STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses

(RSA Chapter 15)

JAN 1 4 2021

PLEASE PRINT

I. Name of Lobbyist(s	BRUCE	CRAWTOR	Qp	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's	partnership, firm or co	rporation, if any:		.
(Nam	e of partnership, firm or cor	poration)		
Po Box 3 Business Address: (Str.	761 eet)	CONCORD (Town/City)	N H (State)	(Zip Code)
(603-796- (Telephone)	<u>6241</u> ().	(Fax)	e-mail #TRA	JOFNHOGMAIL.
	vers: (Choose one – file ansactions which are no			nay file a separate report for
•	actions occurring in the r			the following client:
	h Racyclane (Full Name of Client as it	appears on the Lobbyist Re	egistration Form)	
OR All reportable transcurrelated to any particular.		ncluding the lobbyist's f	amily), or the lobbyi	ng firm listed below which are
IV. Date of Report Reports cover: activi	April 29, 2020 ty from date of registration	to 3/31/20 activit	July 29, 2020 y from 4/1/20 to 6/30/2	20
•	October 28, 2020 activity from 7/1/20 to 9/30/		January 27, 2021 / ty from 10/1/20 to 12/3	
V. There have been If this box is checked, of State House, Room 204	no fees received and complete just this form an t, Concord, NH 03301	no reportable transa and submit it to the Secret	ctions made since ary of State's Office,	the last report. 107 North Main Street,
	al reports are attached:			_
				Expenses Report of Honorariums or
		political contributions, y	ou must file Adden o	dum C- Political Contributions
Sworn Statement/Affi I have read RSA 15, R and complete to the be (Signature of lobbyist	SA 15-B, RSA 14-C and st of my knowledge and l	RSA 664 and hereby swoelief.	vear or affirm that th	e foregoing information is true
(Print Name of lobbyi	st)			

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STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	Spice CR	putoRp	
II. Name of lobbyist's part	nership, firm or corp	oration, if any:	
(Name of partn	ership, firm or corporation)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date ////2/
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportable p	ursuant to RSA Chapte	
Full name of candidate:	Conson (Last Name)	Shapen (First Name)	(Middle Name/Initial) Seeking
Amount of contribution \$	50	Office Candidate is S	Seeking Squats
Full name of candidate:		(First Name)	
			eeking
If the contribution is an in-kind	d contribution, provide a	description of the goods	or services provided, and enter the on. If the actual cost is not known
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	· · · · · · · · · · · · · · · · · · ·	Office Candidate is S	ceking

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) (Signature of lobbyist) (Date)				
(Print Name of lobbyist)				