## STATE OF NEW HAMPSHIRE

2020 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 1 5 2020

### PLEASE PRINT

011164	PLEASE PRINT					0 2020
I. Name of Lobbyist	(s) BR1	OCE C	RAW	FORD	DEPARTMEN	APSHIRE FOF STATE
II. Name of lobbyist	's partnership, firm o	r corporation, i	f any:			
Olo	ma of normarship firm		·			
0 A 0	me of partnership, firm or				- 20	
Business Address: (S	treet)	(Town/City)	or0	NH (State)	63 <u>50</u>	
102 761 -	1241	(10, 0)		1=0		
(Telephone)		)(F	ax)	e-mail ATRI	FOF POLYCON CO	emal , car
III. This statement c reportable expense t	overs: (Choose one – ransactions which are	file separate rep e not attributabl	oorts for each o	client, OR you ma	ny file a separate re	port for
All reportable tran	nsactions occurring in t	he months prior t	to the reporting	date relative to th	e following client:	
<b>A</b> .	EVEN RACE (Full Name of Client as	ILLERS	ASN 0	TNH		
<u>OR</u>			. •	,		
☐ All reportable transunrelated to any partic	sactions by the lobbyist cular client.	t (including the le	obbyist's famil	y), or the lobbying	; firm listed below w	hich are
IV. Date of Report Reports cover: activ	April 29, 2020   ity from date of registrat	ion to 3/31/20	•	29, 2020		
	October 28, 2020 activity from 7/1/20 to 9/		Jani	uary 27, 2021  m 10/1/20 to 12/31/	20	
If this box is checked,	n no fees received an complete just this form 4, Concord, NH 03301	and submit it to	le transaction the Secretary o	ns made since th of State's Office, 10	ne last report. , [ 07 North Main Stree	
VI. Check if addition	al reports are attache	ed:				
	ed fees or made expen				-	
☐ If you have paid a Expense Reimburseme	n honorarium or reimb ent	ursed expenses, y	you must file A	ddendum B– Rep	oort of Honorariums	or
If you, your firm,	or your family has mad	le political contri	ibutions, you m	ust file Addendui	m C- Political Contr	ibutions
I have read RSA 15, R	Trmation by Lobbyist SA 15-B, RSA 14-C at at of my knowledge an	nd RSA 664 and	hereby swear of	or affirm that the fo	oregoing information	is true
(Signature of lobbyist	Inf _			10/13 (Date	3/20	
BAUCE (Print Name of lobby)		28	_* · ·			,

# 1115

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's part	nership, firm or corp	oration, if any:	
(Name of partn	ership, firm or corporation)		,
, ,	•		10/10/
III. Name of Client			Date
Political Contributions		<b>5</b> .	
For each political contributi	ion that is reportable p	ursuant to RSA Chapte	r 664 paid on behalf of the
client/lobbyist and lobbying	g firm, indicate the foll	owing:	, ·
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
1 ブニして ほう	1 1-11-41-	N4 1	
	211		10.
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
•			
Amount of contribution \$	50	Office Candidate is S	Seeking NH Hous R
		distribution California de	or services provided, and enter th
enter an estimated value and the		e for amount of controller	on. If the actual cost is not know
		·	
Tull name of condidates	Rupetec 11	Pec	1 M X
Full name of candidate:	BIRESS U	(First Name)	(Middle Name/Initial)
	(Last Name)		
	(Last Name)		(Middle Name/Initial)  Jeeking NH Squate
Amount of contribution \$	(Last Name)	Office Candidate is S	eeking NH Sout
Amount of contribution \$  If the contribution is an in-kinactual cost of the in-kind contribution is an in-kind contribution in the in-kind contri	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Squate
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution to the in-kind contribution is a second contribution.	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Squate
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution in the in	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Squate
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution in the in	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Squate
Amount of contribution \$  If the contribution is an in-kinductual cost of the in-kind contribution is an in-kind contribution in the in-	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Scatt
Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contribution is an in-kind contribution in the in	d contribution, provide a ribution on the line abov	Office Candidate is S	eeking NH Squate
Amount of contribution \$  If the contribution is an in-kinactual cost of the in-kind contribution is an in-kind contribution in the in-kind contri	d contribution, provide a ribution on the line abov he word "estimate."	Office Candidate is S description of the goods e for amount of contributi	eeking NH Sout
Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contribution and the enter an estimated value and the enter an estimated	d contribution, provide a ribution on the line abov	Office Candidate is S	or services provided, and enter the fon. If the actual cost is not known
actual cost of the in-kind conti	d contribution, provide a ribution on the line abov he word "estimate."	Office Candidate is S description of the goods e for amount of contributi	

