

(Print Name of lobbyist)

### STATE OF NEW HAMPSHIRE

2023 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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NEW HAMPSHIRE

### PLEASE PRINT

DEPARTMENT OF STATE I. Name of Lobbyist(s) Derek L. Crawford, Jonathan Shaer II. Name of lobbyist's partnership, firm or corporation, if any: Altria Client Services LLC and its Affiliates (Name of partnership, firm or corporation) 101 Washington D.C. Constitution Ave., NW 20001 Business Address: (Street) (Town/City) (State) (Zip Code) 202-354-1527 Derek.L.Crawford@Altria.com; III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: Altria Client Services LLC and its Affiliates (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. April 26, 2023 July 26, 2023 IV. Date of Report activity from date of registration to 3/31/23 activity from 4/1/23 to 6/30/2 Reports cover: October 25, 2023 January 31, 2024 activity from 7/1/23 to 9/30/23 activity from 10/1/23 to 12/31/23 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, State House, Room 204, Concord, NH 03301. VL Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses If you have paid an honorarium or reimbursed expenses, you must file Addendum B-Report of Honorariums or **Expense Reimbursement** ✓ If you, your firm, or your family has made political contributions, you must file Addendum C-Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. October 20, 2023 (Date) (Signature of lobbyist) Derek L. Crawford

### 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.

(Print Name of lobbyist)

	VAINTMATION BY LODBY ome and Expenses for:	/ist		
Name of Lobbying	partnership, firm, or corpo	Altria Client Se	ervices LLC and its Affiliates	
Name of Client (leap particular client): _	ave blank if Statement is for Altria Client Services LL	or the partnership, firm, or C and its Affiliates	corporation and not related to	any
Date of Report (ch	eck one):	-		
April 26, 2023 □	July 26, 2023 □	October 25, 2023	January 31, 2024 □	
the following Add submitted): Addendum	endums submitted with the		nd Expenses described above, umber of Addendum forms b	
	B(s)			
	affirm that the foregoing in t of my knowledge and bel		nt and each Addendum is true	and
Delek	L. Clarifor	L od	ctober 20, 2023	
(Signature of lobby	rist)		(Date)	
Derek L. Crawfo	ord			



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Altria Client Services LLC and its Affiliates	
(Name of partnership, firm or corporation)	
III. Name of Client Altria Client Services LLC and its Affiliates	<sub>Date</sub> October 20, 2023
IV. Fees Received	
Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	relations, or public relations ser
Total of all fees received in this reporting period	2,504.96 b) \$ 7,747.82
<ul> <li>Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> </ul>	b) \$ 7,747.82 ear)
c) Total of all fees received to date (Add lines a and b)	<sub>c)\$</sub> 10,252.78
<ol> <li>Indicate the amount of any such fees that are due, but have not yet been paid</li> </ol>	d) \$0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each othe lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example tunch where the cost was \$25.00 or less, purchase of a pen with a value of leveling lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value eremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are manay be filed for the lobbyist(s) aggregate total of all expenses apenses; (b) the aggregate total le: meals purchased during a bust than \$10 that is given to the part with a value of \$25.00 or less or ting period of greater than \$25.00 or less or than \$25, but not greater than expense reimbursement, or point agent to the lobby in the second seco
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 2,504.96
o) Total aggregate of expenditures during this reporting period, not reported	0.00
n a), of \$25 or less.	ы\$

