STATE OF NEW HAMPSHIRE

2021 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

JAN 26 2022

PLEASE PRINT

I. Name of Lobbyist(s) BRUCE CRAU	forp	DEPARTMENT OF STREET
H. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		····
Business Address: (Street) (Town/City)	RD NH	63302
Business Address: (Street) (Town/City)	(State)	(Zip Code)
(£03) 796-6241 (Fax)	e-mail ATRA	POFNH & GMAIL.
III. This statement covers: (Choose one – file separate reports for reportable expense transactions which are not attributable to a	or each client, OR you m	
All reportable transactions occurring in the months prior to the	reporting date relative to the	he following client:
Auto & Troch Recyclers 7 (Full Name of Client as it appears on the Lobby)		
All reportable transactions by the lobbyist (including the lobbyis unrelated to any particular client.	st's family), or the lobbyin	g firm listed below which are
October 27, 2021	July 28, 2021 ctivity from 4/1/21 to 6/30/21 January 26, 2022 activity from 10/1/21 to 12/31	7
V. There have been no fees received and no reportable tra If this box is checked, complete just this form and submit it to the So 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 A		
If you have paid an honorarium or reimbursed expenses, you me Expense Reimbursement	ust file Addendum B Re	eport of Honorariums or
If you, your firm, or your family has made political contribution	ns, you must file Addendu	um C-Political Contributions
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereband complete to the best of my knowledge and belief.	by swear or affirm that the	foregoing information is true
(Signature of lobbyist)	1/23/	22
BRUCE CRAWFORD	(Da	
(Print Name of lobbyist)		