

Paul A. Worsowicz (Print Name of lobbyist)

PLEASE PRINT

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

RECEIVED

JUL 28 2021

NO AMPSHIRE DEPART OF STATE

| L Name of Lobbyist(s): Paul A. | Worsowicz; Ari B. Pollac | k; Lisa K. Shapiro, Ph.D. |
|--|--|--|
| IL Name of Lobbyist's partnership, firm | or corporation, if any: | |
| | AGHER, CALLAHAN & North Main Street, Conc | |
| 603-228-1181 | 603-226-3334 | worsowicz@gcglaw.com |
| (Telephone) | (Fax) | (Email) |
| III. This statement covers: (Choose one - reportable expense transactions which are | | ach client, OR you may file a separate report for e client.) |
| All reportable transactions occurring | g in the month prior to the r | eporting date relative to the following client. |
| Pi | LLSBURY REALTY DEV | ELOPMENT |
| | lient as it appears on the Lol | |
| All reportable transactions by the lounrelated to any particular client. | bbyist (including the lobbyi | st's family), or the lobbying firm listed below which are |
| IV. Date of Report: April 28, 2021 | | July 28, 2021 🔀 |
| Reports cover: activity from date of re | | activity from 4/1/21 to 6/30/21 |
| October 27, 202 | 21 🗆 | January 26, 2022 🔲 |
| activity from 7/1/21 t | o 9/30/21 | activity from 10/1/21 to 12/31/21 |
| V. There have been no fees received and If this box is checked, complete just this form Concord, NH 03301. | no reportable transaction and submit it to the Secret | s made since the last report. X ary of State 's Office, State House, Room 204, |
| VI. Check if additional reports are attack | hed: | |
| X If you have received fees or made e | xpenditures, you must file A | Addendum A – Fees and Expenses |
| 1 | reimbursed expenses, you m | ust file Addendum B – Report of Honorariums or |
| If you, your firm, or your family ha | s made political contribution | ns, you must file Addendum C – Political Contributions |
| Sworn Statement/Affirmation by Lobbyis I have read RSA 15, RSA 15-B and RSA 66 to the best of my knowledge and belief. | | that the foregoing information is true and complete |
| (Signature of Lobbyist) | veg_ | 7-21-24 (Date) |



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) | Paul A. Worsowicz; Ari B. Pollack; Lisa K. Sha | piro, Ph.D. | |
|--|--|--|---|
| II. Name of lobbyist's pa | rtnership, firm or corporation, if any: | | |
| | GALLAGHER, CALLAHAN & GARTREL | L, P.C. | |
| | (Name of partnership, firm or corporation |) | |
| III. Name of Client | PILLSBURY REALTY DEVELOPMENT | Date July 28, 202 | 1 |
| lobbying, including fees for | of all fees received from the client identified above that or services such as public advocacy, government relationing legislation, and related legal work. The gross fee | ons, or public relations | services, |
| a) Total of all fees receive | red in this reporting period | a) \$ | 0.00 |
| | ved this calendar year, prior to this reporting period. e total prior monthly reports for this calendar year.) | b) \$ | 0.00 |
| c) Total of all fees receiv (Add lines a and b) | red to date. | c) \$ | 0.00 |
| d) Indicate the amount of yet been paid. | f any such fees that are due, but have not | d) \$ | 0.00 |
| Separate reports are to be lobbyist(s)/firm that are un are to be reported in one of period for salaries, benefits the expenditure was of \$25 or less, purchase of a pen wobject given to a person be expenditure made during the purchase of a meal with value greater than \$5. | nerships, firms, or corporations are required to report a filed for expenditures made relative to each client prelated to any one client a separate report may be filthree categories of expenses: (a) the aggregate total of a support staff, and office expenses; (b) the aggregate .00 or less (for example: meals purchased during a busy with a value of less than \$10 that is given to the person being lobbied with a value of \$25.00 or less); and (c) and his reporting period of greater than \$25.00 for any purpose of greater than \$25, purchase of a ceremonial object \$25, but not greater than \$50, restaurant expenses for abursement, or political contributions will be reported of A. | and if expenditures are ed for the lobbyist(s)/fif all expenses paid durin total of all individual esiness lunch where the ceing lobbied, purchase contemized statement of expose not covered by (a) at to be given to the subject to the subjec | e made by the rm. Expenses g the reporting xpenses where ost was \$25.00 of a ceremonial each individual (for example: ect of lobbying Expenses for |
| support staff, and office e | ses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying. | a) \$ b) \$ | 0.00 |
| in a), of \$25 or less. | | c) \$ | 0.00 |
| c) Total of all itemized e | xpenditures reported in detail in section VI. | | 0.00 |
| | | | |

Lobbyist Fees & Expenses, Addendum A - Page 2 Client: PILLSBURY REALTY DEVELOPMENT d) Total expenses for this reporting period. (Add lines a, b and c.) d) \$ 0.00 e) Total of expenses paid this calendar year, prior to this reporting period. (This should be the amount on line f of addendum A for last month's report.) e) \$ _____150.00 f) Total of all expenses year to date. f) \$ _____150.00 VI. 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. 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.

Paul A. Worsowicz (Print Name of Lobbyist)

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/Affirmat Statement of Income and I | | | | | |
|---|--------------|---------------------------|---------------------------|--|--|
| Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pillsbury Realty Development | | | | | |
| Date of Report (check one): | • | | | | |
| April 28, 2021 ☐ July | y 28, 2021 🔀 | October 27, 2021 | January 26, 2022 □ | | |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): | | | | | |
| 1 Addendum A(s). | | | | | |
| _0_ Addendum B(s). | | | | | |
| 0 Addendum C(s). | | | | | |
| I hereby swear or affirm that complete to the best of my k | | tion on the Statement and | each Addendum is true and | | |
| (Signature of Lobbyist) | | | 7/21/21 (Date) | | |
| Ari B. Pollack (Print Name of lobbyist) | | | · | | |

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 Lobbyist Statement of Income and Expenses for: | | | | | |
|---|--|--|--|--|--|
| Name of Lobbying partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Pillsbury Realty Development | | | | | |
| Date of Report (check one): | | | | | |
| April 28, 2021 ☐ July 28, 2021 ☒ October 27, 2021 ☐ January 26, 2022 ☐ | | | | | |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): | | | | | |
| 1 Addendum A(s). | | | | | |
| 0 Addendum B(s). | | | | | |
| _0_ Addendum 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. | | | | | |
| $ \begin{array}{c} $ | | | | | |
| Lisa K. Shapiro, Ph.D. (Print Name of lobbyist) | | | | | |