

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

### PLEASE PRINT

I. Name of Lobbyist(s)	: LISA K. SHAPII	RO		
II. Name of Lobbyist's p	partnership, firm or corpo	ration, if any:		
	214 North Main St			
603-228-11		603-228-8396		shapiro@gcglaw.com
(Telephon	e)	(Fax)		(Email)
III. This statement cove reportable expense trans	rs: (Choose one – file sepa sactions which are not attr	arate reports for exibutable to any on	ach client, OR youe client.)	ou may file a separate report for
☐ All reportable trans	actions occurring in the mo	nth prior to the repo	orting date relative	e to the following client.
	(Full Name of Client as it a	appears on the Lobb	yist Registration	Form)
<u>OR</u>	1			
	sactions by the lobbyist (inc ar client.	luding the lobbyist	's family), or the l	obbying firm listed below which are
IV. Date of Report:  Reports cover: activ	April 24, 2024 ☐ http://dity.from.date.of.registration	n to 3/31/24	•	31, 2024 □ 4/1/24 to 6/30/24
.ac	October 30, 2024 X tivity from 7/1/24 to 9/30/24	4		ary 29, 2025   10/1/24 to 12/31/24
	ees received and no report nplete just this form and sub			ast report.   Ce, State House, Room 204,
VI. Check if additional	reports are attached:			
☐ If you have received	fees or made expenditures,	you must file <b>Adde</b>	endum A – Fees a	and Expenses
Expense Reimbursement	•			<ul> <li>Report of Honorariums or</li> <li>endum C – Political Contributions</li> </ul>
Sworn Statement/Affirm I have read RSA 15, RSA to the best of my knowled	15-B and RSA 664 and her	eby swear or affirm	n that the foregoin	g information is true and complete
(Signature of Lobbyist)			10-2	9-24
(Signature of Poopy19t)			· .	(Date)
LISA K. SHAPIRO (Print Name of lobbyist)		<del> </del>		RECEIVED
2,,,,,,,				OCT 3 0 2024
				NEW HAMPSHIRE DEPARTMENT OF STATE



### STATE OF NEW HAMPSHIRE

## Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	ISA K. SHAPRIO		
II. Name of lobbyist's partn	ership, firm or corporatio	n, if any:	
	GALLAGHER, CALLA	AHAN & GARTRELL, P.O	C.
	(Name of partnersh	nip, firm or corporation)	
III. Name of Client	<u> </u>	Date	October 30, 2024
Political Contributions For each political contributions client/lobbyist and lobbying			paid on behalf of the
-	ţ		
Full name of candidate:	SOUCY FOR SEN	ATE	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$ 500	0.00 Office Candidate is	Seeking <u>SENATE</u>	<del></del>
If the contribution is an in-kin actual cost of the in-kind contrenter an estimated value and the state of the contract of the contribution is an in-kin actual cost of the in-kind contribution is an in-kin actual cost of the in-kind contribution is an in-kin actual cost of the in-kind contribution is an in-kin actual cost of the in-kind contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution in in-kind contribution in-ki	ibution on the line above fo		
Full name of candidate:	ABBAS FOR SENA		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$ 125	.00 Office Candidate is S	eeking <u>SENATE</u>	
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ribution on the line above fo		
Full name of candidate:	RICCIARDI FOR SEN (Last Name)	NATE(First Name)	(Middle Name/Initial)
	, ,	,	(Middle Name/initial)
Amount of Contribution \$ 250	.00 Office Candidate is	Seeking <u>SENATE</u> (turn	over to continue →)

	sove for amount of contri	ods or services provided, and enter the ibution. If the actual cost is not known,
nter an estimated value and the word "estimate."		•
✓		
f more than three contributions were made, report addit	ional contributions on separ	rate addendum C forms.)
worn Statement/Affirmation by Lobbyist		
have read RSA 15, RSA 15-B and RSA 664 as true and complete to the best of my knowled		firm that the foregoing information
Signature of lobbyist)		10-29 - 29 (Date)
ISA K. SHAPIRO Print Name of Lobbyist)		

V.



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

#### PLEASE PRINT

1. Name of Lobbyist	(s): <u>LISA R. SHA</u>	PIRO			
II. Name of Lobbyist	's partnership, firm or co	rporation, if any:			
:	GALLAGH	ER, CALLAHAN &	& GARTRELL. P.C	C	
		Street, P.O. Box 14			
603-228		603-228-8396	,,	shapiro@gcglaw.com	
(Teleph		(Fax)		(Email)	_
III. This statement co reportable expense tra	vers: (Choose one – file s ansactions which are not a	separate reports for attributable to any o	each client, OR you	u may file a separate report	for
☐ All reportable tra	ansactions occurring in the	month prior to the re	porting date relative	to the following client.	
	(Full Name of Client as	it appears on the Lo	bbyist Registration F	Form)	_
OR All reportable tr unrelated to any partic	ansactions by the lobbyist ( cular client.	(including the lobbyi	st's family), or the lo	obbying firm listed below whi	ch are
IV. Date of Report: Reports cover: ac	April 24, 2024 ☐ tivity from date of registra	tion to 3/31/24		31, 2024 □ //1/24 to 6/30/24	
	October 30, 2024	_	Ianua	ıry 29, 2025 □	
	activity from 7/1/24 to 9/3			10/1/24 to12/31/24	
	o fees received and no rep complete just this form and				
VI. Check if addition	al reports are attached:				
☐ If you have receive	ed fees or made expenditur	es, you must file Ad	dendum A – Fees ar	nd Expenses	
☐ If you have paid an Expense Reimbursemen		d expenses, you mus	t file Addendum B -	- Report of Honorariums or	
If you, your firm,	or your family has made po	olitical contributions,	you must file Adder	ndum C – Political Contribut	ions
Sworn Statement/Affi I have read RSA 15, RS to the best of my know	SA 15-B and RSA 664 and	hereby swear or affin	rm that the foregoing	g information is true and comp	lete
(Signature of Lobbyis	st)		10-21-	(Date)	
LISA K. SHAPIRO (Print Name of lobbyi			·	(Addie)	



### STATE OF NEW HAMPSHIRE

### Lobbyists Report of Political Contributions Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	LISA K. SHAPRIO		
II. Name of lobbyist's pa	rtnership, firm or corporation, if an	y:	
	GALLAGHER, CALLAHAN	& GARTRELL, P.C	
	(Name of partnership, firm		
III. Name of Client		Date	October 30, 2024
	bution that is reportable pursuant to ving firm, indicate the following:	RSA Chapter 664 p	oaid on behalf of the
Full name of candidate:	(Last Name)		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$	Office Candidate is Seeking		_ <del>_</del>
Full name of candidate:	PHILIPS FOR SENATE		
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of Contribution \$	250.00 Office Candidate is Seeking	SENATE	
	kind contribution, provide a descriptio ontribution on the line above for amound the word "estimate."	nt of contribution. If	he actual cost is not known,
			L
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	Office Candidate is		

(If more than three contributions were Sworn Statement/Affirmation	ere made, report additional contributions	s on separate addendum C forms.)
Sworn Statement/Aitin matic	on by Lobbyist	
I have read RSA 15, RSA 15-	-B and RSA 664 and hereby swe	ear or affirm that the foregoing information
	-B and RSA 664 and hereby swe st of my knowledge and belief.	ear or affirm that the foregoing information
		ear or affirm that the foregoing information $\frac{b - 29 - 24}{\text{(Date)}}$
is true and complete to the best		