

STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 3 1 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

| I. Name of Lobbyist(s): | Paul A. Worsowicz; Erik W. Tay Elliott | or; Lisa K. Shapiro, Ph.D.; Samantha D. |
|---|---|--|
| II. Name of Lobbyist's par | rtnership, firm or corporation, if any: | |
| | GALLAGHER, CALLAHAN & 214 North Main Street, Con | • |
| 603-228-1181 | | worsowicz@gcglaw.com |
| (Telephone) | (Fax) | (Email) |
| | (Choose one – file separate reports for tions which are not attributable to any o | each client, OR you may file a separate report for one client.) |
| X All reportable transac | ctions occurring in the month prior to the r | eporting date relative to the following client. |
| · · · · · · · · · · · · · · · · · · · | MOTION PICTURE ASSOCIA | <u>FION OF AMERICA</u> |
| (F | ull Name of Client as it appears on the Lo | obyist Registration Form) |
| All reportable transacturine unrelated to any part | | st's family), or the lobbying firm listed below which are |
| IV. Date of Report: | April 24, 2019 | July 31, 2019 🔀 |
| * | from date of registration to 3/31/19 | activity from 4/1/19 to 6/30/19 |
| • | October 30, 2019 | January 29, 2020 □ |
| activ | ity from 7/1/19 to 9/30/19 | activity from 10/1/19 to 12/31/19 |
| | s received and no reportable transaction lete just this form and submit it to the Secre | s made since the last report. stary of State's Office, State House, Room 204, |
| VI. Check if additional re | ports are attached: fees or made expenditures, you must file A | Addendum A – Fees and Expenses |
| Expense Reimburser | nent | ust file Addendum B – Report of Honorariums or |
| If you, your firm, or | your family has made political contribution | ns, you must file Addendum C - Political Contributions |
| Sworn Statement/Affirmat I have read RSA 15, RSA 15 to the best of my knowledge | -B and RSA 664 and hereby swear or affir | m that the foregoing information is true and complete |
| Gaula 4 | orsawy_ | 7-29-19 (Date) |
| (Print Name of lobbyist) | | (Date) |



STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| | partnership, firm or corporation, if any: | | | |
|--|--|---|--|--|
| | GALLAGHER, CALLAHAN & GARTR | ELL, P.C. | | |
| | (Name of partnership, firm or corpora | tion) | | - |
| III. Name of Client | MOTION PICTURE ASSOCIATION OF AMERICA | Date | July 31, 20 | 019 |
| lobbying, including fees | nt of all fees received from the client identified above for services such as public advocacy, government re itoring legislation, and related legal work. The gross | lations, or | public relation | ns services, |
| a) Total of all fees recei | ved in this reporting period | | a) \$ | 12,375. |
| | ived this calendar year, prior to this reporting period. ne total prior monthly reports for this calendar year.) | | b) \$ | |
| c) Total of all fees recei (Add lines a and b) | ved to date. | | c) \$ | 19,612. |
| d) Indicate the amount of yet been paid. | of any such fees that are due, but have not | | d) \$ | |
| fees. Separate reports a lobbyist(s)/firm that are are to be reported in on reporting period for sal expenses where the expethe cost was \$25.00 or lepurchase of a ceremonia statement of each individuous end by (a) (for examining the expetition). Expenses the subject of legislative reception). | artnerships, firms, or corporations are required to are to be filed for expenditures made relative to each of unrelated to any one client a separate report may be see of three categories of expenses: (a) the aggregaries, benefits, support staff, and office expenses; enditure was of \$25.00 or less (for example: meals ess, purchase of a pen with a value of less than \$10 at object given to a person being lobbied with a value dual expenditure made during this reporting period of aple: purchase of a meal with value of greater than \$10 bbying with a value greater than \$25, but not greater seems for honorariums, expense reimbursement, of and should not be reported on Addendum A. | client and it is filed for gate total of (b) the ag purchased that is give is of \$25.00 of greater the i25, purchase eater than | if expenditure the lobbyist(s of all expense gregate total during a bus on to the pers 0 or less); an nan \$25.00 for ise of a ceren \$50, restaura | es are made by calliform. Expenses paid during of all individuals and inches tunch whom being lobbed (c) an item or any purpose conial object to nt expenses for |
| a) Tatal supressits asset | nses for this reporting period for salaries, benefits, | a) \$ | i | 11,437.50 |
| support staff, and office | expenses, related directly or indirectly to lobbying. | b) \$ | · | 11,437.30 |
| support staff, and office | expenses, related directly or indirectly to lobbying. spenditures during this reporting period, not reported | b) \$ c) \$ | | .00 |

| Lobbyist Fees & Expenses, Addendum A - Page 2 Client: MOTION PICTURE ASSOCIATION OF AMERICA | | |
|--|--------------------------|-------------|
| d) Total expenses for this reporting period. (Add lines a, b and c.) | d) \$ _ | 11,437.50 |
| 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.) | c) \$ _ | 7,200.00 |
| f) Total of all expenses year to date. | ns_ | 18,637.50 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying fiperiod, including by whom paid or to whom charged. | ees during this | s reporting |
| Paid to: | • | nount |
| | — š — | |
| | s | |
| | <u> </u> | |
| | š | |
| | ***** | |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief. | e foregoing i | nformation |
| 01041 | 7-2 <i>f-/</i> (Date) | 9 |
| Paul A. Worsowicz | | |
| (Print Name of Lobbyist) | | |

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 Lobbyics

| Statement of Income and Expenses for: | | | |
|---|---|---|--|
| Name of Lobbying I | partnership, firm or corpora | ation: GALLAGHER, CAL | LAHAN & GARTRELL, P.C. |
| Name of Client (leav particular client): | ve blank if Statement is for Motion Picture Associa | | rporation and not related to any |
| Date of Report (che | ck one): | | |
| April 24, 2019 🗆 | July 31, 2019 🔀 | October 30, 2019 🗖 | January 29, 2020 🗖 |
| | | Statement of Income and Exement (insert the number of | penses described above, and the Addendum forms being |
| 1 Addendum A(s | 8). | | |
| 0 Addendum B(s | s). | | |
| 0 Addendum C(s | a). | | |
| | of my knowledge and believed | | 7/30/19 (Date) |
| (Print Name of lob | byist) | | |

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 partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. | | | |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Motion Picture Association of America | | | |
| Date of Report (check one): | | | |
| April 24, 2019 ☐ July 31, 2019 ☒ October 30, 2019 ☐ January 29, 2020 ☐ | | | |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): | | | |
| 1 Addendum A(s). | | | |
| 0 Addendum B(s). | | | |
| 0 Addendum C(s). | | | |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. | | | |
| (Signature of Lobbyist) 7-30-17 (Date) | | | |
| Lisa K. Shapiro, Ph.D. (Print Name of lobbyist) | | | |

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 partnership, firm or corporation: GALLAGHER, CALLAHAN & GARTRELL, P.C. Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Motion Picture Association of America | | | |
| | | | |
| April 24, 2019 🗆 | July 31, 2019 🔀 | October 30, 2019 🗖 | January 29, 2020 🗖 |
| | 5, RSA 15-B, RSA 664, the same submitted with that State | | spenses described above, and the Addendum forms being |
| _i_ Addendum A | (s). | | |
| 0 Addendum B | (s). | | |
| 0 Addendum C | (s). | | |
| | ffirm that the foregoing info t of my knowledge and belie | | nd each Addendum is true and |
| S) Signature of Lobb | ovist) | - | 7/17/19 (Date) |
| Samantha D. Ellic | • / | | |
| (Print Name of lo | bbyist) | | |