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's parti	nership, firm or corp	poration, if any:	· :	
21				
(Name of partne	ership, firm or corporation)			,
III. Name of Client			Date	
Political Contributions For each political contribution client/lobbyist and lobbying	on that is reportable properties, firm, indicate the fol	oursuant to RSA Chapter	664 paid on be	half of the
12110		,		
Full name of candidate:	C RAY (Last Name)	Jun & D (First Name)	(Middle Name	/Initial)
Amount of contribution \$	125	Office Candidate is S	eeking N	SENATA
actual cost of the in-kind contr enter an estimated value and th	ne word "estimate."	e for amount of contribution	on. If the actual c	ed, and enter the cost is not known
enter an estimated value and th	ne word "estimate."	ve for amount of contribution	on. If the actual of	cost is not known
enter an estimated value and th	ne word "estimate."	ve for amount of contribution	on. If the actual of	cost is not known.
Full name of candidate:  Amount of contribution \$	(Last Name)	ve for amount of contribution	on. If the actual of	/Initial)
enter an estimated value and the	(Last Name)  d contribution, provide ribution on the line above	(First Name) Office Candidate is Sea description of the goods of	(Middle Name	/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ribution on the line above	(First Name) Office Candidate is Sea description of the goods of	(Middle Name	/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ribution on the line above	(First Name) Office Candidate is Sea description of the goods of	(Middle Name	/Initial)
Full name of candidate:  Amount of contribution \$  If the contribution is an in-kind actual cost of the in-kind contr	(Last Name)  d contribution, provide ribution on the line above	(First Name) Office Candidate is Sea description of the goods of	(Middle Name	/Initial)  SS M 1  ded, and enter the cost is not known

(turn over to continue  $\rightarrow$ )

### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s)			
II. Name of lobbyist's par	tnership, firm or cor	rporation, if any:	
(Name of part	nership, firm or corporation)		
III. Name of Client	·		Date
Political Contributions For each political contribu client/lobbyist and lobbyin	tion that is reportable g firm, indicate the fo	pursuant to RSA Chapte	r 664 paid on behalf of the
Full name of candidate: _	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	150	Office Candidate is S	Seeking SENATE
actual cost of the in-kind con	tribution on the line abo	eve for amount of contribution	or services provided, and enter the ion. If the actual cost is not known
actual cost of the in-kind con	tribution on the line abo	ove for amount of contribution	on. If the actual cost is not know
actual cost of the in-kind con enter an estimated value and	tribution on the line abothe word "estimate."	Roth	ion. If the actual cost is not know
actual cost of the in-kind con enter an estimated value and Full name of candidate:  Amount of contribution \$	tribution on the line abothe word "estimate."  WARN  (Last Name)	Roth (First Name)	(Middle Name/Initial) Seeking NHSENATA
Full name of candidate:  Amount of contribution \$	(Last Name)  I SO  Indicator contribution, provide tribution on the line about the about the same about the sam	Rath (First Name) Office Candidate is Sea description of the goods	(Middle Name/Initial)
Full name of candidate:  Amount of contribution \$	(Last Name)  I SO  Indicator contribution, provide tribution on the line about the about the same about the sam	Rath (First Name) Office Candidate is Sea description of the goods	(Middle Name/Initial)  Seeking NHSENATA  or services provided, and enter to the actual cost is not known.

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)  (Date)  (Date)  (Print Name of lobbyist)