Type or Print Clearly	
Full Name Thomas L. Kaczynski jr. Work Address 1/2 Whitehall Rd. Rachester, NH 03868-571-	?
Full Name Thomas L. Kaczynski jr. Work Address 1/2 Whitehall Rd. Rachester, NH 03868-5713  Primary Occupation Poultry Dealer e-mail hampoul@metrocast.net Work Phone 603-332-7310	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedir calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.	
2.	7
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:    Hamilton Live Poultry LLC	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, of municipal employment	r
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest—	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date 6/8/22 Signature of Filer Shomas L. Kayynskop,	

Type or Print Clearly	
Full Name DAVID ALBERT KANNY Work Address 21 RED GAK D	2WE
Primary Occupation RETREG e-mail DAKAMM@ BRIZON - WET Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
1. None	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of Normalization of the services services	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission of gambling	Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other and special interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Date  Signature of Filer	JUN 1 0 2012
Poturn to: Office of Secretary of State 107 North Main Street. State House Room 204. Concord, NH 03301	NEW DEPARTS

Type or Prin	t Clearly					_				
Full Name	5050	in to	ane		Work Add	ress	120 Udal	Ind?	Freuncos	Joen N
Primary Occu	upation Co	nsul to	ent	e-mail S	uzkar	ue 3	10 Gmail Wo	rk Phone	617-653	6173
directors, et government		ent with state NO ACRO	or county NYMS	business or other	or organization	, in which	you or a family membe	or was an of	ficer director ass	sociato partner
proprietor, o	r employee, or s	erved in any o	ther profession	al or advisory capa	acity, and from	which a	ny income in excess of included. (Use addition	\$10,000 wa	as derived during	
1. V	MACDE Suscen	runid 1 Kam	Enthor e Cons	re Inc	dustri	a\ 5	Solutions	Ga	S Pace . meetimoth	- ( \- !
				ials next to the follo			My income does	not qualify	*	
reportable s discipline a l financial effe	pecial interest in licensee or permi ect on you or a far Any profession,	an item on this ttee, or other do mily member th occupation, or	list if a change in ecision by gover nan it would on business license	n law, a change in a	edministrative r e listed busines	ule, a dec s, profess	ses, professions, occupa ision whether or not to sion, occupation, group, re. List each such	award a con	tract, grant a licer	nse or permit,
	ofession, occupati	Insurance	4. Real Es	state, including bro evelopers, and land		5. Ban	king or financial		te of New Hampsh	nire, county, or
7. N.H Syster	I. Retirement		rrent use land ment program		staurants/		10. Sale and distributi beverages			1. Practice of
	business regulat Commission	ed by the Publi		3. Horse or dog ra	cing, or other le	gal forms	14. Education		Water Resources	
16. Ag	griculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Ta		est and ends Tax	18. Optional: Specia	pecify any ot l interest	her area in which	you have a
I have read Riperson who I	SA 15-A and here knowingly fails to	by swear or affi comply with th	irm that the fore ne provisions of	going information this chapter or kno	is true and com wingly files a fa	plete to t lse stater	he best of my knowled ment shall be guilty of a	ge and belief misdemean	or.	
Date	June	1,303	7	Signa	ture of Filer	0	Brank	(u	JUN - 3	3 2022
	Re	eturn to: Office	of Secretary of S	tate, 107 North Ma	in Street, State	House Ro	om 204, Concord, NH 0	3301	NEW YAN	TOFSIATE

Type or Print Clearly	
Primary Occupation Office Manager e-mail april. 1. Kaplandamail. Co	5 mon Lone Amnest NHOBOB
Primary Occupation Office manager email april. 1. Kaplanogmail. Co	Work Phone 6886-0886
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use a	cess of \$10,000 was derived during the preceding
Benjamin Kaplan Kaplan Chiraproctic a craftsman  April Kaplan Kaplan Chieproctic & Craftsman L  If you have no qualifying income indicate by writing your initials next to the following statement.  My income	Lone Amnerst, NH08331/Presidence Amnerst, NH0831/VICE AESO
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	not to award a contract, grant a license or permit, group, or matter would potentially have a greater
profession, occupation, or category of business:  Chircoractic Office  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and di beverages	stribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling	ation 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Option 16. Agriculture 17. N.H. Enterprise Tax Dividends Tax 18. Option 18. Opti	onal: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my kr person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gui	
	RECEIVED
Date 6/9/22 Signature of Filer Uper	5 cplan JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concorn	MEW HAMPSHIRE

