

I. Name of Lobbyist(s):

(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 28 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

PAUL A. WORSOWICZ

	GALLAGHER, CALLAHAN	
603-228-	214 North Main Street, C 1181 603-226-333	
(Telepho		(Email)
	vers: (Choose one – file separate reports for an actions which are not attributable to an	or each client, OR you may file a separate report for y one client.)
☐ All reportable tra	nsactions occurring in the month prior to the	reporting date relative to the following client.
	(Full Name of Client as it appears on the I	obbyist Registration Form)
OR All reportable tra unrelated to any partic	• • • •	yist's family), or the lobbying firm listed below which a
IV. Date of Report:	April 28, 2021 🗆	July 28, 2021 🗵
_	tivity from date of registration to 3/31/21	activity from 4/1/21 to 6/30/21
	October 27, 2021	January 26, 2022 🔲
	activity from 7/1/21 to 9/30/21	activity from 10/1/21 to 12/31/21
	o fees received and no reportable transaction omplete just this form and submit it to the Sec	ons made since the last report. Cretary of State's Office, State House, Room 204,
VI. Check if addition	al reports are attached:	
☐ If you have receive	ed fees or made expenditures, you must file A	Addendum A - Fees and Expenses
Expense Reimbursemen	t	ust file Addendum B - Report of Honorariums or us, you must file Addendum C - Political Contributions
Sworn Statement/Affil I have read RSA 15, RS to the best of my knowl	SA 15-B and RSA 664 and hereby swear or at	firm that the foregoing information is true and complete
(Signature of Lobbyis	the orang	7-21-21 (Date)
PAUL A. WORSOWI	C7	



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions

Addendum C
(RSA Chapter 15:6)

I. Name of Lobbyist(s) P	AUL A. WORSOWICZ					
II. Name of lobbyist's partnership, firm or corporation, if any:						
	GALLAGHER, CAL	LAHAN & GARTRELL, P.O	C.			
		rship, firm or corporation)				
III. Name of Client		Date	July 28, 2021			
Political Contributions For each political contributi client/lobbyist and lobbying		-	paid on behalf of the			
Full name of candidate:	Political Action Con KUSTER	mmittee: KUSTER FOR CC	ONGRESS			
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$250.	00 Office Candidate is	Seeking U.S. CONGRESS				
enter an estimated value and th	e word estimate.					
Full name of candidate:	Political Action Con	nmittee:				
_	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$	Office Candidate	is Seeking				
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above					
	Political Action Com	nittee:				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$	Office Candidate	,				

(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 contribution	se on congrete addendum C forms			
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swist true and complete to the best of my knowledge and belief.				
By: Saul A Wossowy (Signature of lobbyist)	7-2/-2/ (Date)			
PAUL A. WORSOWICZ (Print Name of Lobbyist)				