

STATE OF NEW HAMPSHIRE

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

RECEIVED

OCT 1 4 2020

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyis	(s) Robert	J. Sculley					
II. Name of lobbyist's partnership, firm or corporation, if any:							
		Transport Ass, firm or corporation)	ociation	· · · · ·	_		
19 Henniker Business Address: (3	Street)	(Town/City)	NH (State	0330 (Zip Coo	∐ de)		
(1003) <u>224-73</u> (Telephone)	37	(1003) <u>225 - 931e</u> (Fax)	e-mail <u>r</u> j	Sculley @nhm	ita.org		
		one – file separate repor ich are not attributable (you may file a separate	report for		
All reportable tra	ansactions occurr	ing in the months prior to	the reporting date relat	ive to the following clien	t :		
	Shire Mot (Full Name of	Or Transport A	Sociation bbyist Registration Form)			
OR ☐ All reportable tra unrelated to any part	-	lobbyist (including the lob	byist's family), or the	obbying firm listed belov	v which are		
IV. Date of Report Reports cover: act	April 29, 20	20 registration to 3/31/20	July 29, 2020 activity from 4/1/20 to				
	October 28, activity from 7/1	•	January 27, 20 activity from 10/1/20				
	l, complete just ti	ived and no reportable his form and submit it to th H 03301.			□ treet,		
VI. Check if addition	onal reports are	attached:					
•		e expenditures, you must f		•			
☐ If you have paid Expense Reimburser		or reimbursed expenses, yo	ou must file Addendun	B - Report of Honorariu	ms or		
7		has made political contrib	utions, you must file A	ddendum C – Political C	ontributions		
Sworn Statement/A I have read RSA 15, and complete to the	RSA 15-B, RSA	14-C and RSA 664 and h	, -	2 2	ition is true		
(Signature of lobby) (Print Name of lobb	oyist)	e ueg		(Date)			

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s)	obert J. Scu	lley	
II. Name of lobbyist's parti		Λ	
New Hampshire Mot (Name of partner	or Transport A	Association	
III. Name of Client NEW Ha	mpshire Motor Ti	iansport Associatio	Date
Political Contributions	on that is reportable	pursuant to RSA Chap	ter 664 paid on behalf of the
Full name of candidate:	ANIELS (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	50.00	Office Candidate is	s Seeking
actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo ne word "estimate."	ve for amount of contribu	ls or services provided, and enter the ation. If the actual cost is not known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
If the contribution is an in-kine actual cost of the in-kind contrenter an estimated value and the	ribution on the line abo	a description of the good we for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)

STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) Robert J. Sculle	ly
II. Name of lobbyist's partnership, firm or corp	()
New Hampshire Motor Transport (Name of partnership, firm or corporation)	: Association
III. Name of Client New Hampshire Motor -	Transport Association Date
Political Contributions	pursuant to RSA Chapter 664 paid on behalf of the
Full name of candidate:	CHUCL (Middle Name/Initial)
Amount of contribution \$ \(\frac{\gamma}{\chi} \), (\(\sigma \chi \).	Office Candidate is Seeking STATE SS-AT
	a description of the goods or services provided, and enter the ve for amount of contribution. If the actual cost is not known,
Full name of candidate: (Last Name)	(First Name) (Middle Nam/Initial)
Amount of contribution \$ d, 500.00	Office Candidate is Seeking NH Hasse
If the contribution is an in-kind contribution, provide a actual cost of the in-kind contribution on the line above enter an estimated value and the word "estimate."	a description of the goods or services provided, and enter the we for amount of contribution. If the actual cost is not known,
Full name of candidate: NH SEVATE (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$ 2,000.00	Office Candidate is Seeking SATE SOUTE

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	n of the goods or services provided, and enter the nt of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contribution	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby svis true and complete to the best of my knowledge and belief (Signature of lobbyist) (Print Name of lobbyist)	