RECEIVED

APR 2 4 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	yist(s):					
II. Name of Lobby	I. Name of Lobbyist's partnership, firm or corporation, if any:					
	214 North Main St	CGLAW REALTY reet, P.O. Box 1415	, LLC 5, Concord, NH 03301			
	228-1181	603-228-8396	dietel@gcglaw.com			
(Tele	ephone)	(Fax)	(Email)			
	t covers: (Choose one – file sepa transactions which are not attr		ch client, OR you may file a separate report for e client.)			
☐ All reportable	e transactions occurring in the mo	nth prior to the repo	rting date relative to the following client.			
<u> </u>	(Full Name of Client as it a	ppears on the Lobb	yist Registration Form)			
OR  All reportable unrelated to any page.		luding the lobbyist's	s family), or the lobbying firm listed below which are			
IV. Date of Report	t: April 24, 2024 🔀		July 31, 2024 □			
Reports cover:	activity from date of registration	to 3/31/24	activity from 4/1/24 to 6/30/24			
	October 30, 2024		January 29, 2025 □			
	activity from 7/1/24 to 9/30/24	1	activity from 10/1/24 to 12/31/24			
			nade since the last report.   The state is office, State House, Room 204,			
VI. Check if addit	tional reports are attached:					
☐ If you have rec	eived fees or made expenditures,	you must file <b>Adde</b> i	ndum A – Fees and Expenses			
Expense Reimburser	nent		le Addendum B – Report of Honorariums or			
If you, your fir	m, or your family has made politic	cal contributions, yo	u must file Addendum C - Political Contributions			
	Affirmation by Lobbyist , RSA 15-B and RSA 664 and hero owledge and belief.	eby swear or affirm	that the foregoing information is true and complete			
(Signature of Lobb	by ist)	<u>.</u>	4/19/27 (Date)			
Robert J. Dietel, Pr (Print Name of Iob		<del></del>				



## Lobbyists Report of Political Contributions Addendum C

I. Name of Lobbyist(s)					
II. Name of lobbyist's partnership, firm or corporation, if any:					
	GCGLAW R	EALTY, LLC			
	(Name of partnership	, firm or corporation)			
III. Name of Client		Date	January 25, 2023		
	bution that is reportable pursua		4 paid on behalf of the		
	FRIENDS OF CINDY ROSENV				
Full name of candidate:	ROSENWALD (Last Name)	CINDY (First Name)	(Middle Name/Initial)		
	250.00 Office Candid		, ,		
	COMMITTEE TO ELECT DON				
Full name of candidate:	SOUCY (Last Name)	DONNA (First Name)	(Middle Name/Initial)		
If the contribution is an inactual cost of the in-kind c	_500.00 Office Candidate is See- kind contribution, provide a desc ontribution on the line above for	sking <u>STATE SEN</u>	ATE rvices provided, and enter the		
enter an estimated value ar	nd the word "estimate,"				
	FRIENDS OF REGINA BIRDSI	ELL			
Full name of candidate:	BIRDSELL	REGINA	Arin v arin		
Amount of Contribution \$	(Last Name) 300.00 Office Candidate is See	(First Name) king <u>STATE SEN</u>	(Middle Name/Initial) IATE		

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.
(Signature of lobbyist)  (Signature of lobbyist)  (Date)
Robert J. Dietel, President (Print Name of Lobbyist)
, , , , , , , , , , , , , , , , , , ,



