

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

APR **25** 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyi	st(s) <u>Joe</u> l	Maiola				
II. Name of lobbyi	st's partne	rship, firm or c	orporation, if any	<b>:</b>		
McLane Middle		ernment & P		gies, LLC		
	-					
900 Elm Stree Business Address:	Street)	Box 326	Mancheste (Town/City)	r NH (State		03105-0326 (Zip Code)
Dustinos Products.	(5200)		(Town City)	(June)	,	(Zip Code)
(603) <u>628-1485</u>		(603)	625-5650	e-mail jo	el.maiola	@mclanegps.com
(Telephone	<del>;)</del>		(Fax)			
III. This statement reportable expense					you may file	e a separate report for
All reportable tr	ansactions	occurring in the	months prior to the	e reporting date relati	ive to the foll	owing client:
BMC Healthnet	Plan /	WellSense				
			appears on the Lobb	yist Registration Form	)	
<u>OR</u>					<b>.</b>	
☐ All reportable tra unrelated to any par			including the lobby	rist's family), or the l	lobbying firm	listed below which are
IV. Date of Report	April	27, 2022		July 27, 2022		
		late of registration	n to 3/31/22	activity from 4/1/22 to		
		per 26, 2022	V22	January 25, 20 activity from 10/1/22		
	d, complete	e just this form a		ransactions made Secretary of State's (		
VI. Check if additi	onal repoi	ts are attached				
	_			Addendum A-Fee	s and Expens	es
-	i an honor	_		must file Addendun	_	
☐ If you, your firm	n, or your	family has made	political contributi	ions, you must file A	ddendum C-	- Political Contributions
Sworn Statement/A I have read RSA 15 and complete to the	RSA 15-I	8, RSA 14-C and		eby swear or affirm t	hat the forego	oing information is true
/s/ Joel Maiola				4/21/202	22	
(Signature of lobby	rist)				(Date)	
Joel Maiola						

## 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 BMC HealthNet Plan / WellSense	Date 4/21/2022
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 greeduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _24,000.00
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) \$0 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>24,000.00</u>
<ul> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. 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 greater 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 al le: meals purchased during a business ss than \$10 that is given to the person ed 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 er than \$25, but not greater than \$50, expense reimburgement, or political
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$ _24, 000.00
in a), of \$25 or less.	b) \$ _0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

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) \$0		
f) Total of all expenses year to date	f) \$ 24,000.00		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, 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.	n that the foregoing information		
/s/ Joel Maiola	4/21/2022		
(Signature of lobbyist)	(Date)		
Joel Maiola (Print Name of lobbyist)			