

Heidi L. Kroll

(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

I. Name of Lobbyist(s): Heidi L. Kroll; Donald J. Pfundstein; Lisa K. Shapiro, Ph.D. II. Name of Lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, Concord, NH 03301 603-228-1181 603-226-3334 kroll@gcglaw.com (Telephone) (Email) (Fax) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client.) All reportable transactions occurring in the month prior to the reporting date relative to the following client. X AMERICA'S HEALTH INSURANCE PLANS (AHIP) (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. July 28, 2021 🗵 April 28, 2021 IV. Date of Report: activity from 4/1/21 to 6/30/21 activity from date of registration to 3/31/21 Reports cover: October 27, 2021 January 26, 2022 \Box activity from 7/1/21 to 9/30/21 activity from 10/1/21 to 12/31/21 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 X 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. 7.14.1021 (Date) (Signature of Lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s	Heidi L. Kroll; Donald J. Pfundstein; Lisa K.	Shapiro, I	Ph.D.			
II. Name of lobbyist's p	partnership, firm or corporation, if any:					
GALLAGHER, CALLAHAN & GARTRELL, P.C.						
(Name of partnership, firm or corporation)						
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date	July 28, 2	021		
lobbying, including fees	t of all fees received from the client identified above the for services such as public advocacy, government related toring legislation, and related legal work. The gross fe	ions, or pu	ıblic relatioi	ns services,		
a) Total of all fees rece	ived in this reporting period		a) \$	13,599.99		
	rived this calendar year, prior to this reporting period. the total prior monthly reports for this calendar year.)		b) \$	13,899.99		
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$	27,499.98		
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	0.00		
Separate reports are to lobbyist(s)/firm that are are to be reported in one operiod for salaries, benefithe expenditure was of \$2 or less, purchase of a pen object given to a person lexpenditure made during purchase of a meal with with a value greater than	rtnerships, firms, or corporations are required to report be filed for expenditures made relative to each client unrelated to any one client a separate report may be for three categories of expenses: (a) the aggregate total cits, support staff, and office expenses; (b) the aggregate 25.00 or less (for example: meals purchased during a buyith a value of less than \$10 that is given to the person being lobbied with a value of \$25.00 or less); and (c) a this reporting period of greater than \$25.00 for any payalue of greater than \$25, purchase of a ceremonial objet \$25, but not greater than \$50, restaurant expenses for imbursement, or political contributions will be reported in A.	t and if exitled for the of all experience total of a usiness lumbeing lobben itemized urpose not to be gir a legislate.	xpenditures e lobbyist(s nses paid du all individua ach where th vied, purchas d statement o covered by ven to the su tive receptio	are made by the hybrid made by the hybrid made are reporting all expenses where e cost was \$25.00 are of a ceremonial of each individual (a) (for example: abject of lobbying m). Expenses for		
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		13,749.99		
b) Total aggregate of ending a), of \$25 or less.	xpenditures during this reporting period, not reported	~\ ^		0.00		
c) Total of all itemized	expenditures reported in detail in section VI.	c) \$		0.00		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)				
d) Total expenses for this reporting period.				
(Add lines a, b and c.)	d) \$	13,749.99		
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) \$	13,749.99		
f) Total of all expenses year to date.	f) \$	27,499.98		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	fees during th	s reporting		
Paid to:		Amount		
	\$			
	\$			
	\$			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that t is true and complete to the best of my knowledge and belief.	he foregoing	information		
(Signature of lobbyist)	1 · 1 (· 202 (Date)	1		
(Signature of lobbyist)	(Date)			
Heidi L. Kroll				
(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): America's Health Insurance Plans (AHIP)					
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.					
(Signature of Lobbyist) Donald J. Pfundstein (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:				
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Date of Report (check one):				
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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.				
2KS. 7-26-21				
(Signature of Lobbyist) (Date)				
Lisa K. Shapiro, Ph.D. (Print Name of lobbyist)				