I. Name of Lobbyist(s):		
II. Name of Lobbyist's partnership, fir	m or corporation, if any:	
	GCGLAW REALT	TY, LLC
214 Nor	th Main Street, P.O. Box 14	
603-228-1181	603-228-8396	dietel@gcglaw.com
(Telephone)	(Fax)	(Email)
III. This statement covers: (Choose on reportable expense transactions which		each client, OR you may file a separate report for one client.)
☐ All reportable transactions occurring	g in the month prior to the re	porting date relative to the following client.
(Full Name of C	Client as it appears on the Lo	bbyist Registration Form)
OR  All reportable transactions by the lunrelated to any particular client.	obbyist (including the lobbyi	st's family), or the lobbying firm listed below which are
IV. Date of Report: April 24, 202	24 🗵	July 31, 2024 □
• • • • • • • • • • • • • • • • • • • •	registration to 3/31/24	activity from 4/1/24 to 6/30/24
October 30, 2	_	<u>_</u>
activity from 7/1/2		January 29, 2025 □ activity from 10/1/24 to 12/31/24
according 9, 011 //1/2		weiner from 10/1/24 to12/31/24
V. There have been no fees received and If this box is checked, complete just this for Concord, NH 03301.		s made since the last report.   ctary of State's Office, State House, Room 204,
VI. Check if additional reports are att	ached:	
☐ If you have received fees or made ex	penditures, you must file Ade	dendum A – Fees and Expenses
☐ If you have paid an honorarium or re Expense Reimbursement	imbursed expenses, you must	file Addendum B – Report of Honorariums or
If you, your firm, or your family has	made political contributions,	you must file Addendum C - Political Contributions
to the best of my knowledge and belief.		rm that the foregoing information is true and complete
(Signature of Labbyiet)		(Date)
(~.B.mento of Topolipi)		(Date)
Robert J. Dietel, President		
(Print Name of Jobbyist)		



## STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

I. Name of Lobbyist(s)					
II. Name of lobbyist's partnership, firm or corporation, if any:					
	GCGLAW REAL	TY, LLC			
	(Name of partnership, firm	n or corporation)	<del></del>		
III. Name of Client		Date	January 25, 2023		
Political Contributions For each political contribution the client/lobbyist and lobbying firm		RSA Chapter 664 pai	d on behalf of the		
Full name of candidate:	NH SENATE REPUBLIC (Last Name)	AN PAC (First Name)	(Middle Name/Initial)		
Amount of Contribution \$ 500.00	•	,	,		
actual cost of the in-kind contribution enter an estimated value and the wo		THE OX COMMIDATION. IT THE	- actual cost is not known,		
Full name of candidate:	NH HOUSE DEMOCRAT	TIC VITORY COMM (First Name)	TTEE (Middle Name/Initial)		
Amount of Contribution \$ 250.00	Office Candidate is Seeking		<del></del>		
If the contribution is an in-kind con actual cost of the in-kind contribution enter an estimated value and the wo	on on the line above for amou				
T II C VI	LANG FOR STATE SENAT	<del></del>			
Full name of candidate:  Amount of Contribution \$ 250.00	LANG (Last Name) Office Candidate is Seeking	TIM (First Name) STATE SENATE	(Middle Name/Initial)		

		_	_	_
(If more	than three contributions	were made, report additional co	ontributions on separate	addendum C forms.)
Sworn	Statement/Affirm	ation by Lobbyist		
		15-B and RSA 664 and he best of my knowledge and		n that the foregoing informat
	John V.	Sement for	<u>`</u>	4/24/24

1

I. Name of Lobbyis	et(s):		
II. Name of Lobbyis	t's partnership, firm or corpo	ration, if any:	
	GC	GLAW REALTY, L	LC
<b></b>		reet, P.O. Box 1415, C	
603-228		603-228-8396	dietel@gcglaw.com
(Telepi	none)	(Fax)	(Email)
	overs: (Choose one – file sepa ransactions which are not attr		client, OR you may file a separate report for ient.)
☐ All reportable to	ransactions occurring in the mor	nth prior to the reporting	ng date relative to the following client.
	(Full Name of Client as it a	ppears on the Lobbyist	Registration Form)
OR All reportable t unrelated to any part		luding the lobbyist's fa	mily), or the lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 🗵		July 31, 2024 □
Reports cover: a	ctivity from date of registration	to 3/31/24	activity from 4/1/24 to 6/30/24
	October 30, 2024		January 29, 2025 □
	activity from 7/1/24 to 9/30/24	r	activity from 10/1/24 to 12/31/24
	no fees received and no report complete just this form and sub		le since the last report.   □  of State's Office, State House, Room 204,
VI. Check if additio	nal reports are attached:		
☐ If you have receive	ved fees or made expenditures,	you must file <b>Addend</b> ı	um A – Fees and Expenses
Expense Reimburseme	ent		Addendum B – Report of Honorariums or
If you, your firm,	or your family has made politic	cal contributions, you r	nust file Addendum C - Political Contributions
I have read RSA 15, R to the best of my know	yledge and belief.	eby swear or affirm tha	at the foregoing information is true and complete
	Star _		9/19/24
(Signature of Lobby)	istj		(Ψate)
Robert J. Dietel, Pres	sident		
(Print Name of lobby			



