

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

PLEASE PRINT

I. Name of Lobbyist(s):	Donald J. Pfundstein	
II. Name of Lobbyist's parti	nership, firm or corporation, if any:	
	GALLAGHER, CALLAHAN 214 North Main Street, Co	
603-228-1181	603-226-333	
(Telephone)	(Fax)	(Email)
	Choose one – file separate reports for ons which are not attributable to any	or each client, OR you may file a separate report for one client.)
X All reportable transac	tions occurring in the month prior to th	ne reporting date relative to the following client.
	AMERICA'S HEALTH INSUR	
(Fi	all Name of Client as it appears on the I	Lobbyist Registration Form)
OR		
All reportable transac unrelated to any partic		byist's family), or the lobbying firm listed below which
IV. Date of Report: A	spril 24, 2024 □	July 31, 2024 □
Reports cover: activity fr	om date of registration to 3/31/24	activity from 4/1/24 to 6/30/24
0	ctober 30, 2024 X	January 29, 2025 □
	from 7/1/24 to 9/30/24	activity from 10/1/24 to 12/31/24
		ons made since the last report. retary of State's Office, State House, Room 204,
	rees or made expenditures, you must file	e Addendum A – Fees and Expenses
Expense Reimbursem	ent	must file Addendum B – Report of Honorariums or
If you, your firm, or y	our family has made political contribut	tions, you must file Addendum C - Political Contribu
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B to the best of my knowledge an	and RSA 664 and hereby swear or affi	irm that the foregoing information is true and complete
(Signature of Lobbyist)		10/24/21 (Date)
Donald J. Pfundstein		(230)
(Print Name of lobbyist)	= 5	
(		RECEIVED
		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	Donald J. Pfundstein	<u></u>	
II. Name of lobbyist's p	partnership, firm or corporation, if any:		
	GALLAGHER, CALLAHAN & GARTREI	L, P.C.	
	(Name of partnership, firm or corporation	n)	
III. Name of Client	AMERICA'S HEALTH INSURANCE PLANS (AHIP)	Date October	30, 2024
lobbying, including fees	t of all fees received from the client identified above the for services such as public advocacy, government relat toring legislation, and related legal work. The gross fe	ions, or public relati	ons services,
a) Total of all fees rece	ived in this reporting period	a) \$	15,812.49
•	ived this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)	b) \$	31,724.98
c) Total of all fees rece (Add lines a and b)	ived to date.	c) \$	47,537.47
d) Indicate the amount yet been paid.	of any such fees that are due, but have not	d) \$	.00
Separate reports are to be lobbyist(s)/firm that are to are to be reported in one of period for salaries, benefit the expenditure was of \$2 or less, purchase of a pen object given to a person be expenditure made during purchase of a meal with v with a value greater than	rtnerships, firms, or corporations are required to report be filed for expenditures made relative to each client unrelated to any one client a separate report may be first three categories of expenses: (a) the aggregate total cate, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (a) the aggregate total of the aggregate its, support staff, and office expenses; (b) the aggregate its, support staff, and office expenses; (c) the aggregate its, support staff, and office expenses; (c) the aggregate its, support staff, and of	and if expenditure led for the lobbyist of all expenses paid de total of all individuations lunch where the being lobbied, purched itemized statement rapose not covered but to be given to the salegislative reception.	s are made by the (s)/firm. Expenses uring the reporting tal expenses where the cost was \$25.00 ase of a ceremonial of each individual y (a) (for example: subject of lobbying ton). Expenses for
a) Total aggregate eyne	enses for this reporting period for salaries, benefits,	a) \$	
	expenses, related directly or indirectly to lobbying.	b) \$ /	15812.49
b) Total aggregate of exin a), of \$25 or less.	expenditures during this reporting period, not reported		0
c) Total of all itemized	expenditures reported in detail in section VI.	c) \$	.00

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: AMERICA'S HEALTH INSURANCE PLANS (AHIP)			
d) Total expenses for this reporting period.			
(Add lines a, b and c.)	d) \$ _	15,812.49	
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) \$	31,724.98	
f) Total of all expenses year to date.	f) \$ _	47,537.47	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying period, including by whom paid or to whom charged.	fees during this	reporting	
Paid to:	Amount		
	- s		
	\$		
	\$		
Commence Contains and A Stimmer of the Board		- C C C C C C C C C C C C C C C C C C C	
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that t	he foregoing in	formation	
is true and complete to the best of my knowledge and belief.			
Dans Ar land	10/29/2/ (Date)	¥	
(Signature of løbbyist)	(Date)/		
Donald J. Pfundstein			
(Print Name of Lobbyist)			