STATE OF NEW HAMPSHIRE
2013 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Joel Maiola

II. Name of lobbyist's partnership, firm or corporation, if any:

McLane GPS

(Name of partnership, firm or corporation)

900 Elm St. Manchester, NH 03101

Business Address: (Street) (Town/City) (State) (Zip Code)

( ) 603-625-6464 (Telephone) ( ) 603-625-5650 (Fax) e-mail joel.maiola@mclanegps.com

III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for 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:

(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 are unrelated to any particular client.

IV. Date of Report April 24, 2013 ☒ July 31, 2013 ☐

Reports cover: ***activity from date of registration to 3/31/13*** ***activity from 4/1/13 to 6/30/13***

October 30, 2013 ☐ January 29, 2014 ☐

activity from 7/1/13 to 9/30/13 ***activity from 10/1/13 to 12/31/13***

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, State House, Room 204, Concord, NH 03301.

VI. Check if additional reports are attached:

☐ If you have received fees or made expenditures, you must file **Addendum A**– Fees and Expenses

☐ 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 Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist) 4/23/13 (Date)

Joel Maiola

(Print Name of lobbyist)

RECEIVED

APR 24 2013

NEW HAMPSHIRE
DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Report of
Political Contributions
Addendum C
(RSA Chapter 15:6)

PLEASE PRINT

I. Name of Lobbyist(s) McLane, Graf, Raulerson and Middleton which employs Joseph Foster, Gregory H. Smith, and Carol Holahan; and McLane Government & Public Strategies LLC, which retains Joel Maiola

II. Name of lobbyist's partnership, firm or corporation, if any:

___ McLane Government & Public Strategies LLC
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

Political Contributions * All contributions made by McLane, Graf, Raulerson and Middleton

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the ~~client/lobbyist and~~ lobbying firm, indicate the following:

Full name of candidate: Prescott (Last Name) Russell (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Hosmer (Last Name) Andrew (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 100.00

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Carsen (Last Name) Sharon (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 100.00

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

(If more than three contributions were made, report additional contributions on separate addendum C forms.)

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

_____ 4/23/13

(Signature of lobbyist) (Date)

Joel Merola

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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Political Contributions
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(RSA Chapter 15:6)

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II. Name of lobbyist's partnership, firm or corporation, if any:

McLane Government & Public Strategies LLC
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

Political Contributions * All contributions made by McLane, Graf, Raulerson and Middleton

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the ~~client/lobbyist and~~ lobbying firm, indicate the following:

Full name of candidate: Pierce (Last Name) David (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Kelly (Last Name) Molly (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Clark (Last Name) Martha (First Name) Fuller (Middle Name/Initial)

Amount of contribution $ 100.00

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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_____ 4/23/13

(Signature of lobbyist) (Date)

Joel Maisla

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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McLane Government & Public Strategies LLC
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

Political Contributions * All contributions made by McLane, Graf, Raulerson and Middleton

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the ~~client/lobbyist and~~ lobbying firm, indicate the following:

Full name of candidate: Larsen (Last Name) Sylvia (First Name) _____ (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: _____ (Last Name) _____ (First Name) _____ (Middle Name/Initial)

Amount of contribution $ _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: _____ (Last Name) _____ (First Name) _____ (Middle Name/Initial)

Amount of contribution $ _____

(turn over to continue →)

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I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

_____ 4/23/13

(Signature of lobbyist) (Date)

Joel Maiola

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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McLane Government & Public Strategies LLC
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

Political Contributions * All contributions made by McLane, Graf, Raulerson and Middleton

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the ~~client/lobbyist and~~ lobbying firm, indicate the following:

Full name of candidate: Morse (Last Name) Chuck (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking _____

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: D'Allesandro (Last Name) Lou (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

Full name of candidate: Commitee to Elect House Democrats (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

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(Signature of lobbyist)

4/23/13
(Date)

Joel Maiola
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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McLane Government & Public Strategies LLC
(Name of partnership, firm or corporation)

III. Name of Client _____ Date _____

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Full name of candidate: Gilmour Peggy
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Lasky Betty
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Soucy Donna
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

(turn over to continue →)

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

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_____ 4/23/13

(Signature of lobbyist) (Date)

Joel Maiola

(Print Name of lobbyist)

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III. Name of Client _____ Date _____

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Full name of candidate: Watters (Last Name) David (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00 Office Candidate is Seeking Senate

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Forrester (Last Name) Jeanie (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."

_____

_____

Full name of candidate: Stiles (Last Name) Nancy (First Name) (Middle Name/Initial)

Amount of contribution $ 100.00

(turn over to continue →)

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(Signature of lobbyist)

4/23/13
(Date)

Joel maida
(Print Name of lobbyist)