

All reportable transactions occurring in the month prior to the reporting date relative to the following client.

(Full Name of Client as it appears on the Lobbyist Registration Form)

## <u>OR</u>

All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report:	April 28, 2021 🗆	July 28, 2021 🔀
Reports cover: activit	y from date of registration to 3/31/21	activity from 4/1/21 to 6/30/21
activ	October 27, 2021  vity from 7/1/21 to 9/30/21	January 26, 2022 <b>January 26</b> , 2022 <b>January 27</b> , 2

V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204,

Concord, NH 03301.

## VI. Check if additional reports are attached:

If you have received fees or made expenditures, you must file Addendum A - Fees and Expenses

If you have paid an honorarium or reimbursed expenses, you must file Addendum B – Report of Honorariums or Expense Reimbursement

If you, your firm, or your family has made political contributions, you must file Addendum C – Political Contributions

## 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)

7	24	. 2021	
		(Date)	

HEIDI L. KROLL (Print Name of lobbyist)

	STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C	
	(RSA Chapter 15:6)	
I. Name of Lobbyist(s) H	IEIDI L. KROLL	
	ership, firm or corporation, if any:	
II. Name of lobbyist s partic		
	GALLAGHER, CALLAHAN & GARTRELL, P.C. (Name of partnership, firm or corporation)	
III. Name of Client	Date July	28, 2021
	ion that is reportable pursuant to RSA Chapter 664 paid on g firm, indicate the following:	behalf of the
Full name of candidate:	Political Action Committee:FRIENDS OF JEB BRADLEYBRADLEYJEB(Last Name)(First Name)	FOR STATE SENATE
Amount of Contribution \$150.6	.00 Office Candidate is Seeking <u>SENATE</u>	<b></b> ,
	d contribution, provide a description of the goods or services pro ribution on the line above for amount of contribution. If the actu- ne word "estimate."	
Full name of candidate:	Political Action Committee:	
	(Last Name) (First Name) (M	/iddle Name/Initial)
Amount of Contribution \$	Office Candidate is Seeking	
	d contribution, provide a description of the goods or services provide a description of the goods or services providution on the line above for amount of contribution. If the actuate word "estimate."	
	Political Action Committee:	
Full name of candidate:	Political Action Committee:	Aiddle Name/Initial)

J

• 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: <u>Hudi Z. Kull</u> (Signature of lobbyist) <u>7.26.2021</u> (Date)

HEIDI L. KROLL (Print Name of Lobbyist)

.'