



STATE OF NEW HAMPSHIRE
2020 Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

RECEIVED

OCT 15 2020

NEW HAMPSHIRE
 DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) BRUCE CRAWFORD

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

(Name of partnership, firm or corporation)

Business Address: PO Box 2761 (Street) CONCORD (Town/City) NH (State) 03302 (Zip Code)

(603) 796-6241 (Telephone) () (Fax) e-mail ATRAOFNH@GMAIL.COM

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:

Auto + Truck Recyclers Assn of NH
 (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 29, 2020 July 29, 2020
 Reports cover: activity from date of registration to 3/31/20 activity from 4/1/20 to 6/30/20
 October 28, 2020 January 27, 2021
 activity from 7/1/20 to 9/30/20 activity from 10/1/20 to 12/31/20

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.

Bruce Crawford
 (Signature of lobbyist)

10/13/20
 (Date)

Bruce Crawford
 (Print Name of lobbyist)



STATE OF NEW HAMPSHIRE

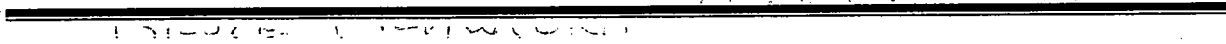
Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

P I. Name of Lobbyist(s) BRUCE CRAWFORD

L II. Name of lobbyist's partnership, firm or corporation, if any:
A
S
E (Name of partnership, firm or corporation)

P III. Name of Client Date 10/13/20

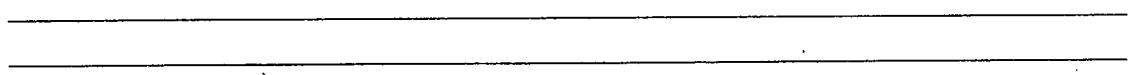
R I Political Contributions
N For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the
T client/lobbyist and lobbying firm, indicate the following:



Full name of candidate: BALDASSARO AL (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50 Office Candidate is Seeking NH HOUSE

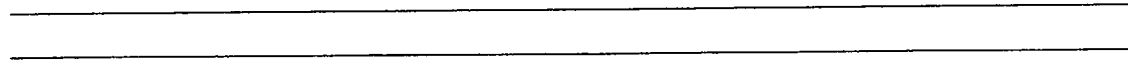
If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."



Full name of candidate: BIRDSELL REGINA (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 125 Office Candidate is Seeking NH 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: AVARD KEN (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 50 Office Candidate is Seeking NH HOUSE



STATE OF NEW HAMPSHIRE

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

I. Name of Lobbyist(s) BRUCE CRAWFORD

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

III. Name of Client Date

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: GRAY James (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 125 Office Candidate is Seeking NH 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 John (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 125 Office Candidate is Seeking NH 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: STARR DANIEL (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 125 Office Candidate is Seeking NH SENATE



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions

Addendum C

(RSA Chapter 15:6)

I. Name of Lobbyist(s) BRUCE Crauton

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

III. Name of Client Date 10/13/20

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: CRUDA Bob (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150 Office Candidate is Seeking NH 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: WARD Ruth (Last Name) (First Name) (Middle Name/Initial)

Amount of contribution \$ 150 Office Candidate is Seeking NH 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: FRENCH Harold (Last Name) (First Name) (Middle Name/Initial)

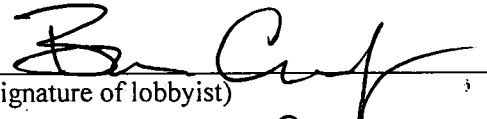
Amount of contribution \$ 125 Office Candidate is Seeking NH SENATE

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."

(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)

10/13/20
(Date)

BRUCE CRAUTMAN
(Print Name of lobbyist)