STATE OF NEW HAMPSHIRE
2011 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s): Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll

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

GALLAGHER, CALLAHAN & GARTRELL, P.C.
214 North Main Street, P.O. Box 1415, Concord, NH 03301

603-228-1181	603-226-3477	shapiro@gcglaw.com
(Telephone)	(Fax)	(Email)

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.)

[x] All reportable transactions occurring in the month prior to the reporting date relative to the following client.

NORTHEAST REHABILITATION HEALTH NETWORK
(Full Name of Client as it appears on the Lobbyist Registration Form)

OR

[ ] All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.

IV. Date of Report:

April 27, 2011 [ ]	July 27, 2011 [ ]
Reports cover: ***activity from date of registration to 3/31/11***	***activity from 4/1/11 to 6/30/11***
October 26, 2011 [x]	January 25, 2012 [ ]
activity from 7/1/11 to 9/30/11	***activity from 10/1/0 to12/31/11***

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:

[x] If you have received fees or made expenditures, you must file **Addendum A** – Fees and Expenses

[ ] 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.

(Signature of Lobbyist) 10-25-11 (Date)

Lisa K. Shapiro, Ph.D.
(Print Name of lobbyist)

RECEIVED
OCT 26 2011
NEW HAMPSHIRE
DEPARTMENT OF STATE

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses

Addendum A

(RSA Chapter 15:6)

P L E A S E P R I N T

I. Name of Lobbyist(s) Lisa K. Shapiro, Ph.D.; Paul A. Worsowicz; Heidi L. Kroll

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

GALLAGHER, CALLAHAN & GARTRELL, P.C.

(Name of partnership, firm or corporation)

III. Name of Client NORTHEAST REHABILITATION HEALTH NETWORK Date October 26, 2011

IV. Fees Received

Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services, including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:

a) Total of all fees received in this reporting period	a) $	15,000.00
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)	b) $	30,150.00
c) Total of all fees received to date. (Add lines a and b)	c) $	45,150.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.	d) $	5,000.00

V. Expenses:

Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are unrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of $25.00 or less (for example: meals purchased during a business lunch where the cost was $25.00 or less, purchase of a pen with a value of less than $10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of $25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than $25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than $25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than $25, but not greater than $50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) $	15,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of $25 or less.	b) $	
c) Total of all itemized expenditures reported in detail in section VI.	c) $	.00

Client: NORTHEAST REHABILITATION HEALTH NETWORK

d) Total expenses for this reporting period.
(Add lines a, b and c.) d) $ 15,000.00

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) $ 30,050.00

f) Total of all expenses year to date. f) $ 45,050.00

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:	Amount
	$
	$
	$
	$
	$
	$

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.

(Signature of lobbyist) 10-25-11 (Date)

Lisa K. Shapiro, Ph.D.
(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): **Northeast Rehabilitation Health Network**

Date of Report (check one):

April 27, 2011 ☐ July 27, 2011 ☐ October 26, 2011 ☒ January 25, 2012 ☐

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) 10-25-11 (Date)

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/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): **Northeast Rehabilitation Health Network**

Date of Report (check one):

April 27, 2011 ☐ July 27, 2011 ☐ October 26, 2011 ☒ January 25, 2012 ☐

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.

Heidi L. Kroll
(Signature of Lobbyist)

10·25·11
(Date)

Heidi L. Kroll
(Print Name of lobbyist)