

STATE OF NEW HAMPSHIRE

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

JAN 31 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

(Name of partnership, firm or corporation) 16		lobbyist's partnership, firi Insights Group			
Business Address: (Street) (Town/City) (State) (Zip Code) 603 226-9600 (Capitolinsightsgroup@gmail.com e-mail (Fax) III. This statement covers: (Choose one — file separate reports for each client, OR you may file a separate report reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: All state Insurance Company (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 which unrelated to any particular client. IV. Date of Report April 28, 2021 July 28, 2021 July 28, 2021 January 26, 2022 Coctivity from Ail/21 to 454021 October 27, 2021 July 28, 2021 January 26, 2022 Jacuity from 10/1/21 to 1231/21 V. There have been no fees received and no reportable transactions made since the last report. If this box 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: If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expenses Reimbursement If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contribut thave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is that and complete to the best of my knowledge and belief. MANUAL MARMAN AMAL 1/26/22	Оприс		m or corporation)		
(Telephone) (Fax) (Telephone) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fax) (Fa	16	Low Ave.	Concord	NH	03301
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Sworn Statement/Affirmation by Lobbyist Thave read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is to and complete to the best of my knowledge and belief. 1/26/22	If you ha	ave paid an honorarium or re			
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Maria vice	If you, y				
(Signature of lob'oyist) (Date)	Sworn State	RSA 15, RSA 15-B, RSA 14-	-C and RSA 664 and hereby sv	vear or affirm that the fo	regoing information is true
()	Sworn State have read R	RSA 15, RSA 15-B, RSA 14-	-C and RSA 664 and hereby sv		regoing information is true
	Sworn State have read R und complete (Signature o	RSA 15, RSA 15-B, RSA 14 to the best of my knowledge lack Tude curve	-C and RSA 664 and hereby sv	1/26/22	



Lobbyists Fees and Expenses Addendum A

RECEIVED

JAN 31 2022

NEW HAMPSHIRE DEPARTMENT OF STATE



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Michael M. McLaughlin	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Capitol Insights Group	
(Name of partnership, firm or corporation) III. Name of Client Allstate Insurance Co.	Date 1/26/22
 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 granded by any expenses: a) Total of all fees received in this reporting period 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) c) Total of all fees received to date (Add lines a and b) d) Indicate the amount of any such fees that are due, but have not yet been paid 	t relations, or public relations services oss fee amount reported shall not be a) \$ 13,750 b) \$ 41,250
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 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 alle: meals purchased during a business st than \$10 that is given to the personed 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 ter 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) \$ 0.00 b) \$ 0.00 c) \$ 0.00
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.	0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 0.00
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) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from be	e) \$ 0.00 f) \$ 0.00
period, including by whom paid or to whom charged.	,g
Paid to:	Amount:
	_{\$} n/a
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
	4h 4h 6iii
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.	in that the foregoing information
Michael Michael	1/26/22
(Signature of lobbyist)	(Date)
Michael M. McLaughlin	
(Print Name of lobbyist)	