

STATE OF NEW HAMPSHIRE

2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15) PECEIVED

JUL 2 3 2024

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

I. Name of L	Lobbyist(s) Teresa Kuenng, G	eorgia Maheras, Kristine Stoddar	d, Colleen Dowling, S	tephanie Pagliuca
II. Name of	lobbyist's partnership, firm	or corporation, if any:		
Bi-State	Primary Care Ass	sociation		
	(Name of partnership, firm			
525	Clinton St	Bow	NH	03304
Business Addi	ress: (Street)	(Town/City)	(State)	(Zip Code)
(603	3) 2128-2830 x119 () (603) 228-2464 (Fax)	e-mail rlepage@	bistatepca.org
(Te	elephone)	(Fax)		
		– file separate reports for each re not attributable to any one		/ file a separate report for
All repor	table transactions occurring in	the months prior to the reporting	ng date relative to the	following client:
	(Full Name of Client	as it appears on the Lobbyist Regi	stration Form)	
<u>OR</u>				
	table transactions by the lobby any particular client.	ist (including the lobbyist's fam	ily), or the lobbying	firm listed below which are
uniciated to	any particular oneitt.		_	
IV. Date of			July 31, 2024	
Reports cover	: activity from date of registrati	, , , , , , , , , , , , , , , , , , ,	from 4/1/24 to 6/30/24	
	October 30, 2024 activity from 7/1/24 to 9/3		iary 29, 2025 m 10/1/24 to 12/31/24	
If this box is		and no reportable transact m and submit it to the Secretar 01.		
VI. Check if	f additional reports are attac	hed:		
	-	enditures, you must file Addenc	•	
L If you ha Expense Reis		nbursed expenses, you must file	Addendum B- Rep	ort of Honorariums or
		nade political contributions, you	must file Addendur	n C- Political Contribution
	out min, or your runny near	ado pontida controlations, you		. C Tollious Collaboration
I have read R	ement/Affirmation by Lobby RSA 15, RSA 15-B, RSA 14-C e to the best of mv knowledge	and RSA 664 and hereby swea	r or affirm that the fo	regoing information is true
	See Kooning		7/18/2024	
(Signature o	of lobbyist)		(Date	<u> </u>
	Kuenning		(24.0	,
	of lobbyist)			

P L E A S E P R I N

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



I. Name of Lobbyist(s) Georgia Maheras	
II. Name of lobbyist's partnership, firm or corporation, if any: Bi-State Primary Care Association	
(Name of partnership, firm or corporation)	
III. Name of Client	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 services oss fee amount reported shall not be
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) \$ear)
c) Total of all fees received to date (Add lines a and b)	c) \$
d) 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 lest being 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 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. aggregate total of all expenses paid expenses; (b) the aggregate total of all le: meals purchased during a business as than \$10 that is given to the person and with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a for 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)\$4,628.89
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) \$ ~

d) Total expenses for this reporting period	d) \$	4,628.89
 (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) \$	1,096.21
f) Total of all expenses year to date	f) \$	5,725.11
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying f	ees during this reporting
Paid to:	Amoun	t:
	\$	
	\$	
	\$	
	\$	
	\$	
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	e foregoing information
(Signature of lobbyist)	7	7/19/2024 (Date)
Georgia Maheras		()
(Print Name of lobbyist)		