### Lobbyists Report of Political Contributions Addendum C

I. Name of Lobbyist(s)					
II. Name of lobbyist's partnership, firm or corporation, if any:					
	GCGLAW REA	ALTY, LLC			
	(Name of partnership, f	irm or corporation)			
III. Name of Client		Date	January 25, 2023		
	oution that is reportable pursuant ing firm, indicate the following:		1 paid on behalf of the		
	FRIENDS OF HOWARD PEARL				
Full name of candidate:	PEARL (Last Name)	HOWARD (First Name)	(Middle Name/Initial)		
Amount of Contribution \$ _	,	is SeekingSTA	,		
	BILL GANNON FOR STATE SEN		;		
Full name of candidate:	GANNON (Last Name)	BILL (First Name)	(Middle Name/Initial)		
Amount of Contribution \$ _	_300.00 Office Candidate is Seekir	,			
If the contribution is an in-kactual cost of the in-kind coenter an estimated value and	cind contribution, provide a descripentribution on the line above for amount of the word "estimate."	tion of the goods or serount of contribution. I	rvices provided, and enter the f the actual cost is not known,		
	FRIENDS OF BECKY WHITLEY				
Full name of candidate:	WHITLEY WHITLEY	BECKY			
Amount of Contribution \$ 2	(Last Name) 250.00 Office Candidate is Seekin	(First Name)	(Middle Name/Initial) NATE		

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.
2 Stu - 4/19/21
(Signature of lobbyist) $l$ (Date)
Robert J. Dietel, President
(Print Name of Lobbyist)

.

•

I. Name of Lobbyist			
II. Name of Lobbyist	's partnership, firm or corpora	ation, if any:	
		GLAW REALTY, 1	
(02.000	214 North Main Stre		
603-228 (Teleph		603-228-8396 (Fax)	dietel@gcglaw.com (Email)
(Telepi	ionej	(I'dA)	(Eman)
III. This statement coreportable expense tr	overs: (Choose one – file separ ansactions which are not attrib	rate reports for eacl outable to any one o	n client, OR you may file a separate report for elient.)
☐ All reportable tr	ansactions occurring in the mont	th prior to the report	ng date relative to the following client.
	(Full Name of Client as it ap	pears on the Lobbyi	st Registration Form)
OR  X All reportable to unrelated to any parti		iding the lobbyist's i	amily), or the lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 🔀		July 31, 2024 □
Reports cover: ac	ctivity from date of registration i	to 3/31/24	activity from 4/1/24 to 6/30/24
	October 30, 2024		January 29, 2025 □
	activity from 7/1/24 to 9/30/24		activity from 10/1/24 to12/31/24
	o fees received and no reporta complete just this form and subm		de since the last report.   Of State's Office, State House, Room 204,
VI. Check if addition	nal reports are attached:		
☐ If you have receiv	red fees or made expenditures, yo	ou must file Addend	um A – Fees and Expenses
Expense Reimbursemer	at		Addendum B – Report of Honorariums or
If you, your firm,	or your family has made politica	l contributions, you	must file Addendum C - Political Contributions
to the best of my know	SA 15-B and RSA 664 and herel ledge and belief.	oy swear or affirm th	at the foregoing information is true and complete
	Oth		9/c9/29 (Date)
(Signature of Lobby)	stj		(Date)
Robert J. Dietel, Presi	ident		
(Print Name of lobbyi			



## STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions

#### olitical Contribution Addendum C

II. Name of lobbyist's partnership, firm or corporation, if any:						
	II. Name of lobbyist's partnership, firm or corporation, if any:					
GCGLAW REALTY, LLC						
(Name of partnership, firm or corporation	1)					
III. Name of Client	Date January 25, 2023					
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter client/lobbyist and lobbying firm, indicate the following:	r 664 paid on behalf of the					
GRAY 4 NH SENATE						
Full name of candidate: GRAY SENATE	(AC111 AV (T ))					
(Last Name) (First Name)	(Middle Name/Initial)					
Amount of Contribution \$ 250.00 Office Candidate is Seeking	STATE SENATE					
DENISE FOR SENATE  Full name of condidates PLOCIARDS DENISE						
Full name of candidate: RICCIARDI DENISE	(Middle Name/Initial)					
Full name of candidate: RICCIARDI DENISE (Last Name) (First Name)	(Middle Name/Initial)					
Full name of candidate: RICCIARDI DENISE (Last Name) (First Name)	(Middle Name/Initial) SENATE					
Full name of candidate:  RICCIARDI (Last Name)  (First Name)  Amount of Contribution \$ 250.00 Office Candidate is Seeking  STATE:  If the contribution is an in-kind contribution, provide a description of the goods of actual cost of the in-kind contribution on the line above for amount of contribution.	SENATE or services provided, and enter the					
Full name of candidate:  RICCIARDI (Last Name)  (First Name)  Amount of Contribution \$ 250.00 Office Candidate is Seeking  STATE:  If the contribution is an in-kind contribution, provide a description of the goods of actual cost of the in-kind contribution on the line above for amount of contribution.	SENATE or services provided, and enter the					
Full name of candidate:  RICCIARDI (Last Name)  (First Name)  Amount of Contribution \$ 250.00 Office Candidate is Seeking  STATE:  If the contribution is an in-kind contribution, provide a description of the goods of actual cost of the in-kind contribution on the line above for amount of contribution.	SENATE or services provided, and enter the					
Full name of candidate:  RICCIARDI (Last Name)  (First Name)  Amount of Contribution \$ 250.00 Office Candidate is Seeking  STATE:  If the contribution is an in-kind contribution, provide a description of the goods of actual cost of the in-kind contribution on the line above for amount of contribution.	SENATE or services provided, and enter the					
Full name of candidate:  RICCIARDI (Last Name)  (First Name)  Amount of Contribution \$ 250.00 Office Candidate is Seeking STATE:  If the contribution is an in-kind contribution, provide a description of the goods of actual cost of the in-kind contribution on the line above for amount of contribution enter an estimated value and the word "estimate."	SENATE or services provided, and enter the					

		<u>-</u>		<u> </u>	
(If more than th	ree contributions wer	e made, report addition	al contributions on sep	arate addendum C form	ns.)
Sworn State	ment/Affirmatio	on by Lobbyist			
		B and RSA 664 and at of my knowledge		ffirm that the foreg	going informa
	of Set	M		4/	19/21
(Signature of	lobbyist)			(Date	$\frac{1}{2}$

I. Name of Lobbyis	st(s):		
П. Name of Lobbyis	st's partnership, firm or corpora	tion, if any:	
	GCC 214 North Main Stre	GLAW REALTY, I et, P.O. Box 1415, (	
603-22	<del></del>	603-228-8396	dietel@gcglaw.com
(Telep	phone)	(Fax)	(Email)
	covers: (Choose one – file separ ransactions which are not attrib		client, OR you may file a separate report for lient.)
☐ All reportable t	transactions occurring in the mont	h prior to the reporti	ng date relative to the following client.
	(Full Name of Client as it ap	pears on the Lobbyis	t Registration Form)
OR  All reportable unrelated to any par		ding the lobbyist's f	amily), or the lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 🗵		July 31, 2024 □
Reports cover:	activity from date of registration i	o 3/31/24	activity from 4/1/24 to 6/30/24
	October 30, 2024		January 29, 2025 □
	activity from 7/1/24 to 9/30/24		activity from 10/1/24 to12/31/24
			de since the last report.   □  of State's Office, State House, Room 204,
VI. Check if addition	onal reports are attached:		
☐ If you have recei	ved fees or made expenditures, yo	ou must file <b>Addend</b>	um A – Fees and Expenses
☐ If you have paid Expense Reimburseme	_	enses, you must file	Addendum B – Report of Honorariums or
If you, your firm	, or your family has made politica	l contributions, you	must file Addendum C - Political Contributions
I have read RSA 15, F to the best of my know	wledge and belief.	y swear or affirm th	at the foregoing information is true and complete
(Signature of Lobbs)	fist)		(Date)
Robert J. Dietel, Pre	sident		
(Print Name of lobby			



