	2	2020 Statement of for LC	<i>EW HAMPSHIR</i> Income and Exp DBBYISTS	
	PLEASE PRINT	(RSA (Chapter 15)	RECEIVED
I. Name of Lobbyist(s)	: <u>HEIDI L. KRO</u>	LL		JUL 2 8 2020
II. Name of Lobbyist's p	partnership, firm or corp	oration, if any:		NEW HAMPSHIRE DEPARTMENT OF STATE
603-228-11	214 North	R, CALLAHAN & (Main Street, Conco 603-226-3334	ord, NH 03301	oll@gcglaw.com
(Telephon	e)	(Fax)		(Email)
☐ All reportable trans	sactions occurring in the m (Full Name of Client as it			
OR All reportable tran unrelated to any particul IV. Date of Report:		ncluding the lobbyist'	s family), or the lobby July 29, 2	ing firm listed below which are
-	vity from date of registration	on to 3/31/20	activity from 4/1/2	0 to 6/30/20
	October 28, 2020 🛛		January 2	7, 2021 🗆
ac	tivity from 7/1/20 to 9/30/.	20	activity from 10/1/	20 to 12/31/20
	Sees received and no repo nplete just this form and su			-
VI. Check if additional	reports are attached:			
□ If you have received	fees or made expenditures	s, you must file Adde	ndum A – Fees and E	xpenses
☐ If you have paid an h Expense Reimbursement	nonorarium or reimbursed	expenses, you must fi	le Addendum B – Re	port of Honorariums or
If you, your firm, or	your family has made poli	tical contributions, yo	ou must file Addendur	m C – Political Contributions
Sworn Statement/Affirn I have read RSA 15, RSA to the best of my knowled	15-B and RSA 664 and he	ereby swear or affirm	that the foregoing info	ormation is true and complete
(Signature of Lobbyist)	×V		7/23/202	L0(Date)
HEIDLI KROLL				

HEIDI L. KROLL (Print Name of lobbyist)

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	STATE OF NEW HAMPSHIRE Lobbyists Report of				
		itical Contributions Addendum C			
Contract of the second s	æ	RSA Chapter 15:6)			
Nome of Lobbyiet(s)	EIDI L. KROLL	, , , , , , , , , , , , , , , , , , ,			
· · · ·					
I. Name of lobbyist's partn	ership, firm or corporation, i	f any:			
	GALLAGHER, CALLAHA (Name of partnership,		·		
	(Name of partitership,				
III. Name of Client		Date	July 29, 2020		
	on that is reportable pursuar firm, indicate the following		paid on behalf of the		
Full name of candidate:	Political Action Committe BRADLEY (Last Name)	ee: FRIENDS OF JEB BF JEB (First Name)	ADLEY FOR STATE SENATE (Middle Name/Initial)		
			(manuale mane, minut)		
			vices provided, and enter the		
f the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a descri ibution on the line above for ar	ption of the goods or serv			
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th	l contribution, provide a descri ibution on the line above for ar ne word "estimate." Political Action Committe	ption of the goods or serv mount of contribution. If			
f the contribution is an in-kind ctual cost of the in-kind contr nter an estimated value and th	l contribution, provide a descri ibution on the line above for ar he word "estimate."	ption of the goods or serv mount of contribution. If			
f the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and th Full name of candidate:	d contribution, provide a descri ibution on the line above for an ne word "estimate." Political Action Committe (Last Name)	ption of the goods or serv mount of contribution. If ee: (First Name)	the actual cost is not known,		
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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: Hil- Z. Kioll (Signature of lobbyist)

0505 [5510 (Date)

HEIDI L. KROLL (Print Name of Lobbyist)

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