STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NEW HAMPSHIRE

PLEASE PRINT

I. Name of Lob	obyist(s) BRUCE CRA	wyory	LUEPARTMENT OF STATE
II. Name of lob	obyist's partnership, firm or corporation, i	f any:	
	(Name of partnership, firm or corporation)		
Po Ros	+2761 CONO		03302
Business Address	s: (Street) (Town/City)		(Zip Code)
(A)3-7	96-6241 () (i	e-mail ATRA 0	FNHQ GMAIL. COM
	nent covers: (Choose one – file separate re ense transactions which are not attributab		ay file a separate report for
All reportab	ole transactions occurring in the months prior	to the reporting date relative to the	e following client:
	(Full Name of Client as it appears on the	Lobbyist Registration Form)	
<u>OR</u>			
	le transactions by the lobbyist (including the particular client.	lobbyist's family), or the lobbying	g firm listed below which are
IV. Date of Rep	port April 25, 2018 🗌	July 25, 2018	
Reports cover:	activity from date of registration to 3/31/18	activity from 4/1/18 to 6/30/18	
	October 31, 2018 activity from 7/1/18 to 9/30/18	January 30, 2019 ☐ <i>activity from 10/1/18 to 12/31.</i>	/18
	e been no fees received and no reportal ecked, complete just this form and submit it to 3301.		
VI Check if ad	ditional reports are attached:		•
	received fees or made expenditures, you must	st file Addendum A- Fees and E	xpenses
•	paid an honorarium or reimbursed expenses,		•
☐ If you, your	firm, or your family has made political cont	ributions, you must file Addendu	m C-Political Contributions
I have read RSA	ent/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA 664 and the best of my knowledge and belief.	d hereby swear or affirm that the t	oregoing information is true
Ho	(al		416
(Signature of lo	obbyist)		12/12 e)
Bruc		.(24	,
(Print Name of	12 -1014		
(1 till 14aille 01	1000y ist)		

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.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for: Name of Lobbying partnership, firm, or corporation: Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any TRUIL REYCLERS particular client Date of Report (check one): July 25, 2018 □ October 31, 2018 January 30, 2019 □ April 25, 2018 □ 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): 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.