STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

1. Name of Lobbyist(s) Robert J. Sculley
II. Name of lobbyist's partnership, firm or corporation, if any:
New Hampshire Motor Transport association
(Name of partnership, firm or corporation)
19 Henniker Street, Concord NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
(603 224-7337 (608 225-936) e-mail x sculley@nhmta.org
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:
NH Motor Transport association
(Full Name of Client as it appears on the Lobbyist Registration Form)
<u>OR</u>
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report
Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18
October 31, 2018 January 30, 2019 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18
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, State House, Room 204, Concord, NH 03301.
VI. 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. Color Color Color

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)	lobert J.Sc	ulley	
II. Name of lobbyist's par	tnership, firm or corp	oration, if any:	
New Hamps hire Name of part	Motor Franspor	tassociation	
(Name of part	nership, firm or corporation) H MOTO Traw	nt No.	1,0
III. Name of ClientN	H MOTO I VON	isport upseria	1706 late
Political Contributions For each political contributions client/lobbyist and lobbyin			664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	1000	Office Candidate is S	eeking SMTE SEWATE
	ribution on the line above		or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	BIND SAL (Last Name)	REGINA (First Name)	(Middle Name/Initial)
Amount of contribution \$	00.00	Office Candidate is Se	eeking STATE SOLATE
	ribution on the line above		or services provided, and enter the on. If the actual cost is not known,
Full name of candidate:	SELATE REDUCE (Last Name)	Shicas MAJO (First Name)	Mity PAC (Middle Name/Initial)
	·		

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount 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 swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
ROBERT T. Scoury (Print Name of lobbyist)

•