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OCT 2 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

		STATE OF NEW HAMPSHIRE
		2020 Statement of Income and Expenses
		for LOBBYISTS
		(RSA Chapter 15)
	PLEASE PRINT	• •

1. Name of Lobbyist	w. John Fund		
II. Name of Lobbyist	's partnership, firm or corpo	ration, if any:	
	GALLAGHER	R, CALLAHAN &	GARTRELL, P.C.
(02.22)		Main Street, Conc	
603-228		603-226-3334	funk@gcglaw.com
(Teleph	ione)	(Fax)	(Email)
	overs: (Choose one – file sepa ansactions which are not attr		ach client, OR you may file a separate report for e client.)
☐ All reportable tra	ansactions occurring in the mo	onth prior to the repo	orting date relative to the following client.
	(Full Name of Client as it	appears on the Lobb	oyist Registration Form)
OR All reportable tr unrelated to any partic		cluding the lobbyist	's family), or the lobbying firm listed below which are
IV. Date of Report:	April 29, 2020 □		July 29, 2020 □
_	ctivity from date of registration	n to 3/31/20	activity from 4/1/20 to 6/30/20
	October 28, 2020 🗵		January 27, 2021 □
	activity from 7/1/20 to 9/30/2	0	activity from 10/1/20 to 12/31/20
	o fees received and no report complete just this form and sub		made since the last report. Graph of State's Office, State House, Room 204,
VI. Check if addition	nal reports are attached:		
☐ If you have receive	ed fees or made expenditures,	you must file Adde	endum A – Fees and Expenses
Expense Reimbursemen	nt		ile Addendum B – Report of Honorariums or
Sworn Statement/Affi	rmation by Lobbyist SA 15-B and RSA 664 and her		ou must file Addendum C – Political Contributions \mathbf{r} that the foregoing information is true and complete
(Signature of Loobyis W. JOHN FUNK (Print Name of lobbyi	st) Le		10(2) (20 (Date)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	W. JOHN FUNK					
II. Name of lobbyist's par	tnership, firm or corporati	on, if any:				
	GALLAGHER, CALI	AHAN & GARTRELL, P.	C.			
		ship, firm or corporation)				
III. Name of Client		Date	October 28, 2020			
	ution that is reportable puring firm, indicate the follow		paid on behalf of the			
Full name of candidate:		Political Action Committee: NH SENATE DEMOCRATIC CAUCUS				
Tun name of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$2	5.00 Office Candidate is	Seeking <u>NH SENATE DEM</u>	OCRATS			
	ntribution on the line above f		rvices provided, and enter the f the actual cost is not known,			
Full name of candidate:	Political Action Committee:					
r un nume of candidate.	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$_	ntribution \$ Office Candidate is Seeking					
	ntribution on the line above f		rvices provided, and enter the f the actual cost is not known,			
Full name of candidate:	Political Action Committee:					
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$_	Office Candidate is	•	n over to continue →			
		(Turi	rover to continue 7			

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: 10(20/20 (Date)					
W. JOHN FUNK (Print Name of Lobbyist)					