees f this box is checked, complete state House, Room 204, Concor	om 7/1/21 to 9/30/21 received and no reportablicate this form and submit it to ed, NH 03301.	activity from 10/1/21 to 1.	ce the last report.
activity from I. There have been no fees If this box is checked, complete State House, Room 204, Concor II. Check if additional report	om 7/1/21 to 9/30/21 received and no reportablicate this form and submit it to ed, NH 03301.	activity from 10/1/21 to 12. le transactions made sine the Secretary of State's Office.	ce the last report. ce, 107 North Main Street,
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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A





(RSA Chapter 15:6)

I. Name of Lobbyist(s) Richard Sige1				
II. Name of lobbyist's partnership, firm or corporation, if any:				
McLane Middleton Government & Public Strategies, ILC				
(Name of partnership, firm or corporation) BMC HealthNet Plan / Well Sense Health III. Name of Client Plan	1/26/2022 Date			
III. Name of Cheff 2242	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) \$			
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) \$ <u>72,000.00</u>			
(This should equal the total of an prior mondary reports for this calculate ye	oat)			
c) Total of all fees received to date (Add lines a and b)	c) \$			
 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 the 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 lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (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 egislative 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 expenses; (b) the aggregate total of all ele: meals purchased during a busines as 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 the of greater than \$25, purchase of er 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) \$ 24,000.00			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$			
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ _ 0			

d) Total expenses for this reporting period	d) \$
(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) \$
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/ Richard Sigel	1/26/2022
(Signature of lobbyist)	(Date)
Richard Sigel (Print Name of lobbyist)	