

**STATE OF NEW HAMPSHIRE**  
**2016 Statement of Income and Expenses**  
**for LOBBYISTS**  
**(RSA Chapter 15)**

**RECEIVED**

JAN 25 2017

PLEASE PRINT

NEW HAMPSHIRE  
DEPARTMENT OF STATE

**I. Name of Lobbyist(s):** SAMANTHA D. ELLIOTT

**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  
(Telephone)

603-226-3477  
(Fax)

elliott@gcglaw.com  
(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, 2016

July 27, 2016

**Reports cover:** activity from date of registration to 3/31/16

activity from 4/1/16 to 6/30/16

October 26, 2016

January 25, 2017

activity from 7/1/16 to 9/30/16

activity from 10/1/16 to 12/31/16

**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.

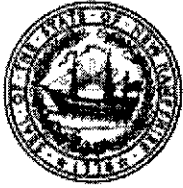
(Signature of Lobbyist)

1/24/17

(Date)

SAMANTHA D. ELLIOTT

(Print Name of lobbyist)



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

**(RSA Chapter 15:6)**

**I. Name of Lobbyist(s)** SAMANTHA D. ELLIOTT

**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, 2017

**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: \_\_\_\_\_  
 Political Action Committee: VAN OSTERN FOR NEW HAMPSHIRE  
VAN OSTERN COLIN  
 (Last Name) (First Name) (Middle Name/Initial)

Amount of Contribution \$300.00 Office Candidate is Seeking GOVERNOR

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."

\_\_\_\_\_  
 \_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
 Political Action Committee:  
 (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."

\_\_\_\_\_  
 \_\_\_\_\_

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Full name of candidate: \_\_\_\_\_  
 Political Action Committee:  
 (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."

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(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:   
(Signature of lobbyist)

1/24/17  
(Date)

SAMANTHA D. ELLIOTT  
(Print Name of Lobbyist)