

STATE OF NEW HAMPSHIRE 2021 Statement of Income and Expenses for LOBBYISTS (PSA Chapter 15)

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NEW HAMPSHIRE DEPARTMENT OF STATE

for LOBBYISTS (RSA Chapter 15) PLEASE PRINT

I. Name of Lobb	oyist(s) Derek L. Cra	awford, Molly J. Slir	ngerland, Eric A. Barker	
II. Name of lobb	yist's partnership, fi	rm or corporation, if a	nny:	
Altria Client	Services LLC and	t its Affiliates		
	(Name of partnership, fi	rm or corporation)		, · , ·
101 Constitu	tion Avenue NW	Suite 400W, Was	shington, District of Columbi	ia 20001
Business Address:		(Town/City)	(State)	(Zip Code)
(202) _354-15	00	(202) 354-1515	Derek.L.Crawford@Altria	n.com, Molty.J.Stingerland@Altria.com m
(Telepho		(Fax		
		ne – file separate repo h are not attributable	rts for each client, OR you may file to any one client).	a separate report for
☐ All reportable	e transactions occurring	g in the months prior to	the reporting date relative to the following	owing client:
OR	(Full Name of Cl	ient as it appears on the Lo	obbyist Registration Form)	
All reportable unrelated to any p	transactions by the lob particular client.	obyist (including the lob	obyist's family), or the lobbying firm	listed below which are
IV. Date of Repo	ort April 28, 2021	1 7	July 28, 2021 🗌	
Reports cover:	activity from date of reg		activity from 4/1/21 to 6/30/21	•
	October 27, 20		January 26, 2022 □	
	activity from 7/1/2.	1 to 9/30/21	activity from 10/1/21 to 12/31/21	
If this box is chec		form and submit it to th	e transactions made since the last the Secretary of State's Office, 107 No.	
VI. Check if add	itional reports are at	tached:		
	-		file Addendum A-Fees and Expense	es
	aid an honorarium or r		ou must file Addendum B- Report o	
☐ If you, your f	irm, or your family ha	s made political contrib	utions, you must file Addendum C-	Political Contributions
I have read RSA and complete to the	he best of my knowled	4-C and RSA 664 and h	ereby swear or affirm that the forego	ing information is true
Derek L	Crawford		April 20, 2021	
(Signature of lob	byist)		(Date)	
Derek L. Cra	wford ,			
(Print Name of lo	obbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s) Derek L. Crawford, Molly J. Slingerland, E	Eric A. Barker
II. Name of lobbyist's partnership, firm or corporation, if any:	
Altria Client Services LLC and its Affiliates	
(Name of partnership, firm or corporation)	
III. Name of Client Altria Client Services and its Affiliates	Date April 19, 2021
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The gro reduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 8,809.36
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar ye	b) \$ ar)
c) Total of all fees received to date (Add lines a and b)	c) \$ 8,809.36
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reportees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	lient and if expenditures are made by hay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a business s than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 8809.36
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$0.00

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 8809.36		
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$		
f) Total of all expenses year to date	f) \$ 8809.36		
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting		
Paid to:	Amount:		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Sworn Statement/Affirmation by Lobbyist			
I have read RSA 15; RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information		
Derek L. Crawford	April 20, 2021		
(Signature of lobbyist)	(Date)		
Derek L. Crawford			
(Print Name of lobbyist)			

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NEW HAMPSHIRE DEPARTMENT OF STATE

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 pa	rtnership, firm, or corpo	oration: Altria Client Ser	vices LLC and its Affiliates
			corporation and not related to any
particular client):			
Date of Report (check	: one):		
April 28, 2021 🗹	July 28, 2021 🗆	October 27, 2021	January 26, 2022 □
			nd Expenses described above, and number of Addendum forms being
X Addendum A(s).		
Addendum B(s).		
Addendum C(s).		
•	rm that the foregoing ir f my knowledge and be		ent and each Addendum is true and
Tic A. Bark	jer	Apr	il 20, 2021
(Signature of lobbyist))		(Date)
Eric A. Barker			
(Print Name of lobbyi	st)		RECEIVED
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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	Statemen	t/Affirma	tion by	Lobbyist
Statem	ent of Inc	ome and	Expense	es 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 28, 2021 🗹 July 28, 2021 🗆 October 27, 2021 🗆 January 26, 2022 🗆
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):
X Addendum A(s).
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.
Molly J. Slingerland April 20, 2021
(Signature of lobbyist) (Date)
Molly J. Slingerland
(Print Name of lobbyist) RECEIVED

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