



STATE OF NEW HAMPSHIRE
2018 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

RECEIVED
 JAN 28 2019
 NEW HAMPSHIRE
 DEPARTMENT OF STATE

PLEASE PRINT

I. 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 Kenniker Street, Concord NH 03301
 Business Address: (Street) (Town/City) (State) (Zip Code)

(603) 224-7337 (603) 225-9361 e-mail rjsculley@nhmta.org
 (Telephone) (Fax)

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)

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.

IV. Date of Report April 25, 2018 July 25, 2018
 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.

Robert J. Sculley
 (Signature of lobbyist)

1-24-19
 (Date)

ROBERT J. SCULLEY
 (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Robert J. Sculley

E II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Motor Transport Association

P III. Name of Client NH Motor Transport Association

Political Contributions

N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: MONSE CHUCK (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1,000.00 Office Candidate is Seeking SENATE

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."

Blank lines for in-kind contribution details

Full name of candidate: BRADLEY JON (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 1,120.00 Office Candidate is Seeking SENATE

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."

Blank lines for in-kind contribution details

Full name of candidate: ILMIS DAN (Last Name) (First Name) (Middle Name/Initial)

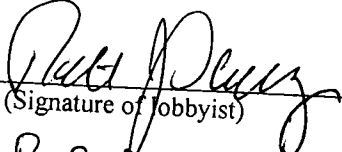
Amount of contribution \$ 500.00 Office Candidate is Seeking SENATE

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)

1-24-19

(Date)

ROBERT J. SAWLEY

(Print Name of lobbyist)



STATE OF NEW HAMPSHIRE
 Lobbyists Report of
 Political Contributions
 Addendum C
 (RSA Chapter 15:6)

P I. Name of Lobbyist(s) Robert J. Sculley
 L
 E II. Name of lobbyist's partnership, firm or corporation, if any:
 A Energy Marketers Association of New Hampshire
 S (Name of partnership, firm or corporation)
 E
 P III. Name of Client Energy Marketers Association of New Hampshire Date _____
 R
 I Political Contributions
 N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
 T client/lobbyist and lobbying firm, indicate the following:

Full name of candidate: SCHUBMAN DAVID
 (Last Name) (First Name) (Middle Name/Initial)
 Amount of contribution \$ 250.00 Office Candidate is Seeking SENATE

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."

Full name of candidate: _____
 (Last Name) (First Name) (Middle Name/Initial)
 Amount of contribution \$ _____ Office Candidate is Seeking _____

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."

Full name of candidate: _____
 (Last Name) (First Name) (Middle Name/Initial)
 Amount of contribution \$ _____ Office Candidate is Seeking _____

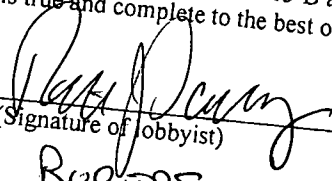
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If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated 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)

ROBERT T. SWEENEY
(Print Name of lobbyist)

1-24-19
(Date)