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JUL 3 1 2024

NEW HAMPSHIRE DEPARTMENT OF STATE

	STATE OF NEW HAMPSHIRE
	2023 Statement of Income and Expense
	for LOBBYISTS
	(RSA Chapter 15)
PLEASE PRINT	

I. Name of Lobby	yist(s):	<u>-</u>			
II. Name of Lobby	rist's partnersḥip, firm or corpora	ition, if any:			
GALLAGHER, CALLAHAN & GARTRELL, P.C. 214 North Main Street, P.O. Box 1415, Concord, NH 03301 603-228-1181 603-228-8396 dietel@gcglaw.com					
		603-228-8396	dietel@gcglaw.com		
(16)	ephone)	(Fax)	(Email)		
III. This statement reportable expense	t covers: (Choose one – file separ transactions which are not attrib	ate reports for ea outable to any one	ich client, OR you may file a separate report for e client.)		
☐ All reportable	e transactions occurring in the mont	h prior to the repo	rting date relative to the following client.		
	(Full Name of Client as it ap	pears on the Lobb	yist Registration Form)		
OR  All reportable unrelated to any particular particul	e transactions by the lobbyist (inclu articular client.	ding the lobbyist's	s family), or the lobbying firm listed below which are		
IV. Date of Report	: April 24, 2024 🗆		July 31, 2024 🗵		
Reports cover:	activity from date of registration i	o 3/31/24	activity from 4/1/24 to 6/30/24		
	October 30, 2024  activity from 7/1/24 to 9/30/24		January 29, 2025   activity from 10/1/24 to 12/31/24		
V. There have been If this box is checked Concord, NH 0330	n <b>no fees received a</b> nd no reportal d, complete just this form and subm I.	ole transactions n it it to the Secreta	nade since the last report.   Try of State's Office, State House, Room 204,		
VI. Check if addit	ional reports are attached:				
☐ If you have reco	eived fees or made expenditures, yo	ou must fil <b>e Adde</b> r	ndum A – Fees and Expenses		
Expense Reimbursen	nent		le Addendum B – Report of Honorariums or		
⊠ If you, your fire	n, or your family has made politica	l contributions, yo	u must file Addendum C - Political Contributions		
Sworn Statement/A	Affirmation by Lobbyist RSA 15-B and RSA 664 and herebowledge and belief.		that the foregoing information is true and complete  7/31/44 (Date)		
(Signature of Foot	J. 131)		( Uate)		
Robert J. Dietel, Pr					
(Print Name of lobb	bvist)				



### 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.							
	(Name of partnership	o, firm or corporation)					
III. Name of Client	<u>_</u>	Date	JULY 31, 2024				
Political Contributions For each political contributions client/lobbyist and lobbying	on that is reportable pursur firm, indicate the following	ant to RSA Chapter 664	paid on behalf of the				
Full name of candidate:	COMMITTEE TO EI	LECT DEBRA ALTSC (First Name)	HILLER (Middle Namc/Initial)				
Amount of Contribution \$ 250	•	, ,	,				
enter an estimated value and th	e word "estimate."						
Full name of candidate:	STRONG CIRCLE P	AC					
³ull name of candidate:	STRONG CIRCLE P (Last Name)	AC(First Name)	(Middle Name/Initial)				
Full name of candidate: Amount of Contribution \$ _25	(Last Name)	(First Name)	,				
	(Last Name)  O.00 Office Candidate is Secontribution, provide a describution on the line above for	(First Name)  king	vices provided, and enter the				
Amount of Contribution \$ 250  f the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  O.00 Office Candidate is Secontribution, provide a describution on the line above for	(First Name)  king	vices provided, and enter the				
Amount of Contribution \$ 250  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  O.00 Office Candidate is Secontribution, provide a describution on the line above for	(First Name)  king	vices provided, and enter the				
Amount of Contribution \$ 250  If the contribution is an in-kind actual cost of the in-kind contri	(Last Name)  O.00 Office Candidate is Section of the line above for section of the line above fo	(First Name)  eking  ription of the goods or ser  amount of contribution. I	vices provided, and enter the				
Amount of Contribution \$ 250  If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the	(Last Name)  O.00 Office Candidate is Section of the line above for section on the line above for section of "estimate."  FRIENDS OF SHAR (Last Name)	(First Name)  Eking  ription of the goods or ser amount of contribution. I	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 consplete to the best of my knowledge and belief.  (Signature of lobbyist)    The property of t
Robert J. Dietel, President  (Print Name of Lobbyist)

