STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ROBERT J. SCULLEY

II. Name of lobbyist's partnership, firm or corporation, if any:

N.H. MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

III. Name of Client N.H. MOTOR TRANSPORT ASSN **Date** 4-22-23

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: NH SENATE DEMOCRATIC CAUCUS
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 1,000.00 Office Candidate is Seeking STATE SENATE

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: KELLY MOLLY
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

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: WOODBURN JEFF
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

(turn over to continue →)

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) 4-22-13 (Date)

ROBERT T. SCULLY
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ROBERT J. SCULLEY

II. Name of lobbyist's partnership, firm or corporation, if any:

N. H. MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

III. Name of Client N. H. MOTOR TRANSPORT ASSN Date 4-22-23

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: LARSEN SYLVIA
(Last Name) (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is Seeking STATE SENATE

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 $ _____

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 $ _____

(turn over to continue →)

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) 4-22-13

(Print Name of lobbyist) ROBERT E. SCULLY

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ROBERT J. SCULLEY

II. Name of lobbyist's partnership, firm or corporation, if any:

N. H. MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

III. Name of Client N. H. MOTOR TRANSPORT ASSN Date 4-22-23

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: PRESCOTT (Last Name) ROSS (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is Seeking STATE SENATE

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: PIERCE (Last Name) DAVID (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

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: SANBORN (Last Name) ANDY (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00

(turn over to continue →)

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)

4-22-13
(Date)

ROBERT J. SCULLEY
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ROBERT J. SCULLEY

II. Name of lobbyist's partnership, firm or corporation, if any:

N. H. MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

III. Name of Client N. H. MOTOR TRANSPORT ASSN Date 4-22-23

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: STILES (Last Name) NANCY (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is Seeking STATE SENATE

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: LASKY (Last Name) BETTE (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

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: GILMOUR (Last Name) PEGGY (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

(turn over to continue →)

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) 4-22-13 (Date)

ROBERT J. SCULLEY
(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

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

PLEASE PRINT

I. Name of Lobbyist(s) ROBERT J. SCULLY

II. Name of lobbyist's partnership, firm or corporation, if any:

N.H. MOTOR TRANSPORT ASSOCIATION
(Name of partnership, firm or corporation)

III. Name of Client N.H. MOTOR TRANSPORT ASSN **Date** 4-22-23

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: CATALDO (Last Name) SAM (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 Office Candidate is Seeking STATE SENATE

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: REAGAN (Last Name) JOHN (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00 STATE SENATE

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: WATTERS (Last Name) DAVID (First Name) (Middle Name/Initial)

Amount of contribution $ 250.00

(turn over to continue →)

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) _____ 4-22-13 (Date)

_____
(Print Name of lobbyist)