

PLEASE PRINT

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

RECEIVED

JAN 18 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Robert J Sculley
II. Name of lobbyist's partnership, firm or corporation, if any:
Name of partnership, firm or corporation)
Business Address: (Street) (Town/City) (State) (Zip Code)
(603) 224-7337 (603) 225-9361 e-mail 1/500/ky@nhmte.org
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
All reportable transactions occurring in the months prior to the reporting date relative to the following client:
New Hompshire Motor Transport Association
(Full Name of Client as it appears on the Lobbyist Registration Form) OR
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.
IV. Date of Report April 28, 2021 July 28, 2021
Reports cover: activity from date of registration to 3/31/21 activity from 4/1/21 to 6/30/21
October 27, 2021
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, 107 North Main Street, 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 Addendum A —Fees and Expenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B — Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C - Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C 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 lobovist)
(Date) NoBert J Scourcy (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

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

For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Office Candidate is Seeking Girle Candidate is Seeking Office Candidate is Seeking 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."	I. Name of Lobbyist(s)	iobert J S		
(Name of partnership, firm or corporation) III. Name of Client New Home of partnership, firm or corporation) III. Name of Client New Home of Cli	II. Name of lobbyist's part	nership, firm or cor	poration, if any:	
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following: Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2,500.0000 Office Candidate is Seeking STATE SOLUTION 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial) Amount of 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, 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." Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)			•	Association
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(If more than three contribut	ions were made, report additional contribution	ns on separate addendum C forms.)	
Sworn Statement/Affi	rmation by Lobbyist		
		ear or affirm that the foregoing informat	ion
is true and complete to	the best of my knowledge and belief.		
(lot Deus		1-12-62	
		(Date)	
(Signature of lobbyist)		(Dute)	
(Signature of lobbyist) ROBERS (Print Name of lobbyis	J. Scolley	(Suite)	

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