STATE OF NEW HAMPSHIRE

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

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NEW HAMPSHIRE

DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Derek L. Crawford, Jonathan Shaer

II. Name of	lobbyist's partnership, firm or o	corporation, if any:		
Altria Cli	ent Services LLC and			
101	(Name of partnership, firm or c Constitution Ave., NW	Washington	D.C.	20001
Business Addr		(Town/City)	(State)	(Zip Code)
_	2-354-1527	(TOWE City)		ford@Altria.com;
·		(Fax)	e-maile	
(16	lephone)	(rax)		
	tement covers: (Choose one – fil			file a separate report
reportable e	xpense transactions which are 1	iot attributable to any o	one cuent).	
All repor	table transactions occurring in the	months prior to the repo	orting date relative to the f	ollowing client:
-	_			<i>::</i> g::
	ent Services LLC and			
<u>OR</u>	(Full Name of Client as i	t appears on the Lobbyist R	egistration Form)	
	able transactions by the lobbyist (including the lobbyist's	family) or the lobbying fi	rm listed below which
	any particular client.	moreumg die 1000yist s	numity), or the loopying in	III IIGAA OOIOW WIIIOI
IV. Date of I			July 26, 2023	
Reports cover.		n to 3/31/23 acti	vity from 4/1/23 to 6/30/23	
	October 25, 2023		anuary 31, 2024	
	activity from 7/1/23 to 9/30/2	23 activity	from 10/1/23 to 12/31/23	
V There b	ave been no fees received and	l no renortable trans	actions made since the	last report.
	checked, complete just this form a			
•	Room 204, Concord, NH 03301.			
VI Charles	additional reports are attached	l•		
	we received fees or made expend		andum A. Fees and Eyns	MICPC
	ive paid an honorarium or reimbu			
Expense Rei		ised expenses, you must	me Addendam D- Repor	t or monorangins or
	our firm, or your family has made	political contributions,	you must file Addendum	C- Political Contribut
	•	•		
Sworn State	ment/Affirmation by Lobbyist			
I have read R	RSA 15, RSA 15-B, RSA 14-C an	d RSA 664 and hereby s	wear or affirm that the for	egoing information is t
and complete	to the best of my knowledge and	l belief.		
Word	le L. Clawfor	L_	October 20, 202	:3
(Signature o	f lobbyist)		(Date)	
\	. Crawford		(240)	
(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:	Alleie Olivet One in a 11 One 17 A Miller
Name of Lobbying partnership, firm, or corporation:	Altria Client Services LLC and its Affiliates
Name of Client (leave blank if Statement is for the particular client): Altria Client Services LLC and it	
Date of Report (check one):	
April 26, 2023 □ July 26, 2023 □ Octo	ber 25, 2023
I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing informatic complete to the best of my knowledge and belief. Complete to the best of my knowledge and belief. Signature of lobbyist)	on on the Statement and each Addendum is true and October 20, 2023
(Signature of lobbyist)	(Date)
Jonathan Shaer	
(Print Name of lobbyist)	