## Lobbyists Report of Political Contributions Addendum C

I. Name of Lobbyist(s)							
II. Name of lobbyist's part	nership, firm or corporation	n, if any:					
	GCGLAW	REALTY, LLC					
	(Name of partnership, firm or corporation)						
III. Name of Client		Date	January 25, 2023				
	ation that is reportable pursing firm, indicate the follow		paid on behalf of the				
Full name of candidate:	RIENDS OF SUE PRENTISS						
ruii name of candidate: _	PRENTISS (Last Name)	SUE (First Name)	(Middle Name/Initial)				
Amount of Contribution \$ 25	50.00 Office Candi	idate is Seeking STAT	ΓΕ SENATE				
enter an estimated value and	the word "estimate."	· · · · · · · · · · · · · · · · · · ·					
	EBECCA PERKINS KWOK						
Full name of candidate: _	PERKINS KWOKA (Last Name)	REBECCA (First Name)	(Middle Name/Initial)				
Amount of Contribution \$ _2	250.00 Office Candidate is S	eeking <u>STATE SENA</u>	ATE				
If the contribution is an in-ki actual cost of the in-kind con enter an estimated value and	nd contribution, provide a des stribution on the line above fo the word "estimate."	scription of the goods or serv r amount of contribution. If	vices provided, and enter the the actual cost is not known,				
	·						
72-11		•					
Full name of candidate: _ Amount of Contribution \$ 25	ELECT HER PAC (Last Name)  Office Candidate is Se	(First Name)	(Middle Name/Initial)				

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 heat of much population and by living
is true and complete to the best of my knowledge and belief.  4/19/29
(Signature of lobbyist)  (Date)  Robert J. Dietel, President
(Print Name of Lobbyist)

I. Name of Lobbyis	st(s):		
II. Name of Lobbyis	t's partnership, firm or corporation	, if any:	
	GCGLA	W REALTY, LLC	
(00.00	214 North Main Street, P	.O. Box 1415, Concord, N	
603-22	<del> </del>	<u>-228-8396</u>	dietel@gcglaw.com
(Telep	mone)	(Fax)	(Email)
III. This statement or reportable expense to	covers: (Choose one – file separate r ransactions which are not attributab	eports for each client, OR de to any one client.)	you may file a separate report for
☐ All reportable t	ransactions occurring in the month price	or to the reporting date rela	tive to the following client.
	(Full Name of Client as it appears	on the Lobbyist Registrati	on Form)
OR All reportable unrelated to any part	transactions by the lobbyist (including ticular client.	the lobbyist's family), or the	he lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 🗵	Jı	uly 31, 2024 🛚
Reports cover:	ectivity from date of registration to 3/3	1/24 activity fro	om 4/1/24 to 6/30/24
	October 30, 2024	Ja	anuary 29, 2025 🔲
	activity from 7/1/24 to 9/30/24		om 10/1/24 to12/31/24
	no fees received and no reportable tr complete just this form and submit it to		_
VI. Check if additio	nal reports are attached:		
☐ If you have recei	ved fees or made expenditures, you mu	ıst file <b>Addendum A</b> – Fee	es and Expenses
Expense Reimburseme			•
If you, your firm,	or your family has made political con-	tributions, you must file A	ddendum C - Political Contributions
	firmation by Lobbyist ISA 15-B and RSA 664 and hereby sw vledge and belief.	ear or affirm that the foreg	oing information is true and complete
(Signature of Lobby	Ju ist)	-4/	(Date)
Robert J. Dietel, Pres (Print Name of lobby	sident		1 ()



### Lobbyists Report of Political Contributions Addendum C

I. Name of Lobbyist(s)		<u></u>				
II. Name of lobbyist's pa	rtnership, firm or corporation, if a	ny:				
	GCGLAW REAI	LTY, LLC				
(Name of partnership, firm or corporation)						
III. Name of Client		Da	teJanuary 25, 2023			
	bution that is reportable pursuant tying firm, indicate the following:	o RSA Chapter 66	4 paid on behalf of the			
	FRIENDS OF SHANNON CHANDI					
Full name of candidate:		SHANNON (First Name)	(Middle Name/Initial)			
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$	250.00 Office Candidate i	s Seeking ST.	ATE SENATE			
Full name of candidate:	FRIENDS OF JANET STEVENS STEVENS	JANET				
I dil imilio di dallatato.	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$	250.00 Office Candidate is Seeking	NH EXECU	TIVE COUNCIL			
	kind contribution, provide a description on the line above for amound the word "estimate."					
Full name of candidate:						
Amount of Contribution \$	(Last Name)  Office Candidate is Seeking	(First Name)	(Middle Name/Initial)			

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.  (Signature of lobbyist)
(Signature of lobbyist) (Date)
Robert J. Dietel, President
(Print Name of Lobbyist)

•