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# STATE OF NEW HAMPSHIRE 2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist	t(s):		
II. Name of Lobbyist	's partnership, firm or corporat	ion, if any:	
<b>(03.000</b>	214 North Main Street		cord, NH 03301
603-228 (Teleph		603-228-8396 (Fax)	dietel@gcglaw.com
(Telepi	none)	(Fax)	(Email)
III. This statement co reportable expense tr	overs: (Choose one – file separat ransactions which are not attribu	e reports for each cli table to any one clien	ent, OR you may file a separate report for t.)
☐ All reportable tr	ransactions occurring in the month	prior to the reporting d	late relative to the following client.
<u> </u>	(Full Name of Client as it appe	ears on the Lobbyist Re	egistration Form)
OR  All reportable to unrelated to any parti	ransactions by the lobbyist (includ icular client.	ing the lobbyist's fami	ly), or the lobbying firm listed below which are
IV. Date of Report:	April 24, 2024 □		July 31, 2024 🔀
-	ctivity from date of registration to	3/31/24 act	ivity from 4/1/24 to 6/30/24
	October 30, 2024  activity from 7/1/24 to 9/30/24	ас	January 29, 2025 □ fivity from 10/1/24 to12/31/24
	no fees received and no reportabl complete just this form and submit		since the last report.   State's Office, State House, Room 204,
VI. Check if addition	nal reports are attached:		
☐ If you have receiv	ved fees or made expenditures, you	must file Addendum	A – Fees and Expenses
Expense Reimbursemer	nt		dendum B – Report of Honorariums or
If you, your firm,	or your family has made political	contributions, you mus	t file Addendum C - Political Contributions
I have read RSA-15, R to the best of my know	ledge and belief.	swear or affirm that the	ne foregoing information is true and complete
basse	Ital		7/3/ /2~(Date)
(Signature of Lobbyi	est)		/ / (Date)
Robert J. Dietel, Pres			
(Print Name of Johhy	rist)		



### STATE OF NEW HAMPSHIRE Lobbyists Papert of

## 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:						
GALLAGHER, CALLAHAN & GARTRELL, P.C.						
	(Name of partnership,	firm or corporatio	n)			
III. Name of Client			Date	JULY 31, 2024		
Political Contributions For each political contribution of client/lobbyist and lobbying firm	that is reportable pursuar m, indicate the following	nt to RSA Chapte	er 664 p	aid on behalf of the		
Full name of candidate:	ABBAS FOR NEW H. (Last Name)	AM,PSHIRE (First Name)		(Middle Name/Initial)		
Amount of Contribution \$ 300.00	Office Candida	·	NH RE	,		
actual cost of the in-kind contribut enter an estimated value and the w	ord "estimate."	, .				
Full name of candidate:						
	(Last Name)	(First Name)		(Middle Name/Initial)		
Amount of Contribution \$ _750.00	O Office Candidate is Seek	cing				
If the contribution is an in-kind co actual cost of the in-kind contribut enter an estimated value and the w	tion on the line above for a	ption of the goods mount of contribut	or servicion. If the	ces provided, and enter the ne actual cost is not known,		
Full name of candidate:	NH SENATE DEMOC		JS			
Amount of Contribution \$ 250.00	(Last Name) / Office Candidate is Seek	(First Name) ing		(Middle Name/Initial)		

						<u>-</u>	<u></u>
ons	s were m	ade, report	additional con	tributions on sep	arate addendu	m C forms.)	<u> </u>
ma	nation l	by Lobby	rist	-			
A 1	. 15-B a e best o	nd RSA 6 f my knov	664 and here wledge and l	eby swear or a belief.	ffirm that t	ne foregoing	g informati
I	<u> </u>				_7	131/21	' • • • • • • • • • • • • • • • • • • •
I		<u> </u>				_7	7/31/21

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