

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

PLEASE PRINT

I. Name of Lobbyist(s): Ari B. Pollack; Paul A. Worsowicz; Lisa K. Shapiro, Ph.D.				
I. Name of Lobbyis	st's partnership, firm or corpora	tion, if any:		
		CALLAHAN & G		
		ain Street, Concor		
	28-1181	603-226-3334	pollack@gcglaw.com	
(Tele	ephone)	(Fax)	(Email)	
	covers: (Choose one – file separ ransactions which are not attrib		th client, OR you may file a separate report for client.)	
X All reportable	te transactions occurring in the mo	onth prior to the rep	orting date relative to the following client.	
		E MANUFACTU		
	(Full Name of Client as it a	ppears on the Lobb	yist Registration Form)	
	le transactions by the lobbyist (incany particular client.	luding the lobbyist	's family), or the lobbying firm listed below which a	
V. Date of Report:	April 24, 2024		July 31, 2024 🗀	
_	activity from date of registration	0 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	
f this box is checked, Concord, NH 03301.			y of State's Office, State House, Room 204,	
If you have r	onal reports are attached: eceived fees or made expenditure	s, vou must file Ad	dendum A – Fees and Expenses	
X	•		· ·	
Expense Rei		expenses, you mus	t file Addendum B – Report of Honorariums or	
		itical contributions,	you must file Addendum C – Political Contributio	
		y swear or affirm t	hat the foregoing information is true and complete	
Co			10/22/24	
(Signature of Lobby	ist)		(Date)	
Ari B. Pollack				
(Print Name of lobb	pyist)		OCT 3 0 2024	
			NEW HAMPSHIRE DEPARTMENT OF STATE	



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Ari B. Pollack; Paul A. Worsowicz; Lisa K. Sha	apiro, Pl	ı.D.	
II. Name of lobbyist's partnership, firm or corporation, if any:			
GALLAGHER, CALLAHAN & GARTREL	L. P.C.		
(Name of partnership, firm or corporation			
III. Name of Client AGGREGATE MANUFACTURERS OF NH	Date	October 3	0, 2024
IV. Fees Received Indicate the gross amount of all fees received from the client identified above the lobbying, including fees for services such as public advocacy, government relating including research, monitoring legislation, and related legal work. The gross fee by any expenses:	ons, or p	ublic relation	ns services,
a) Total of all fees received in this reporting period	55	a) \$	10,750.00
b) Total of all fees received this calendar year, prior to this reporting period. (This should equal the total prior monthly reports for this calendar year.)		b) \$ 	26,575.00
c) Total of all fees received to date. (Add lines a and b)		c) \$ 	37,325.00
d) Indicate the amount of any such fees that are due, but have not yet been paid.		d) \$.00.
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report separate reports are to be filed for expenditures made relative to each client lobbyist(s)/firm that are unrelated to any one client a separate report may be fil are to be reported in one of three categories of expenses: (a) the aggregate total operiod for salaries, benefits, support staff, and office expenses; (b) the aggregate the expenditure was of \$25.00 or less (for example: meals purchased during a bus or less, purchase of a pen with a value of less than \$10 that is given to the person be object given to a person being lobbied with a value of \$25.00 or less); and (c) an expenditure made during this reporting period of greater than \$25.00 for any pur purchase of a meal with value of greater than \$25, purchase of a ceremonial object with a value greater than \$25, but not greater than \$50, restaurant expenses for honorariums, expense reimbursement, or political contributions will be reported to be reported on Addendum A.	and if e. ed for the fall expectotal of a siness lun eing lobb itemized pose not t to be gi a legislate	e lobbyist(s) nses paid durall individua the where the bied, purchas I statement o covered by ven to the su ive reception	are made by the h/firm. Expenses ring the reporting l expenses where e cost was \$25.00 to of a ceremonial of each individual (a) (for example: bject of lobbying n). Expenses for
*			
a) Total aggregate expenses for this reporting period for salaries, benefits,	a) \$		00.5
support staff, and office expenses, related directly or indirectly to lobbying.	b) \$		8256
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.			0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$.00
c) Total of all heilized experiences reported in detail in section VI.			.00.

d) Total expenses for this reporting period. (Add lines a, b and c.)	d) \$	8,256.00
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) \$ _	25,200.00
f) Total of all expenses year to date.	f) \$ _	33,456.00
VI. Other Expenses:		
Provide the following detail for all expenditures of more than \$25 made from lobbying	ng fees during this r	eporting
period, including by whom paid or to whom charged.		
Paid to:		ount
	\$	
	\$	
	s	

Sworn Statement/Affirmation by Lobbyist		
The locale Boate Design (64 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	41 - C	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that is true and complete to the best of my knowledge and belief.	the foregoing inf	ormation
is the time complete to the best of my knowledge and benefit.		
CR	10/20/2	+
(Signature of lobbyist)	(Ipate)	
A.d.D. Delle-de		
Ari B. Pollack		
(Print Name of Lobbyist)		

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AGGREGATE MANUFACTURERS OF NH

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 pa	rtnership, firm or corpor	ration: GALLAGHER, CA	LLAHAN & GARTRELL, P.C.
	blank if Statement is fo Aggregate Manufactu		rporation and not related to any
Date of Report (check	(one):		
April 24, 2024 □	July 31, 2024 □	October 30, 2024	January 29, 2025 □
		Statement of Income and E tement (insert the number of	xpenses described above, and the f Addendum forms being
1 Addendum A(s).			
_0 Addendum B(s).			
0 Addendum C(s).			
	m that the foregoing info f my knowledge and beli		nd each Addendum is true and
AKN	~		10-29-24
(Signature of Lobbyis	it)		(Date)
Lisa K. Shapiro, Ph			
(Print Name of lobb	yist)		

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:

Statement of Income ar	nd Expenses for:			
Name of Lobbying partn	ership, firm or corporation	on: GALLAGHER, CAI	LLAHAN & GARTRELL, P.C	
•	ank if Statement is for th		rporation and not related to any	
Date of Report (check o	ne):		in the second	
April 24, 2024 🛘	July 31, 2024 □	October 30, 2024	January 29, 2025 🗆	
		atement of Income and Enternation in the number of the number of	xpenses described above, and the Addendum forms being	
1 Addendum A(s).				
0 Addendum B(s).				
0 Addendum C(s).				
I hereby swear or affirm complete to the best of m			nd each Addendum is true and	
(Signature of Lobbyist)	ossowa	<u>_</u>	10-25-24 (Date)	_
Paul A. Worsowicz (Print Name of lobbyis	<u></u>			