2025 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 23 2025

NEW HAMPSHIRE
DEPARTMENT OF STATE

PLEASE PRINT

II. Name of lobbyist's partnership, firm or corporation, if any: State State Lhc (Name of partnership, firm or corporation)
P.U. Business Address: (Street) (Town/City) (State) (Zip Code) (AB) 496-8653 () e-mail
P.U. Business Address: (Street) (Town/City) (State) (Zip Code) (AB) 496-8653 () e-mail
(a) 496-8653 () e-mail
(Telephone) (Fax) e-mail
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:
NH 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.
difficiated to any particular effect.
IV. Date of Report April 30, 2025 July 30, 2025
Reports cover: activity from date of registration to 3/31/25 activity from 4/1/25 to 6/30/25
October 29, 2025 January 28, 2026 <i>activity from 7/1/25 to 9/30/25 activity from 10/1/25 to 12/31/25</i>
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.
1/16/41 Vels 4. 23.25
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) ROBERT J SCULLEY	
II. Name of lobbyist's partnership, firm or corporation, if any:	
RT Scurrey STRATEGIES LLC (Name of partnership, firm or corporation)	
III. Name of Client N.H. MOTOL TRACE PORT ASSOCIATION	Date 4. 23.25
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
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 year).	
c) Total of all fees received to date (Add lines a and b)	0)86,250
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 rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in 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 exindividual 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 less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any 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 greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	dient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses paid penses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of a r than \$25, but not greater than \$50 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) \$ _____

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
(Add lines a, b and c)	
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	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, 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	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
(////////////////////////////////////	1/ 17 10
(Signature of lobby ist)	$\frac{\mathcal{U}-\mathcal{J}\mathcal{F}}{(Date)}$
(Signature of lobby19t)	(Date)
HOBERT J. Saucy	
(Print Name of lobbyist) /	

•	I. Name of Lobbyist(s) KOBERT J Saucy
C	II. Name of lobbyist's partnership, firm or corporation, if any:
k C	RJ Saug STRATEGIES LLC (Name of partnership, firm or corporation)
N C	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 SELATE DEMOCRATIC CACCOS (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$ 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."
	Full name of candidate: Committee to Elect House Republicans (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 2,500 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."
	Enlarge Continue For The Continue The Contin
	Full name of candidate: (Last Name) (First Name) (Middle Name/Initial)
	Amount of contribution \$Office Candidate is Seeking Seeking

(15 mage 4b on 4b mage 4b mage 4b 4b mage 4b 4b mage 4b	
(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and he	nereby swear or affirm that the foregoing information
I have read RSA 15, RSA 15-B and RSA 664 and he	
I have read RSA 15, RSA 15-B and RSA 664 and he	nd belief.
I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and	nd belief.
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and he is true and complete to the best of my knowledge and (Signature of lobbyist)	nd belief.

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)		
II. Name of lobbyist's partnership	, firm or corporation, if any:	
(Name of partnership, firm	a or corporation)	
III. Name of Client		Date
Political Contributions For each political contribution that client/lobbyist and lobbying firm, in	is reportable pursuant to RSA Chapter ndicate the following:	664 paid on behalf of the
Full name of candidate: PERKI,	US ACCEPT st Name) (First Name)	(Middle Name/Initial)
Amount of contribution \$ // Amount	Office Candidate is Seeking	SELATE
	oution, provide a description of the goods of the line above for amount of contribution "estimate."	
Full name of candidate: APSI	B DARYL st Name) (First Name)	(Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seekin	g SENATE
If the contribution is an in-kind contribution of actual cost of the in-kind contribution of enter an estimated value and the word of	oution, provide a description of the goods on the line above for amount of contribution "estimate."	or services provided, and enter the on. If the actual cost is not known,
Full name of candidate: Mc (La	It Must Name) (First Name)	(Middle Name/Initial)
Amount of contribution \$	Office Candidate is Seekin	g 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) (Signature of lobbyist) (Date)	
(Print Name of lobbyist)	

