

STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 25 2023

NEW HAMPSHIRE

PLEASE PRINT

II. Name of Lobbyist's partnership, firm or co	orporation, if any:			
	HER, CALLAHAN & in Street, P.O. Box 1419			
603-228-1181	603-228-8396		el@gcglaw.com	
(Telephone)	(Fax)		(Email)	
III. This statement covers: (Choose one – file reportable expense transactions which are not	separate reports for eattributable to any on	nch client, OR you may e client.)	file a separate report for	
r <u> </u>				
☐ All reportable transactions occurring in the	e month prior to the repo	orting date relative to the	following client.	
(Full Name of Client a	is it appears on the Lobb	vist Registration Form)	• •	
(o it appears on the 2000	, ist readily and is a second		
<u>OR</u>				
All reportable transactions by the lobbyist	(including the lobbyist'	s family), or the lobbyin	g firm listed below which	
unrelated to any particular client.				
IV. Date of Report: April 27, 2022 □		July 27, 2022 □		
Reports cover: activity from date of registr	ration to 3/31/22	activity from 4/1/22	to 6/30/22	
October 276 2022		January 25,	2023 🗵	
activity from 7/1/22 to 9/	30/22	activity from:10/1/22	? to12/31/22	
	***	**************************************		
V. There have been no fees received and no re	eportable transactions	made since the last repo	ort. 🗆	
If this box is checked, complete just this form and Concord, NH 03301.	d submit it to the Secreto	ary of State's Office, Stat	e House, Room 204,	
VI. Check if additional reports are attached:				
☐ If you have received fees or made expenditu		ndum A Foos and Evn	angos	
	-	•		
☐ If you have paid an honorarium or reimburs Expense Reimbursement	ed expenses, you must f	ile Addendum B – Repo	ort of Honorariums or	
If you, your firm, or your family has made p	political contributions, ye	ou must file Addendum	C - Political Contribution	
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and	d hereby swear or affirm	that the foregoing infor	mation is true and comple	
to the best of my knowledge and belief.				
//\(\-/\)		· · · /	•	
Jan Vill		1/24/2)[
(Signature of Lobbyist)	 .		Date)	
		1 1(2		
Robert J. Dietel, Managing Member				
(Print Name of lobbyist)				



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions

Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	·		:		
II. Name of lobbyist's partn	ership, firm or corpora	tion, if any:		rie un in	. :
	GALLAGHER. CAL	LAHAN & GARTRE	LL. P.C.	•	
		rship, firm or corporation			
III. Name of Client			Date Janu	ary 25, 2023	
		<u> </u>	_ Date	at y 23, 2023	
Political Contributions				::. ,.; :::: ::::::::::::::::::::::::::::::::	- :
For each political contribution			er 664 paid on	behalf of the	
client/lobbyist and lobbying	g firm, indicate the follo	owing:		· · · · · · · · · · · · · · · · · · ·	
			<u>.::</u>		
	FRIENDS OF HOV				
Full name of candidate:	PEARL (Last Name)	HOWARD (First Name)	···· (N	(iddle Name/Initial)	. :
				· · · · · · · · · · · · · · · · · · ·	
Amount of Contribution \$ 250	0.00 Office Ca	indidate is Seeking	NH STATE S	ENATE	
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ribution on the line above	description of the good for amount of contribu	s or services pro tion. If the actu	vided, and enter the al cost is not known	; l ,
		.i.			
	•	· · · · · · · · · · · · · · · · · · ·		•	
	1	·	:: ::	<u> </u>	
Full name of candidate:	LANG FOR STAT LANG	E SENATE TIMO	OTHY_	. 1	
	(Test Nove)	(First Many 2)			
	(Last Name)	(First Name)	(IV	iddle Name/Initial)	
Amount of Contribution \$ _25	50.00 Office Candidate i	s Seeking <u>NH ST</u>	TATE SENATE		
If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the	ribution on the line above				
				-1. : , i ,	.1
· · · · · · · · · · · · · · · · · · ·		· · ·		······································	
	<u> </u>	<u> </u>			·
	· iii .				
			<u> </u>		
Full name of sandidate	FRIENDS OF MIC	•			
Full name of candidate:	VOSE (Last Name)	MICHAEL (First Name)	· · · (M	liddle Name/Initial)	— . ::
Amount of Contribution \$ 100		, , ,	TATE REPRESE		:
varioum of Continuoning Tot	7.00 Office Candidate is	Properties INU 21	TWIT VELVE 21	WILVITAE	

(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.

