

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

PLEASE PRINT

I. Name of Lobbyist(s)	:			
II. Name of Lobbyist's p	oartnership, firm or	corporation, if any:		
603-228-11	214 North M	GHER, CALLAHAN & Iain Street, P.O. Box 141	15, Concord, NH 0330	
(Telephone		603-228-8396 (Fax)	a	ietel@gcglaw.com (Email)
III. This statement cover reportable expense trans	rs: (Choose one – fi actions which are n	ile separate reports for o ot attributable to any o	each client, OR you m ne client.)	ay file a separate report for
☐ All reportable trans	actions occurring in	the month prior to the rep	oorting date relative to t	the following client.
	(Full Name of Clien	t as it appears on the Lob	byist Registration Forn	n)
OR All reportable trans unrelated to any particul		rist (including the lobbyis	t's family), or the lobby	ying firm listed below which a
IV. Date of Report: Reports cover: activ	April 24, 2024 □ ity from date of regi		July 31,2 activity from 4/1/2	
	October 30, 2024	X	January 2	29, 2025 🗆
: ac	tivity from 7/1/24 to		activity from 10/1	
V. There have been no for If this box is checked, con Concord, NH 03301.	nplete just this form o	and submit it to the Secre		
VI. Check if additional	<u>-</u>			
☐ If you have received	fees or made expend	litures, you must file Add	endum A – Fees and E	Expenses
Expense Reimbursement		ursed expenses, you must e political contributions,		eport of Honorariums or m C – Political Contributions
Sworn Statement/Affirm	ation by Lobbyist 15-B and RSA 664 a			formation is true and complete
(Signature of Lobbyist) Robert J. Dietel, Presider				(Date)
(Print Name of lobbyist)	111.	l		OCT 3 0 2024
•			l	111.1 JU 71174 1

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) II. Name of lobbyist's partnership, firm or corporation, if any:						
	(Name of partnersh	nip, firm or corporation)				
III. Name of Client		Date	OCTOBER 30, 2024			
Political Contributions For each political contribution client/lobbyist and lobbying			paid on behalf of the			
Full name of candidate:	BILL GANNON FO	OR STATE SENATE (First Name)	(Middle Name/Initial)			
Amount of Contribution \$ 100	0.00 Office Cand	lidate is SeekingNH S	SENATE			
actual cost of the in-kind contraction and the contraction and the contraction and the contraction are contracted to the contraction and the contraction are contracted to the contracted to t		amount of contribution.	i ine actual cost is not known,			
Full name of candidate:						
	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$	Office Candidate is S	eeking				
If the contribution is an in-kind actual cost of the in-kind contribution are an estimated value and the	ibution on the line above for					
			2-3-1-3-2-1-h			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of Contribution \$,	,				
	Office Candidate is So		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."	
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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. (Signature of lobbyist) LO 29 29 (Date)	
Robert J. Dietel, President (Print Name of Lobbyist)	

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