

STATE OF NEW HAMPSHIRE 2022 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 29 2025

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s):

CAROLINE K. LEONARD

II. Name of Lobb	yist's partner	ship, firm	or corporati	on, if any:		i i i	/ . :		
udu da ini. Vari			AGHER, CA Main Street			, ,			**:.
603-	228-1181			03-228-839		· · · · · · · · · · · · · · · · · · ·	leonard@gc	glaw.com	
(Te	lephone)	. :::	. ::::::	(Fax)			(Ema	iil)	::.::
III. This statemen	it covers: (Cl	100se one –	- file separate	e reports fo	r each clie	ent. OR vo	ou may file a s	eparate re	port for
reportable expens							i		
i ig		::::::::::::::::::::::::::::::::::::::				: ::			.:
☐ All reportable	le transactions	occurring i	n the month	prior to the	eporting d	ate relative	e to the follow	ing client.	·
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int interest	(Full N	lame of Cli	ent as it appe	ars on the L	obbyist Re	gistration	Form)	- 11 11.	
<u>OR</u>	-	••	• • • • • • • • • • • • • • • • • • • •	•		: '	:	-'	. :
	le transactions	by the lob	hvist (inalvdi	na tha labb	ilatia famil		alalarda a filma	listed below	
unrelated to any p			oyisi (iliciddi	ng me lobby	ist s taitit	y), or me	oppying tirin	nsted belov	v which a
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IV. Date of Repor	rte Anr	il 24, 2024	1 □ 1:		- 1. - 1.	T. J.	31, 2024 🗆	:	
	activity fron			3/31/24	act	•	31, 2024 L 4/1/24 to 6/30	1/2/	
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		ober 30, 202		·			ary 29, 2025		
	activity fr	om 7/1/24 t	to 9/30/24		act	ivity from	10/1/24 to12/.	31/24	
				•					
V. There have been								□	•
If this box is check Concord, NH 033	ed, complete ji 01	ust this forn	n and submit	it to the Sec	retary of S	tate's Offi	ce, State Hous	e, Room 20)4,
Concora, 1411 1055							*****		
VI. Check if add	itional report	s are attacl	hed:				* *** ****		
☐ If you have re	ceived fees or	 made evnei	nditures von	must file A	ddandnin	A Food	ind Evnances	***	
,							****		•
	iid an honorari	um or reim	bursed expen	ises, you mu	st file Ad d	lendum B	- Report of H	onorariums	s or
Expense Reimburse						:			
If you, your fi	rm, or your fai	mily has ma	ade political o	contribution	s, you mus	t file Adde	endum C – Po	litical Con	tributions
Sworn Statement/	Affirmation l	v Lobbyis	t	·: :			·	••	
I have read RSA 15	5, RSA 15-B a	nd RSA 664		swear or af	firm that th	e foregoin	g information	is true and	complete
to the best of my ki	nowledge and	belief.							
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(Signature of Lot	obyist)		r•(\$):		.::	1100	(Date)		EF.
						f /			
CAROLINE K. L (Print Name of lo		1 1.22 Jahr						•	
(Filli Name of 10	obyist)	1. 相识		F. F. W.					



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

II. Name of lobbyist's pa	rtnershi	p, firm or co	orporatio	on, if any	/ :	. : :::	,::::			:
· · · · · · · · · · · · · · · · · · ·	G.	ALLAGHER	R, CALL	AHAN	& GART	RELI	ـ , P.C.		: .	
	. :	(Name of	partners	hip, firm	or corpo	ration): 	 		
III. Name of Client				: :			Date	January 2	29, 2025	
		****						·		
Political Contributions						: !:::	:::::::	. iss -		.:
For each political contril		nat is report	able pur	suant to	RSA Cl	apter	664 pa	id on beh	alf of the	
client/lobbyist and lobby					;	. •				
<u> </u>	<u> </u>	<u></u>	-			- :::				·
	,		;	:		: '	•	:		
Full name of candidate:	:	MAGGIE (ANDE				····		
		(Last Name)	* ::::::::::::::::::::::::::::::::::::	::::::	(First Na	me)		(Middle	Name/Initial)	.:
Amount of Contribution \$	250.00	Off	ice Cand	lidate is S	Seeking _	· <u></u>	SENA]	TE .		
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If the contribution is an in- actual cost of the in-kind co										
enter an estimated value an	nd the wo	ord "estimate	."	or amour	it on com	Houtic	<i>,</i> 11 ti	ic actual co	st is not know.	ιι,
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		<u></u>			- 1882 1		· 1	######################################	<u> </u>	
Full name of candidate:					· `:		· i		_ ;;;	
Full name of candidate:		(Last Name)			(First Na	ume)		(Middle	: Name/Initial)	-
			lidate is	Seeking	(First Na	ume)		(Middle	Name/Initial)	·
Full name of candidate: Amount of Contribution \$		Office Can				· · · · · · · · · · · · · · · · · · ·		•	· · · · · · · · · · · · · · · · · · ·	
Amount of Contribution \$ If the contribution is an in-	kind con	Office Cand	vide a d	escription	of the g	oods o	or servic	ces provide	d, and enter th	e
Amount of Contribution \$ If the contribution is an in- actual cost of the in-kind co	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or service	ces provide	d, and enter th	e n,
Amount of Contribution \$ If the contribution is an in- actual cost of the in-kind co	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or service on. If the	ces provide	d, and enter th	e en,
Amount of Contribution \$ If the contribution is an in- actual cost of the in-kind co	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or servion. If th	ces provide	d, and enter th	e n,
Amount of Contribution \$ If the contribution is an in- actual cost of the in-kind co	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or servicen. If the	ces provide	d, and enter th	e e n,
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Amount of Contribution \$ If the contribution is an in- actual cost of the in-kind co	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or service	ces provide	d, and enter th	e e n,
Amount of Contribution \$ If the contribution is an inactual cost of the in-kind center an estimated value an	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods o	or service. If the	ces provide	d, and enter th	e n,
	kind con	Office Cand tribution, pro	ovide a de above f	escription	of the g	oods c	or service.	ces provided	d, and enter th	e n,

(turn over to continue \rightarrow)

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) (Date)
(Signature of lobbyist)
CAROLINE K. LEONARD
(Print Name of Lobbyist)