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)	
II. Name of lobbyist's partnership, firm or	corporation, if any:
(Name of partnership, firm or corporation	on)
III. Name of Client	Date
Political Contributions	ble pursuant to RSA Chapter 664 paid on behalf of the
Full name of candidate: B (NSEL (Last Name)	(First Name) (Middle Name/Initial)
	Office Candidate is Seeking SENATE.
actual cost of the in-kind contribution on the line enter an estimated value and the word "estimate."	
Full name of candidate: Nose (Last Name)	(First Name) (Middle Name/Initial) Office Candidate is Seeking SEPATE
Amount of contribution \$ \(\frac{1}{2} \)	Office Candidate is Seeking SELATE
	ride a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known
Full name of candidate: ALT SCHILLE (Last Name)	
Amount of contribution \$ 250	Office Candidate is Seeking SELATE

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not kno 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.	ion
(Signature of lobbyist) (Signature of lobbyist) (Date)	<u>. </u>
(Print Name of lobbyist)	

II. Name of lobbyist's partnership, firm or corporation, if any:			
III. Name of Client			Date
Political Contributions For each political contributions client/lobbyist and lobby		ole pursuant to RSA Chapte e following:	er 664 paid on behalf of the
Full name of candidate: Amount of contribution \$ _	(Last Name)	B(LC (First Name)	(Middle Name/Initial)
Amount of contribution \$ _	300	_ Office Candidate is Seeking	SENATE
Full name of candidate:	PREVISS (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ _		Office Candidate is Seeki	
	ontribution on the line	above for amount of contribut	or services provided, and enter the ion. If the actual cost is not know
Full name of candidate:	LALE (Last Name)	TIM (First Name)	(Middle Name/Initial)
	2505	(i inscitatio)	(window chambolillinal)

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 lobby)st) (Signature of lobby)st) (Date)
Print Name of lobbyist)

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STATE OF NEW HAMPSHIRE

I. Name of Lobbyist(s)			
II. Name of lobbyist's partnership, firm or corporation, if any:			
(Name of partnership, firm or corporation)			
III. Name of ClientDate			
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 \$ Office Candidate is Seeking SELATE			
Amount of contribution \$ Office Candidate is Seeking SELATE			
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: PICIANDI DENISE (Last Name) (First Name) (Middle Name/Initial)			
Amount of contribution \$ 250 Office Candidate is Seeking SELATE			
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: PEALL How ALS (Last Name) (First Name) (Middle Name/Initial)			
Amount of contribution \$ 250 Office Candidate is Seeking SELATE			

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.
$\frac{(\text{Signature of lobbyist})}{(\text{Date})}$
(Print Name of lobbyist) (Date)

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I. Name of Lobbyist(s)				
II. Name of lobbyist's part	nership, firm or co	rporation, if any:		
(Name of partn	ership, firm or corporation)	· · · · · · · · · · · · · · · · · · ·		
III. Name of Client			Date	
Political Contributions For each political contribut client/lobbyist and lobbying			er 664 paid on behalf of the	
Full name of candidate:	McLPity (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	150	Office Candidate is Seeking	SCLANC	
enter an estimated value and the	he word "estimate."			
Full name of candidate:	NCCOURY (Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$	1500	_ Office Candidate is Seek	ing SENATE	
	ribution on the line abo	ove for amount of contribut	or services provided, and enter the ion. If the actual cost is not known,	
Full name of condidate.				
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)	
Amount of contribution \$		Office Candidate is Seek	ing	

If the contribution is an in-kind contribution, provide a descr actual cost of the in-kind contribution on the line above for a enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions)	ributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	,
I have read RSA 15, RSA 15-B and RSA 664 and herel is true and complete to the best of my knowledge and b	
(Signature of lobbyist)	4. 23. 35 (Date)
(Print Name of lobbyist)	