d) Total expenses for this reporting period (Add lines a, b and c)	<sub>d) \$</sub> 2,504.96
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)  f) Total of all expenses year to date  VI. Other Expenses:	e) \$ 7,747.82 f) \$ 10,252.78
Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	1 that the foregoing information
Welch L. Clauford	October 20, 2023
(Digitality of 1000) ist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) D	erek L. Crawford	· · · · · · · · · · · · · · · · · · ·	
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
Altria Client Services	s LLC and its Affilia	ates	
(Name of p	artnership, firm or corporation	)	
III. Name of Client Altri	a Client Services L	LC and its Affiliates	Date October 20, 2023
Political Contributions For each political contril client/lobbyist and lobby	oution that is reportable	e pursuant to RSA Chapter of following:	664 paid on behalf of the
Full name of candidate:	Abbas	Daryl	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking	State Senate
If the contribution is an in-	kind contribution, provid ontribution on the line ab	le a description of the goods or cove for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, provid ontribution on the line ab	le a description of the goods or ove for amount of contribution  Bill	r services provided, and enter the n. If the actual cost is not known,
If the contribution is an in- actual cost of the in-kind co	kind contribution, providentribution on the line abd the word "estimate."	ove for amount of contribution	r services provided, and enter the  n. If the actual cost is not known,  (Middle Name/Initial)
If the contribution is an in- actual cost of the in-kind co enter an estimated value an	kind contribution, providentribution on the line abid the word "estimate."  Gannon  (Last Name)	Bill	n. If the actual cost is not known,  (Middle Name/Initial)
If the contribution is an inactual cost of the in-kind coenter an estimated value and Full name of candidate:  Amount of contribution \$	Gannon  (Last Name)  500.00  kind contribution, providents on the line about the word "estimate."	Bill  (First Name)  Office Candidate is Seeking	n. If the actual cost is not known,  (Middle Name/Initial)
If the contribution is an inactual cost of the in-kind coenter an estimated value and Full name of candidate:  Amount of contribution is an inactual cost of the in-kind coenter an estimated value and coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter an estimated value and cost of the in-kind coenter and coenter a	Gannon  (Last Name)  500.00  kind contribution, provident on the line about the word "estimate."	Bill  (First Name)  Office Candidate is Seeking le a description of the goods or love for amount of contribution	(Middle Name/Initial)  State Senate  services provided, and enter the
If the contribution is an inactual cost of the in-kind coenter an estimated value and Full name of candidate:  Amount of contribution \$\frac{1}{2}\$  If the contribution is an inactual cost of the in-kind co	Gannon  (Last Name)  500.00  kind contribution, providentribution on the line about the word "estimate."	Bill  (First Name)  Office Candidate is Seeking le a description of the goods or love for amount of contribution	(Middle Name/Initial)  State Senate  services provided, and enter the  If the actual cost is not known,
If the contribution is an inactual cost of the in-kind coenter an estimated value and Full name of candidate:  Amount of contribution is an inactual cost of the in-kind coenter an estimated value and Full name of candidate:	Gannon  (Last Name)  500.00  kind contribution, provident on the line about the word "estimate."	Bill  (First Name)  Office Candidate is Seeking le a description of the goods or love for amount of contribution	(Middle Name/Initial)  State Senate  services provided, and enter the  If the actual cost is not known,  (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount the contribution of the line above for amount the line above for a mount th	of the goods or services provided, and enter the actual cost is not known,
enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swis true and complete to the best of my knowledge and belief	vear or affirm that the foregoing information
Derek L. Clariford	October 20, 2023
(Signature of lobbyist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) Dere	EK L. Crawiord		
II. Name of lobbyist's part	nership, firm or corpo	ration, if any:	
Altria Client Services L	LC and its Affiliates		
	ership, firm or corporation)	<u></u>	<del></del>
III. Name of Client Altria		and its Affiliates	Date October 20, 2023
Political Contributions For each political contributions client/lobbyist and lobbying			664 paid on behalf of the
Full name of candidate:	ommittee to Elect	House Democra	ItS (Middle Name/Initial)
50	'	•	•
Amount of contribution \$ 50	O.UU Offic	e Candidate is Seeking	PAC
Full name of candidate:	ommittee to Elect	House Republic	ans
ruii name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,5	•	fice Candidate is Seeking	•
If the contribution is an in-kind actual cost of the in-kind contr enter an estimated value and the	l contribution, provide a de ibution on the line above f	escription of the goods or	services provided, and enter the
		lau	
Full name of candidate:	D'Allesandro	Lou	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution § 50	$\Gamma$ $\Gamma$	Fina Candidata ia Caalrina	State Senate

