

(Print Name of lobbyist)

## STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

			JUL 2 8 2020	
I. Name of Lobbyist(s):	W. JOHN FUNK			
II. Name of Lobbyist's partnership, firm or corporation, if any:			NEW HAMPSHIRE DEPARTMENT OF STA	
	GALLAGHER, CALLAHAN	& GARTRELL, P.C.		
	214 North Main Street, C			
603-228-1183 (Telephone)		4 funl	(Email)	
(Telephone)	(rax)		(Ellian)	
	: (Choose one – file separate reports foctions which are not attributable to any		file a separate report for	
☐ All reportable transac	ctions occurring in the month prior to the	reporting date relative to the	following client.	
(1	Full Name of Client as it appears on the I	Lobbyist Registration Form)		
OR All reportable transacunrelated to any particular	ctions by the lobbyist (including the lobb client.	yist's family), or the lobbyin	g firm listed below which ar	
IV. Date of Report:	April 29, 2020 □	July 29, 202	20 🗵	
Reports cover: activity	from date of registration to 3/31/20	activity from 4/1/20	to 6/30/20	
October 28, 2020   activity from 7/1/20 to 9/30/20 activity			January 27, 2021  activity from 10/1/20 to 12/31/20	
	s received and no reportable transaction lete just this form and submit it to the Secondary are attached.	_		
_		ddondum A Food and Evr	onses	
☐ If you have received fe	es or made expenditures, you must file A	iddendum A – Pees and Exp	cuses	
Expense Reimbursement	norarium or reimbursed expenses, you mo our family has made political contribution			
If you, your firm, or yo	ur family has made political contribution	is, you must me Addendum	C – Political Colitioutions	
Sworn Statement/Affirma: I have read RSA 15, RSA 15 to the best of my knowledge	5-B and RSA 664 and hereby swear or at	ffirm that the foregoing infor	mation is true and complete	
(Signature of Lobbyist)	Z	7/28	Date)	
W. JOHN FUNK				



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

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:  GALLAGHER, CALLAHAN & GARTRE  (Name of partnership, firm or corporation)  III. Name of Client  Political Contributions For each political contribution that is reportable pursuant to RSA Chap client/lobbyist and lobbying firm, indicate the following:  Political Action Committee: BIDEN FOR BIDEN  Full name of candidate:  BIDEN  (Last Name)  (First Name)	on) _ Date	July 29, 2020
(Name of partnership, firm or corporation)  Political Contributions  For each political contribution that is reportable pursuant to RSA Chaptelient/lobbyist and lobbying firm, indicate the following:  Political Action Committee: BIDEN FOR BIDEN FOR JOE	on) _ Date	July 29, 2020
(Name of partnership, firm or corporation)  Political Contributions  For each political contribution that is reportable pursuant to RSA Chapelient/lobbyist and lobbying firm, indicate the following:  Political Action Committee: BIDEN FOR BIDEN JOE	on) _ Date	July 29, 2020
Political Contributions  For each political contribution that is reportable pursuant to RSA Chap client/lobbyist and lobbying firm, indicate the following:  Political Action Committee: BIDEN FOR Full name of candidate:  BIDEN  POLITICAL PROPERTY OF THE P	_	
For each political contribution that is reportable pursuant to RSA Chap client/lobbyist and lobbying firm, indicate the following:  Political Action Committee: BIDEN FOR BIDEN JOE	ter 664 <u>j</u>	paid on behalf of the
Full name of candidate: BIDEN JOE		
(Last Name) (First Name)	PRESID	DENT
	)	(Middle Name/Initial)
Amount of Contribution \$100.00 Office Candidate is Seeking <u>U.S. PRESID</u>	ENT	
Political Action Committee: DEMOCRAT	TIC NAT	IONAL COMMITTEE
Full name of candidate:(Last Name) (First Name)	)	(Middle Name/Initial)
Amount of Contribution \$50.00 Office Candidate is Seeking <u>DEMOCRA</u>	TIC PAR	TY
If the contribution is an in-kind contribution, provide a description of the good actual cost of the in-kind contribution on the line above for amount of contribuenter an estimated value and the word "estimate."		
Political Action Committee:		(AC 111 N - / C 'C' D
Full name of candidate:  (Last Name) Political Action Committee:  (First Name)	)	(Middle Name/Initial)

(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.				
By: 728/20 (Signature of lobbyist) (Date)				
W. JOHN FUNK (Print Name of Lobbyist)				