

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

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JAN 25 2017

PLEASE PRINT

NEW HAMPSHIRE

ROBERT L DIETEL.

DEPARTMENT OF STATE

I. Name of Lobbyist(s):	ROBERT J. DIETEL	DEPARTMENT OF S
II. Name of Lobbyist's pa	rtnership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN & 214 North Main Street, Con	
603-228-1181		dietel@gcglaw.com
(Telephone)	(Fax)	(Email)
	: (Choose one – file separate reports for ctions which are not attributable to any o	each client, OR you may file a separate report for one client.)
☐ All reportable transac	tions occurring in the month prior to the re	porting date relative to the following client.
(I	Full Name of Client as it appears on the Lo	bbyist Registration Form)
OR All reportable transactunrelated to any particular		st's family), or the lobbying firm listed below which are
IV. Date of Report: Reports cover: activity	April 27, 2016 from date of registration to 3/31/16	July 27, 2016 □ activity from 4/1/16 to 6/30/16
-	October 26, 2016	January 25, 2017 🔀
activ	ity from 7/1/16 to 9/30/16	activity from 10/1/16 to12/31/16
	s received and no reportable transaction lete just this form and submit it to the Secre	s made since the last report. Etary of State's Office, State House, Room 204,
VI. Check if additional re	ports are attached:	
☐ If you have received fe	es or made expenditures, you must file Ado	dendum A – Fees and Expenses
☐ If you have paid an hor Expense Reimbursement	norarium or reimbursed expenses, you must	t file Addendum B – Report of Honorariums or
If you, your firm, or yo	ur family has made political contributions,	you must file Addendum C - Political Contributions
Sworn Statement/Affirmat I have read RSA 15, RSA 15 to the best of my knowledge	5-B and RSA 664 and hereby swear or affin	rm that the foregoing information is true and complete
(Signature of Lobbyist)		1/Jo/17 (Date)
<u> </u>		, ,
ROBERT J. DIETEL (Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any: GALLAGHER, CALLAHAN & GARTRELL, P.C.					
III. Name of Client		Date	January 25, 2017		
Political Contributions For each political contribution client/lobbyist and lobbying			paid on behalf of the		
		ttee: VAN OSTERN FO	OR NH		
Full name of candidate:	VAN OSTERN (Last Name)	COLIN (First Name)	(Middle Name/Initial)		
Amount of Contribution \$250.0	00 Office Candidate is Seel		,		
enter an estimated value and the	e word "estimate."				
Full name of candidate:		tee: VAN OSTERN FO	DR NH		
Full name of candidate:	Political Action Commit VAN OSTERN (Last Name)	tee: VAN OSTERN FO COLIN (First Name)	OR NH (Middle Name/Initial)		
Full name of candidate: Amount of Contribution \$ <u>50.00</u>	VAN OSTERN (Last Name)	COLIN (First Name)	<u></u> -		
	VAN OSTERN (Last Name) Office Candidate is Seeki contribution, provide a describution on the line above for	COLIN (First Name) ing GOVERNOR cription of the goods or set	(Middle Name/Initial)		
Amount of Contribution \$50.00 If the contribution is an in-kind actual cost of the in-kind contri	VAN OSTERN (Last Name) Office Candidate is Seeking contribution, provide a describution on the line above for e word "estimate."	COLIN (First Name) ing GOVERNOR cription of the goods or set amount of contribution. I	(Middle Name/Initial)		
Amount of Contribution \$50.00 If the contribution is an in-kind actual cost of the in-kind contrienter an estimated value and the	VAN OSTERN (Last Name) Office Candidate is Seeking contribution, provide a describution on the line above for e word "estimate." Political Action Committee	COLIN (First Name) ing GOVERNOR cription of the goods or set amount of contribution. I	(Middle Name/Initial) rvices provided, and enter the f the actual cost is not known,		
Amount of Contribution \$50.00 If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	VAN OSTERN (Last Name) Office Candidate is Seeking contribution, provide a describution on the line above for e word "estimate." Political Action Committee (Last Name)	COLIN (First Name) ing GOVERNOR cription of the goods or set amount of contribution. I	(Middle Name/Initial) rvices provided, and enter the f the actual cost is not known, (Middle Name/Initial)		

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. By: (Signature of lobbyist) (Date)
ROBERT J. DIETEL (Print Name of Lobbyist)

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