	RESTATEMENT OF FINANCIAL IN		
Type or Print Clearly Full Name: Alex,Casale	Work Address	1 Granite Place Suite N400	
Primary Occupation 3	e-mail  acashie@courts.state.nh.u	5 Work Phone	603-988-1857
Same the office, position board or commission, board of lifectors, etc. or temployment with state or county overnment held by you. NO ACRONYMS will be low the name, address, and type of any profess roprieto is or employee, or served in any other profess roprieto is or employee.	sion, business, or other organization in	which you or a family member was a	an officer, directors associate parties to was derived during the preceding etcas necessary)
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you have no qualifying income indicate by writing your t	mittals next to the following statement.	My Income daes not q	ualify AC
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