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of the line above.	f the goods or services provided, and enter the 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 swe	ar or affirm that the foregoing information
is true and complete to the best of my knowledge and belief.	•
Herek L. Cranford	October 20, 2023
(Signature of lobbyist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) D	erek L. Crawtord		
II. Name of lobbyist's pa	artnership, firm or co	orporation, if any:	
Altria Client Services	<b>-</b> ·	•	
	artuership, firm or corporation		
III. Name of Client Altric			Date October 20, 2023
Political Contributions For each political contrib client/lobbyist and lobby		e pursuant to RSA Chapter 6 following:	64 paid on behalf of the
Full name of candidate:	Ricciardi	Denise	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking S	tate Senate
Full name of candidate:	Gendreau	Carrie	
	(Last Name)	(First Name)	(Middle Name/Initial)  State Senate
Amount of contribution \$	<del></del>	Office Candidate is Seeking	State Octibite
	ontribution on the line ab	le a description of the goods or a cove for amount of contribution.	
actual cost of the in-kind co	ontribution on the line ab	ove for amount of contribution.	services provided, and enter the If the actual cost is not known,
actual cost of the in-kind co	ontribution on the line ab d the word "estimate."		
actual cost of the in-kind co	ontribution on the line abd the word "estimate."  Sununu (Last Name)	ove for amount of contribution.  Chris	If the actual cost is not known,

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount of enter an estimated value and the word "estimate."	the goods or services provided, and enter the contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contributions o	n separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	•
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear is true and complete to the best of my knowledge and belief.	or affirm that the foregoing information
Gignature of lobbyist)	October 20, 2023 (Date)
Derek L. Crawford (Print Name of lobbyist)	(=)

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	rek L. Crawford		
II. Name of lobbyist's par	tnership, firm or cor	poration, if any:	
Altria Client Services	LLC and its Affiliate	es	
(Name of part	tnership, firm or corporation)	-	
III. Name of Client Altria	Client Services LL	C and its Affiliates	Date October 20, 2023
Political Contributions For each political contribu client/lobbyist and lobbyin	tion that is reportable ig firm, indicate the fo	pursuant to RSA Chapter llowing:	664 paid on behalf of the
Full name of candidate:	Pearl	Howard	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	ა0.00 <sub>ი</sub>	office Candidate is Seeking	State House
	Pirdooll		
		Dogina	
Full name of candidate:	(I set Name)	Regina	(Middle New official)
	(Last Name)	Regina (First Name) Office Candidate is Seeking	(Middle Name/Initial)  State Senate
Amount of contribution \$ 50  If the contribution is an in-kin actual cost of the in-kind contribution is an in-kind contribution	OO.OO  and contribution, provide tribution on the line above	(First Name)  Office Candidate is Seeking a description of the goods or	-
Amount of contribution \$ 50  If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the content of the	OO.OO  and contribution, provide tribution on the line above	(First Name)  Office Candidate is Seeking a description of the goods or	State Senate services provided, and enter the
	(Last Name) 00.00  Ind contribution, provide tribution on the line above the word "estimate."	(First Name)  Office Candidate is Seeking a description of the goods or we for amount of contribution	State Senate services provided, and enter the
Amount of contribution \$\frac{50}{60}\$  If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the content of the cont	(Last Name) 00.00  Ind contribution, provide tribution on the line above the word "estimate."  Carson	(First Name) Office Candidate is Seeking a description of the goods or we for amount of contribution	State Senate services provided, and enter the If the actual cost is not known,  (Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description of the go actual cost of the in-kind contribution on the line above for amount of contre enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on sepa	rate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or at is true and complete to the best of my knowledge and belief.	Tirm that the foregoing information
Delek L. Clanford	October 20, 2023
(Signature of lobbyist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

