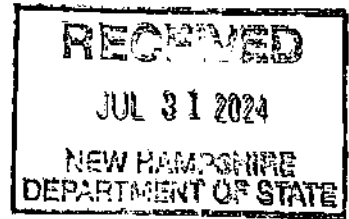




STATE OF NEW HAMPSHIRE
2024 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)



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, Concord, NH 03301

603-228-1181
 (Telephone)

603-226-3334
 (Fax)

shapiro@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.

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 24, 2024 July 31, 2024
Reports cover: activity from date of registration 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 activity from 10/1/24 to 12/31/24

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)

7/30/24
 (Date)

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

- 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

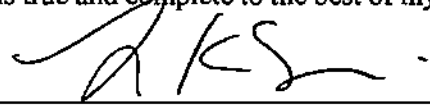
VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying 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)

7/30/24
(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 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.

Heidi L. Kroll
(Signature of Lobbyist)

7.26.24
(Date)

Heidi L. Kroll
(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 24, 2024 July 31, 2024 October 30, 2024 January 29, 2025

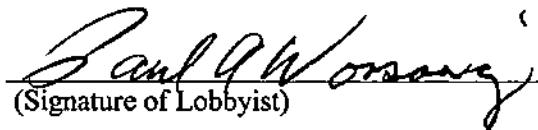
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):

 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)

7-25-24
(Date)

Paul A. Worsowicz
(Print Name of lobbyist)