STATE OF NEW HAMPSHIRE



I. Name of Lobbyist(s) Der	ek L. Crawford		DEPARTMENT OF
II. Name of lobbyist's part	nership, firm or co	rporation, if any:	·
Altria Client Services L			
	ership, firm or corporation)		
III. Name of Client Altria	Client Services a	nd its Affiliates	_{Date} July 15, 2022
Political Contributions For each political contribut client/lobbyist and lobbying			ter 664 paid on behalf of the
Full name of candidate:	ommittee to E		
1 /		(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,5		Office Candidate is Seekir	ng IV/A
actual cost of the in-kind control enter an estimated value and the	ie word "estimate."	ove for amount of contribu	ution. If the actual cost is not known
Full name of candidate: S	ununu	Chris	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 2,0)UU.UU 	Office Candidate is See	king Governor
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	e a description of the good ove for amount of contribu	ls or services provided, and enter the actual cost is not known,
Full name of candidate:	Birdsell	Regina	
1 ((Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0	100.00	Office Candidate is Seel	_{king} State Senate

If the contribution is an in-kind contribution, provide a descriactual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	iption of the goods or services provided, and enter the mount of contribution. If the actual cost is not known,
	· · · · · · · · · · · · · · · · · · ·
(If more than three contributions were made, report additional contr	ibutions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	by swear or affirm that the foregoing information elief.
— DocuSigned by:	
Derek Crawford	July 15, 2022
—64(SPRIMITURE of lobbyist)	(Date)
Derek L. Crawford	
(Print Name of lobbyist)	

STATE OF NEW HAMPSHIRE

	rek L. Crawford		
II. Name of lobbyist's par	tnership, firm or c	orporation, if any:	
Altria Client Services	LLC and its Affili	ates	
(Name of par	tnership, firm or corporation	n)	
III. Name of Client Altria	Client Services a	and its Affiliates	July 15, 2022
Political Contributions For each political contributions client/lobbyist and lobbyist	tion that is reportabing firm, indicate the	le pursuant to RSA Chapter following:	664 paid on behalf of the
Full name of candidate:	Carson	Sharon	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$,000.00	Office Candidate is Seeking	State Senate
Evil name of a did a	Bannon	Bill	
Full name of candidate:	Sannon (Last Name)	Bill (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ 1,	(Last Name)	Bill (First Name) Office Candidate is Seekin	(Middle Name/Initial) State Senate
Amount of contribution \$ 1,	(Last Name) 000.00 and contribution, provide tribution on the line at	(First Name) Office Candidate is Seeking de a description of the goods o	Ctata Camata
Amount of contribution \$\frac{1}{2}\$, If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the content of the conte	(Last Name) 000.00 and contribution, provide tribution on the line at	(First Name) Office Candidate is Seeking de a description of the goods of the g	State Senate
Amount of contribution \$ 1, If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the state of the content of the co	(Last Name) 000.00 and contribution, provide tribution on the line at the word "estimate." Daniels (Last Name)	(First Name) Office Candidate is Seeking de a description of the goods o	State Senate
Amount of contribution \$\frac{1}{2}\$, If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the content of the conte	(Last Name) 000.00 and contribution, provide tribution on the line at the word "estimate." Daniels (Last Name)	(First Name) Office Candidate is Seekin de a description of the goods o bove for amount of contributio	State Senate r services provided, and enter the n. If the actual cost is not known, (Middle Name/Initial)

	
If more than three contributions were made, report addition	ional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
·	and hereby swear or affirm that the foregoing information ge and belief.
have read RSA 15, RSA 15-B and RSA 664 at	and hereby swear or affirm that the foregoing information ge and belief.
have read RSA 15, RSA 15-B and RSA 664 at strue and complete to the best of my knowledge	and hereby swear or affirm that the foregoing information ge and belief. July 15, 2022