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I. Name of Lobbyist(s) Dere			
IL Name of lobbyist's part	nership, firm or o	corporation, if any:	
Altria Client Services L	LC and its Affil	iates	
(Name of partu	ership, firm or corporation	m)	<del> </del>
III. Name of Client Altria	Client Services	LLC and its Affiliates	Date October 20, 2023
Political Contributions For each political contributi client/lobbyist and lobbying		ole pursuant to RSA Chapter of following:	664 paid on behalf of the
			\
Full name of candidate:	гау	James	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 50	0.00	Office Candidate is Seeking	State Senate
enter an estimated value and th	e word "estimate."		1. If the actual cost is not known,
	e word "estimate."		i. If the actual cost is not known,
Full name of candidate: Br	e word "estimate."	Jeb	
	e word "estimate."  adley  (Last Name)	Jeb (First Name)	(Middle Name/Initial)
Full name of candidate: Br  Amount of contribution \$ 500  If the contribution is an in-kind	radley (Last Name) 0.00 I contribution, provi	Jeb  (First Name)  Office Candidate is Seeking ide a description of the goods or	(Middle Name/Initial)
Full name of candidate: Br  Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contribution actual cost of the in-kind contribution actual cost of the in-kind contribution and the contribution is an in-kind actual cost of the in-kind contribution and the contribution is an in-kind actual cost of the in-kind contribution and the contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution in the in-kind contribution is an in-kind contribution in the in-kind contribution is an in-kind actual cost of the in-kind contribution in the in-kin	radley (Last Name) 0.00 I contribution, provi	Jeb  (First Name)  Office Candidate is Seeking ide a description of the goods or	(Middle Name/Initial) State Senate services provided, and enter the
Full name of candidate: Br  Amount of contribution \$ 500  If the contribution is an in-kind actual cost of the in-kind contri	e word "estimate."  Cadley (Last Name)  O.00  I contribution, providution on the line a e word "estimate."	Jeb  (First Name)  Office Candidate is Seeking ide a description of the goods or above for amount of contribution	(Middle Name/Initial) State Senate services provided, and enter the

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(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sy	wear or affirm that the foregoing info
is true and complete to the best of my knowledge and belief	

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I. Name of Lobbyist(s) Derek L. Crawford					
II. Name of lobbyist's partnership, firm or c	orporation, if any:				
Altria Client Services LLC and its Affiliates  (Name of partnership, firm or corporation)					
Political Contributions For each political contribution that is reportable client/lobbyist and lobbying firm, indicate the		oter 664 paid on behalf of the			
Full name of candidate: Avard	Kevin				
(Last Name)	(First Name)	(Middle Name/Initial)			
Amount of contribution \$ 500.00	Office Candidate is Seek	State Senate			
Full name of candidate: NH Senate Der (Last Name)	nocratic Caucus (First Name)	(Middle Name/Initial)			
·	Office Candidate is Se				
If the contribution is an in-kind contribution, providuation on the line all enter an estimated value and the word "estimate."					
	JOVE 101 AMOUNT OF COMMIC				
Full name of candidate:		Republicans			
Full name of candidate:  (Last Name)  Amount of contribution \$ 2,000.00					

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amoun enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ns on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.	
Delek L. Clanford	October 20, 2023
(Signature of loobyist)	(Date)
Derek L. Crawford (Print Name of lobbyist)	

I. Name of Lobbyist(s)	erek L. Crawford		
II. Name of lobbyist's p	artnership, firm or co	orporation, if any:	
Altria Client Service	s LLC and its Affilia	ites	
(Name of p	partnership, firm or corporation	)	-
III. Name of Client Altri	a Client Services L	LC and its Affiliates	Date October 20, 2023
Political Contributions For each political contri client/lobbyist and lobby	bution that is reportable	e pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Ward	Ruth	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	500.00	Office Candidate is Seeking	State Senate
	Lang	Tim	······
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	•	Office Candidate is Seeking	State House
If the contribution is an in- actual cost of the in-kind c enter an estimated value ar	ontribution on the line ab	le a description of the goods or rove for amount of contribution	r services provided, and enter the n. If the actual cost is not known,
<b>-</b>			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	
enter an estimated value and the word estimate.	
(If more than three contributions were made, report additional contribution	us on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swe is true and complete to the best of my knowledge and belief.	ear or affirm that the foregoing information
Derek L. Clanford	October 20, 2023
(Signature of lobbyist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

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