STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 28 2020

PLEASE PRINT

I. Name of Lobbyist(s):

PAUL A. WORSOWICZ

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of Lobbyist's partnership, firm or corporation, if any:

		R, CALLAHAN &	
602.226		Main Street, Conce	
603-228 (Telep		603-226-3334 (Fax)	worsowicz@gcglaw.com (Email)
III. This statement c reportable expense to	overs: (Choose one – file sep ransactions which are not att	ributable to any on	ach client, OR you may file a separate report fo e client.)
	(Full Name of Client as it		
OR All reportable to unrelated to any part		cluding the lobbyist	's family), or the lobbying firm listed below which
IV. Date of Report:	April 29, 2020 🗆		July 29, 2020 🗵
Reports cover: a	ctivity from date of registration	on 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/.	20	activity from 10/1/20 to 12/31/20
	no fees received and no report complete just this form and su		made since the last report. ary of State's Office, State House, Room 204,
VI. Check if additio	nal reports are attached:		
☐ If you have received	ved fees or made expenditures	, you must file Adde	endum A – Fees and Expenses
Expense Reimburseme	ent		ile Addendum B – Report of Honorariums or ou must file Addendum C – Political Contribution
Sworn Statement/Aff	Firmation by Lobbyist ISA 15-B and RSA 664 and he		n that the foregoing information is true and comple
(Signature of Lobby	Worsowny ist)		7-21-28 (Date)

PAUL A. WORSOWICZ

(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

Date July 29, 2020 pter 664 paid on behalf of the APPAS FOR CONGRESS e) (Middle Name/Initial) RESS ods or services provided, and enter the oution. If 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: Soul a Worsoway 7-21-20 (Signature of lobbyist) (Date)				
PAUL A. WORSOWICZ (Print Name of Lobbyist)				