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STATE OF NEW HAMPSHIRE

JUL 1 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

I. Name of Lobbyist(s) Dero			
II. Name of lobbyist's part	nership, firm or corpo	ration, if any:	
Altria Client Services L	LC and its Affiliates		
(Name of partn	ership, firm or corporation)		
III. Name of Client Altria C	Client Services and i	ts Affiliates	Date July 15, 2022
Political Contributions For each political contributi client/lobbyist and lobbying	on that is reportable pur firm, indicate the follo	suant to RSA Chapter wing:	664 paid on behalf of the
Full name of candidate:	ard	Ruth	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 1,0	00.00 Offic	e Candidate is Seeking	State Senate
actual cost of the in-kind contr	e word "estimate."	or amount of contribution	or services provided, and enter to m. If the actual cost is not known.
actual cost of the in-kind contrent an estimated value and the	e word "estimate."		on. If the actual cost is not known
actual cost of the in-kind contrent an estimated value and the	e word "estimate."	James	on. If the actual cost is not kno
Full name of candidate: Amount of contribution \$ 1,0	e word "estimate." Tay (Last Name)		(Middle Name/Initial)
enter an estimated value and the standard for the standard value and the standard for the s	Cay (Last Name) O0.00 Off contribution, provide a debution on the line above for	James (First Name) fice Candidate is Seekings of the goods of	(Middle Name/Initial) State Senate
Full name of candidate: GI Amount of contribution \$ 1,0 If the contribution is an in-kind actual cost of the in-kind contribution are an estimated value and the	Cay (Last Name) O0.00 Off contribution, provide a debution on the line above for	James (First Name) fice Candidate is Seekings of the goods of	(Middle Name/Initial) State Senate
Full name of candidate: Amount of contribution \$ 1,0 If the contribution is an in-kind actual cost of the in-kind contributer an estimated value and the contribution 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 contribution actual cost of the in-kind contribution and the contribution are in-kind contribution.	Cay (Last Name) OO.00 Off contribution, provide a debution on the line above for e word "estimate."	James (First Name) fice Candidate is Seeking escription of the goods or amount of contribution	(Middle Name/Initial) State Senate

(If more than three contributions were made, report addition	nal contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 an	nd hereby swear or affirm that the foregoing information
I have read RSA 15, RSA 15-B and RSA 664 an is true and complete to the best of my knowledge	nd hereby swear or affirm that the foregoing information e and belief.
is true and complete to the best of my knowledge	nd hereby swear or affirm that the foregoing information e and belief.
is true and complete to the best of my knowledge	nd hereby swear or affirm that the foregoing information e and belief. July 15, 2022
I have read RSA 15, RSA 15-B and RSA 664 and is true and complete to the best of my knowledge becausigned by: LYCK (rawfor) 64(Signature of lobbyist)	e and belief.



STATE OF NEW HAMPSHIRE



II. Name of lobbyist's p		- ' '	
Altria Client Service			
·	partnership, firm or corporation	•	
III. Name of Client Altri	a Client Services	and its Affiliates	_{Date} July 15, 2022
	-		- -
Political Contributions For each political contri		ole pursuant to RSA Chapter	661 maid on habalf aftha
client/lobbyist and lobby			004 paid on behalf of the
			
Full name of candidate:	Avard	Kevin	
on name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _	, ,	Office Candidate is Seeking	
amount of contribution \$ _		_ Office Candidate is Seeking _	
enter an estimated value an	d the word "estimate."	above for amount of contribution	n. If the actual cost is not kno
enter an estimated value an	d the word "estimate."		n. If the actual cost is not kno
enter an estimated value an	d the word "estimate." Ricciardi	Denise	
enter an estimated value an	Ricciardi (Last Name)		(Middle Name/Initial)
enter an estimated value an	Ricciardi (Last Name)	Denise	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-lectual cost of the in-kind co	Ricciardi (Last Name) 500.00 kind contribution, proviontribution on the line a	Denise (First Name)	(Middle Name/Initial) State Senate services provided, and enter
Full name of candidate: Amount of contribution \$ If the contribution is an in-lactual cost of the in-kind coenter an estimated value and	Ricciardi (Last Name) 500.00 kind contribution, proviontribution on the line a d the word "estimate."	Denise (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
Full name of candidate: Amount of contribution \$	Ricciardi (Last Name) 500.00 kind contribution, proviontribution on the line a	Denise (First Name) Office Candidate is Seeking ide a description of the goods or	(Middle Name/Initial) State Senate services provided, and enter

If the contribution is an in-kind contribution, provide a deactual cost of the in-kind contribution on the line above for	scription of the goods or services provided, and enter the r 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 co	entributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	reby swear or affirm that the foregoing information l belief.
DocuSigned by:	
Derek Crawford	July 15, 2022
64(Bigmature of lobbyist)	(Date)
Derek L. Crawford	
(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: Altria Client Services LLC and its Affiliates
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Altria Client Services and its Affiliates
Date of Report (check one):
April 27, 2022 July 27, 2022 October 26, 2022 January 25, 2023
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):
Addendum A(s). X
Addendum B(s). 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.
July 15, 2022
designature of lobbyist) (Date)
Derek L. Crawford JUL 18 1322
(Print Name of lobbyist) DEPARTMENT OF STATE