Robert J. Dietel, Managing Member

(Print Name of Lobbyist)



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RECEIVED

JAN 25 2023

NEW HAMPSHIRE DEPARTMENT OF STATES

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s):	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
II. Name of Lobbyist's partnership, firm	n or corporation, if any:			
214 Nort	LAGHER, CALLAHAN th Main Street, P.O. Box 1	415, Concord, NH	03301	
603-228-1181	603-228-8396	· · ·	dietel@gcglaw.cor	<u>n</u>
(Telephone)	(Fax)	·	(Email)	•
III. This statement covers: (Choose one reportable expense transactions which a			u may file a separat	e report for
☐ All reportable transactions occurring	g in the month prior to the re	eporting date relative	to the following clie	nt.
(Full Name of C	Client as it appears on the Lo	hhvist Registration I	Form)	
(2 011 2 101110 02 0	ment as it appears on the 20	ooyist Rogistration i	· OIII)	
<u>OR</u>	:			
All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobby	ist's family), or the lo	obbying firm listed be	elow which a
IV. Date of Report: April 27, 202	n2 □ · ·	Inly '	27, 2022 🗆	
· · · · · · · · · · · · · · · · · · ·	registration to 3/31/22	· · · · · · · · · · · · · · · · · · ·	4/1/22 to 6/30/22	
	_			
October 276			ary 25, 2023 🔀	
activity from 7/1/2.	2 to 9/30/22	activity from	10/1/22 to12/31/22	: :
V. There have been no fees received and If this box is checked, complete just this for Concord, NH 03301.	-		- .	n 204,
VI. Check if additional reports are atta	iched:			
\Box If you have received fees or made exp	penditures, you must file Ac	ldendum A – Fees a	nd Expenses	·
☐ If you have paid an honorarium or rei Expense Reimbursement ☑ If you, your firm, or your family has a	. :			
11 you, your firm, or your family has i	made political contributions	, you must file Adde	ndum C – Political C	Joninbutions
Sworn Statement/Affirmation by Lobby I have read RSA 15, RSA 15-B and RSA 6 to the best of my knowledge and belief. (Signature of Lobbyist)			g information is true a	-
Robert J. Dietel, Managing Member				
(Print Name of Johnvist)				•



STATE OF NEW HAMPSHIRE Lobbyists Report of

Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)		•			
II. Name of lobbyist's partners	hip, firm or corporation, if a	ny:	-	:	
	GALLAGHER, CALLAHAN	& GARTRELI	, P.C.		
	(Name of partnership, fir				<u> </u>
III. Name of Client		1	Date _	January 25,	2023
Political Contributions For each political contribution client/lobbyist and lobbying fi		o RSA Chapter	664 pa	id on behalf	of the
					
Full name of candidate:	KEITH MURPHY FOR NH MURPHY	EITH			
	(Last Name)	(First Name)		(Middle N	ame/Initial)
Amount of Contribution \$ 200.00	Office Candidate i	s Seeking	· NH ST <i>A</i>	ATE SENATI	₹
					·
Tryll manner of any didate.					
Full name of candidate:	(Last Name)	(First Name)		(Middle N	ame/Initial)
Amount of Contribution \$	Office Candidate is Seeking	· .			
If the contribution is an in-kind coactual cost of the in-kind contribuenter an estimated value and the v	tion on the line above for amo				
				:	
					
		•			
		· .			
Full name of candidate:					
Full name of candidate:	(Last Name)	(First Name)		(Middle N	ame/Initial)

(turn over to continue \rightarrow)

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) (Date)
Robert J. Dietel, Managing Member (Print Name of Lobbyist)