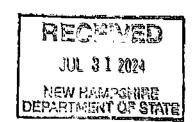


## STATE OF NEW HAMPSHIRE 2024 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)



PLEASE PRINT

ii. Name of Lobbyist	's partnership, firm or corpo	ration, ii any:	
			GARTRELL, P.C.
603-228		Main Street, Con	
(Teleph	<del></del>	603-226-3334 (Fax)	shapiro@gcglaw.com
(текери	one	(rax)	(Email)
III. This statement co reportable expense tra	vers: (Choose one – file sepa ansactions which are not attr	arate reports for ibutable to any o	each client, OR you may file a separate report for ne client.)
X All reportable t	ransactions occurring in the m	onth prior to the re	eporting date relative to the following client.
			HEALTH NETWORK
	(Full Name of Client as it a	ppears on the Lob	byist Registration Form)
All reportable t unrelated to any	ransactions by the lobbyist (inc particular client.	cluding the lobbyi	st's family), or the lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 □		July 31, 2024 ⊠
Reports cover: ac	tivity from date of registration	ı to 3/31/24	activity from 4/1/24 to 6/30/24
	October 30, 2024 🔲		January 29, 2025 □
	activity from 7/1/24 to 9/30/24	1	activity from 10/1/24 to 12/31/24
	o fees received and no report complete just this form and sub		made since the last report.  tary of State's Office, State House, Room 204,
VI. Check if addition	al reports are attached:		
		es, you must file A	ddendum A – Fees and Expenses
If you have paid Expense Reimb	ursement		ust file Addendum B – Report of Honorariums or
If you, your firm	n, or your family has made po	litical contributior	s, you must file Addendum C - Political Contribution
 Sworn Statement/Affi			
		eby swear or affir	m that the foregoing information is true and complete
to the best of my knowl	edge and belief.		7/30/24
(Signature of Lobbyis	st)	<del></del>	(Date)
Lien V Sharing Dt D			t ·
Lisa K. Shapiro, Ph.D (Print Name of Jobbyi			



## STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

za rimine or topbytal a	partnership, firm or corporation, if any:		
	GALLAGHER, CALLAHAN & GARTREL		
	(Name of partnership, firm or corporation	n)	
III. Name of Client	NORTHEAST REHABILITATION HEALTH NETWORK	Date July 31, 2	024
lobbying, including fees	at of all fees received from the client identified above the for services such as public advocacy, government relationing legislation, and related legal work. The gross fee	ions, or public relation	ons services,
a) Total of all fees receive	ved in this reporting period	a) \$	15,000.00
	ved this calendar year, prior to this reporting period. te total prior monthly reports for this calendar year.)	b) \$ 	20,150.00
c) Total of all fees recei- (Add lines a and b)	ved to date.	c) \$ 	35,150.00
<ul> <li>d) Indicate the amount of yet been paid.</li> </ul>	of any such fees that are due, but have not	d) \$	.00
fees. Separate reports at lobbyist(s)/firm that are are to be reported in on reporting period for sale expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individual covered by (a) (for exam given to the subject of I legislative reception).	artnerships, firms, or corporations are required to repreted to be filed for expenditures made relative to each client unrelated to any one client a separate report may be file of three categories of expenses: (a) the aggregate aries, benefits, support staff, and office expenses; (b) enditure was of \$25.00 or less (for example: meals purely purchase of a pen with a value of less than \$10 that I object given to a person being lobbied with a value of dual expenditure made during this reporting period of graphe: purchase of a meal with value of greater than \$25 lobbying with a value greater than \$25, but not greated expenses for honorariums, expense reimbursement, or pand should not be reported on Addendum A.	ent and if expenditure led for the lobbyist( e total of all expense the aggregate total rehased during a buse it is given to the per- of \$25.00 or less); a reater than \$25.00 for purchase of a cerear er than \$50, restaura	es are made by the sylfirm. Expenses paid during the spaid during the siness lunch where son being lobbid and (c) an itemizer any purpose monial object to lant expenses for
support staff, and office b) Total aggregate of ex	nses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.  penditures during this reporting period, not reported	a) \$ b) \$	15000
in a), of \$25 or less.		c) \$	

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)\$	15,150.00
f) Total of all expenses year to date.	f) \$	30,150.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fee period, including by whom paid or to whom charged.	s during this	reporting
Paid to:		ount
	\$	
	\$	
	<u>\$</u>	
	s	<del> </del>
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)	foregoing in $30/2$ (Date)	
Lisa K. Shapiro, Ph.D.  (Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: NORTHEAST REHABILITATION HEALTH NETWORK

## 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 Lobbvist

(Print Name of 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				
April 24, 2024 🗆	July 31, 2024 🔀	October 30, 2024 🗆	January 29, 2025 □	
	-	Statement of Income and Exement (insert the number of	openses described above, and the Addendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
•	n that the foregoing info my knowledge and belie		nd each Addendum is true and	
Hili 2 Kro			7.26.24	
(Signature of Lobbyist	)		(Date)	
Heidi L. Kroll				

## 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 24, 2024 ☐ July 31, 2024 ☒ October 30, 2024 ☐	January 29, 2025 □			
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)  Paul A. Worsowicz	7-25-24 (Date)			
(Print Name of lobbyist)				