STATE OF NEW HAMPSHIRE 2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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PLEASE PRINT

JUL 2 8 2020

L. Name of Lobbyist(s):
Paul A. Worsowicz; Heidi L. Kroll

NEW HAMPSHIRE
DEPARTMENT OF STATE

II. Name of Lobbyist's par	DEPARTMENT OF		
	GALLAGHER, CALLAHAN 214 North Main Street, C	Concord, NH 03301	
603-228-1181			@gcglaw.com
(Telephone)	(Fax)	(E)	mail)
	(Choose one – file separate reports f tions which are not attributable to an		a separate report for
All reportable transa	ctions occurring in the month prior to th	e reporting date relative to the following	lowing client.
	LIFE COPIN		
(F	full Name of Client as it appears on the l	Lobbyist Registration Form)	
All reportable transa unrelated to any part	ctions by the lobbyist (including the lob icular client.	byist's family), or the lobbying fu	rm listed below which are
IV. Date of Report:	April 29, 2020 □	July 29, 2020	X
-	from date of registration to 3/31/20	activity from 4/1/20 to 6/	
	October 28, 2020	January 27, 202	_
activ	ity from 7/1/20 to 9/30/20	activity from 10/1/20 to 1	
	s received and no reportable transactivete just this form and submit it to the Se		use, Room 204,
VL Check if additional re	ports are attached: fees or made expenditures, you must fil	e Addendum A – Fees and Expe	nses
Expense Reimburser	nonorarium or reimbursed expenses, you nent your family has made political contribut	_	
Sworn Statement/Affirmat I have read RSA 15, RSA 15 to the best of my knowledge	-B and RSA 664 and hereby swear or at	ffirm that the foregoing information	on is true and complete
Baul Alylo	Howley	7-21-20 (Date)	
(Signature of Lobbyist)	\mathcal{O}	(Date)	
Paul A. Worsowicz			
(Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Paul A. Worsowicz; Heidi L. Kroll						
II. Name of lobbyist's partnership, firm or corporation, if any:						
GALLAGHER, CALLAHAN & GARTREI	LL, P.C.					
(Name of partnership, firm or corporation)						
III. Name of Client LIFE COPING, INC.	Date _	July 29, 202	0			
IV. Fees Received Indicate the gross amount of all fees received from the client identified above th lobbying, including fees for services such as public advocacy, government relatincluding research, monitoring legislation, and related legal work. The gross fe by any expenses:	tions, or pu	blic relation	s services,			
a) Total of all fees received in this reporting period		a) \$	6,500.00			
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$	6,600.00			
c) Total of all fees received to date. (Add lines a and b)		c) \$	13,100.00			
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$	0.00			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each clilobbyist(s)/firm that are unrelated to any one client a separate report may be fare to be reported in one of three categories of expenses: (a) the aggregat reporting period for salaries, benefits, support staff, and office expenses; (bexpenses where the expenditure was of \$25.00 or less (for example: meals put the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 the purchase of a ceremonial object given to a person being lobbied with a value statement of each individual expenditure made during this reporting period of grovered by (a) (for example: purchase of a meal with value of greater than \$25 given to the subject of lobbying with a value greater than \$25, but not great legislative reception). Expenses for honorariums, expense reimbursement, or on separate addendums and should not be reported on Addendum A.	ent and if e iled for the e total of a o) the aggrarchased du at is given of \$25.00 c greater than 5, purchase ter than \$5	expenditures e lobbyist(s) all expenses egate total ouring a busing to the perso or less); and a \$25.00 for of a ceremo 0, restauran	are made by the firm. Expenses paid during the of all individual less lunch where n being lobbied (c) an itemized any purpose no onial object to be t expenses for a			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ b) \$		4,875.00			
in a), of \$25 or less.	c) \$		0.00			
c) Total of all itemized expenditures reported in detail in section VI.	<i>c)</i>		0.00			

Client: LIFE COPING, INC. d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 4,875.00 e) Total of expenses paid this calendar year, prior to this reporting period. e) \$ _____4,975.00 (This should be the amount on line f of addendum A for last month's report.) f) \$ 9,850.00 f) Total of all expenses year to date. VL Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged. Amount Paid to: 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) Paul A. Worsowicz (Print Name of Lobbyist)

Lobbyist Fees & Expenses, Addendum A - Page 2

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirmation by Lobbvist

Statement of Income and Expenses for:						
Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C.						
	ave blank if Statement is for Life Coping, Inc.	the partnership, firm, or con	poration and not related to any			
Date of Report (ch	neck one):					
April 29, 2020 □	July 29, 2020 🗶	October 28, 2020	January 27, 2021 □			
	5, RSA 15-B, RSA 664, the Sums submitted with that State		xpenses described above, and the Addendum forms being			
1 Addendum A	a (s).					
0 Addendum B	3 (s).					
_0 Addendum C	C(s).					
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.						
(Signature of Lob	Yall byist)		7 23 2020 (Date)			
	o,,		(300)			
Heidi L. Kroll (Print Name of lo	obbvist)					
(1 11110 1 1011110 01 10	,00,100,					