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

**PLEASE PRINT**

**I. Name of Lobbyist(s):** PAUL A. WORSOWICZ

**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 | worsowicz@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.)**

☐ All reportable transactions occurring in the month prior to the reporting date relative to the following client.

_____
(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 ☐ January 25, 2012 ☒

***activity from 7/1/11 to 9/30/11*** ***activity from 10/1/11 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:**

☐ 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.

Paul A. Worsowicz
(Signature of Lobbyist)

1-24-12
(Date)

PAUL A. WORSOWICZ
(Print Name of lobbyist)


RECEIVED
JAN 25 2012
NEW HAMPSHIRE
DEPARTMENT OF STATE

*STATE OF NEW HAMPSHIRE*
**Lobbyists Report of**
**Political Contributions**
# Addendum C

**(RSA Chapter 15:6)**

**I. Name of Lobbyist(s)** PAUL A. WORSOWICZ

**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** _____ Date January 25, 2012

**Political Contributions**
For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

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Full name of candidate: SHAHEEN JEANNE
(Last Name) (First Name) (Middle Name/Initial)

Amount of Contribution $ 250.00 Office Candidate is Seeking US SENATE

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."

---

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of Contribution $_____ Office Candidate is Seeking _____

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."

---

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of Contribution $ _____ Office Candidate is Seeking _____

(turn over to continue →)

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."

Full name of candidate: _____
(Last Name) (First Name) (Middle Name/Initial)

Amount of Contribution $ _____ Office Candidate is Seeking _____

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.

(Signature of lobbyist) 1-24-12 (Date)

PAUL A. WORSOWICZ
(Print Name of Lobbyist)