2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Chapter 15) JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

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for LOBBYISTS
(RSA Chapter 15)
PLEASE PRINT

I. Name of Lobbyist(s) 10 DEY	TJ Salley		14
II. Name of lobbyist's partnership, firm	n or corporation, if any:		
NH Motor Jra (Name of partnership, firm	nsport associani	ation	
P.U.Box3898 Business Address: (Street)	Concord (Town/City)	NH (State)	(Zip Code)
(603) <u>224-7331</u> (Telephone)	(103) 225-936) (Fax)	e-mail YjScul	leyanhmta.org
III. This statement covers: (Choose one reportable expense transactions which a	– file separate reports for eac are not attributable to any on	ch client, OR you may i e client).	file a separate report for
All reportable transactions occurring in	n the months prior to the report	ing date relative to the fo	ollowing client:
New Hampshir (Full Name of Clien	t as it appears on the Lobbyist Reg	1S POOT ASS istration Form)	sociation
All reportable transactions by the lobby unrelated to any particular client.	rist (including the lobbyist's far	nily), or the lobbying fir	m listed below which are
IV. Date of Report April 26, 2017 [Reports cover: activity from date of registr		uly 26, 2017	
October 25, 2017 activity from 7/1/17 to		anuary 31, 2018 🗹 from 10/1/17 to 12/31/17	
V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.	and no reportable transact m and submit it to the Secretar	ions made since the le v of State's Office, State	ast report. House, Room 204,
VI. Check if additional reports are attacl	hed:		
If you have received fees or made expe			
If you have paid an honorarium or reim Expense Reimbursement	bursed expenses, you must file	Addendum B- Report	of Honorariums or
If you, your firm, or your family has ma	ade political contributions, you	must file Addendum C	- Political Contributions
Sworn Statement/Affirmation by Lobbyis have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a	and RSA 664 and hereby swear	or affirm that the forego	oing information is true
May Cully		/- 25-18 (Date)	
(Signature of Tobbyist)		(Date)	
KOBERT J. Scoul	EY		



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Robert J. Sculley	DEPARTMENT C
II. Name of lobbyist's partnership, firm or corporation, if any:	
New Hampshire Motor Jransport (Name of Partnership, firm or corporation)	4 530C14 (701)
III. Name of Client New Hampshire Motor Flans A	SSN Date 1-25-18
IV. Fees Received Indicate the gross amount of all fees received from the client identified about to lobbying, including fees for services such as public advocacy, governmincluding research, monitoring legislation, and related legal work. The reduced by any expenses:	ent relations, or public relations services gross fee amount reported shall not be
a) Total of all fees received in this reporting period	a)\$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
c) Total of all fees received to date (Add lines a and b)	018 19,035.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office of individual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repany purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	may be filed for the lobbyist(s)/firm. he aggregate total of all expenses paid expenses; (b) the aggregate total of all ple: meals purchased during a business ess than \$10 that is given to the person ied with a value of \$25.00 or less); and corting period of greater than \$25.00 for lue of greater than \$25, purchase of a ter than \$25, but not greater than \$50, s. expense reimbursement or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period , not reported in a), of \$25 or less.	b)\$
c) Total of all itemized expenditures reported in detail in service VI	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$
f) Total of all expenses year to date	ns
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
(Signature of lobbyist)	/-35-18 (Date)
Print Name of lobbyist)	

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

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JAN 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

	DEPARTMENT
	1. Name of Lobbyist(s) ROBERT J. STUCE 7
	II. Name of lobbyist's partnership, firm or corporation, if any:
	(Name of partnership, firm or corporation)
	III. Name of Client N.H. MUTON THANS PUT ASSU Date 1-25-18
	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:
	, some of the some
	Full name of candidate: Mongo Cycle (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2,500 00 Office Candidate is Seeking 5,470 See 247
	(Last Name) (First Name) (Middle Name/Initial)
•	Amount of contribution \$ 1500 00 Office Candidate is Seeking 57472 Second
	Full name of candidate: Computer To Clust Lose Republicans (Last Name) (First Name) (Middle Name Initial)
	Amount of contribution \$ \(\frac{100000}{000000000000000000000000000000
	f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the ctual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, inter an estimated value and the word "estimate."
•	ull name of candidate: CODA Guill name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	ull name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	mount of contribution \$ $\frac{150.00}{}$ Office Candidate is Seeking $\frac{5000}{}$
Į,	HOWING CONTRIBUTION OF THE

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

I. Name of Lobbyist(s)	KUBERT J	· Soury		
II. Name of lobbyist's		· · · · · · · · · · · · · · · · · · ·		
NH. MOTENT 1				
III. Name of Client <u>pt</u>	NOW THE	ION AYOU	Date	8
Political Contributions For each political contri client/lobbyist and lobb	s bution that is reportable	e pursuant to RSA Chap		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial	-
Amount of contribution \$	250.00	Office Candidate is	Seeking STATE	South
Full name of candidate:	Thuis	DAN		
	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$ _	250 00	Office Candidate is S	Seeking STATE	SOWATE
If the contribution is an in-k actual cost of the in-kind co enter an estimated value and	ntribution on the line abov	a description of the goods we for amount of contribut	or services provided, and ion. If the actual cost is n	enter the ot known,
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	150,00	Office Candidate is S	eeking STATE	SCVIA



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

II. Name of lobbyist's par		r	
U. U. NOTOL THE	ASOUT (Increship, firm or corporation)	AZY	
III. Name of Client 194	Notal THAT	May A25N	Date 1-25-18
Political Contributions	tion that is reportable	pursuant to RSA Chapte	er 664 paid on behalf of the
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
			Seeking 5NTC SOLAT
Full name of candidate:	(Lact Nama)	(First Name)	(Middle Name/Initial)
	(Last Name)	(Hiret Nome)	(Middle Name/Initial)
			eeking
Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	d contribution, provide a ibution on the line above	Office Candidate is Se	
Amount of contribution \$	d contribution, provide a ibution on the line above	Office Candidate is Se	r services provided, and enter the

If the contribution is an in-kind contribution, provide a description of the goods or services provide actual cost of the in-kind contribution on the line above for amount of contribution. If the actual enter an estimated value and the word "estimate."	ded, and enter the cost is not known,
(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 foregois true and complete to the best of my knowledge and belief.	
(Signature of lobbyist) (Print Name of lobbyist) (Date)	5-18