Type o	r Print Clear	у					
Full Na	me Sly K	arasinski		Work Address	31 Walnut Pla	ce North Swa	nzey NH 03431-4548
Primar	y Occupation	Water Superintendent	e-mail sly@	ne.rr.com		Work Phone	603-352-2338
		ition, board or commission, board of	Town of Swan	zey Selectman			
	rs, etc. or e ment held by	employment with state or county you. NO ACRONYMS	North Swanze	y Water & Fire P	recinct Clerk		
oroprie	etor, or emplo	me, address, and type of any profession oyee, or served in any other profession ces of retirement benefits other than feder	onal or advisory cap	acity, and from whi	ch any income in ex	cess of \$10,000 v	was derived during the preceding
1.	Connect	ion.com Merrimack NH				W 1 44 19	
2.	North Sw	vanzey Water & Fire Precinct,	31 Walnut Place	e North Swanzey	NH 03431-454	3	
lf you h	nave no qualif	ying income indicate by writing your ir	nitials next to the fol	lowing statement.	My incom	e does not qualify	,
✓ ·			esed or certified by the state, including broaders, and land	okers, 5.	Banking or financial	6. St	rate of New Hampshire, county, or icipal employment
	7. N.H. Retire System		9. R	estaurants/	10. Sale and di beverages	stribution of alco	holic 11. Practice of law
	2. Any busine	ss regulated by the Public ission	13. Horse or dog ra of gambling	acing, or other legal f	orms 14. Educ	ation 15	. Water Resources
	16. Agricultur	e 17. N.H. Business taxes: Profits Ta		Tax Interest a		onal: Specify any special interest -	other area in which you have a 
		and hereby swear or affirm that the fogly fails to comply with the provisions					
Date	June 2, 2	022	Sign	ature of Filer	Syli	2-6	RECEIVE
		Return to: Office of Secretary o	f State, 107 North M	ain Street, State Hous	se Room 204, Concor	d, NH 03301	JUN 0 2 2022
							NEW HAMPSHIP DEPARTMENT OF S

Type or Print Clearly
Full Name CLAIRE KARIBIAN Work Address
Primary Occupation retired e-mail c Karibian @ comcast. net Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify  Coke
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2, Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  5. Banking or financial services  6. State of New Hampshire, county, or services
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Dividends Tax  18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06/10/2022 Signature of Filer Clare Karehan

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 15 2022

NEW HA SHIRE
DEPART OF STATE

Type or Print Clearly
Primary Occupation Rote e-mail DKAGRES Work Address 1 BRAGRES A Com CAST, Net
Primary Occupation Ret e-mail PKA+SAKIORESA) Com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
2.
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial formula fo
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Filer Phyllim Katsakieros JUN 13

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or	Print Clearly			
Full Nar	Steven Katsos	Work Address	77 Access Road, Norwood,	MA 02062
Primary	Occupation Assistant Business Manager	e-mail skatsos@yahoo.com	Work Phone	508-472-5018
director	ne office, position, board or commission, board of s, etc. or employment with state or county ment held by you.  NO ACRONYMS			
propriet	pelow the name, address, and type of any profession or, or employee, or served in any other profession year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	n any income in excess of \$10,000 v	vas derived during the preceding
1.	IBEW Local 1228, 77 Access Road, Nor	wood, MA 02062		
2.				
If you ha	ve no qualifying income indicate by writing your initi	als next to the following statement.	My income does not qualify	
reporta discipli	ate below whether you or a family member has a spe ble special interest in an item on this list if a change in the a licensee or permittee, or other decision by gover all effect on you or a family member than it would on	n law, a change in administrative rule, a comment affecting the listed business, pro	decision whether or not to award a co	ntract, grant a license or permit,
	<ol> <li>Any profession, occupation, or business license profession, occupation, or category of business:</li> </ol>	d or certified by the State of New Hamp	shire. List each such	
2	Dealin Care II is insurance II I	tate, including brokers, evelopers, and landlords 5. E		ate of New Hampshire, county, or cipal employment
-	N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohole beverages	nolic 11. Practice of law
		<ol><li>Horse or dog racing, or other legal fo gambling</li></ol>	rms 14. Education 15.	Water Resources
1	5. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends T		other area in which you have a
l have re person v	ad RSA 15-A and hereby swear or affirm that the foregone who knowingly fails to comply with the provisions of	going information is true and complete this chapter or knowingly files a false sta		UN 1 5 2022
Date	6/14/2022	Signature of Filer	Ste E. NE	W HAMPSHIRE RTMENT OF STATE

Type or Print Clearly			
Full Name SEAN JOSEPH KAVAN	AGH Work Address		
Primary Occupation RETIRES	e-mail Seanjkavanagh @ yahov. com	Work Phone	781-710-4216
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	STATE REPRESENTATIVE		
List below the name, address, and type of any profession or oprietor, or employee, or served in any other profession alendar year. Sources of retirement benefits other than feder	al or advisory capacity, and from which any income in	excess of \$10,000 v	was derived during the preceding
JUSTICE RESOURCE 1	NSTITUTE 635 POLERS ST. LOW	ELL, MA OI	852
EMPOWER RETTREMENT	7 SHATTUCK RD. ANDOVER MA O	1810	
you have no qualifying income indicate by writing your init	tials next to the following statement. My inco	me does not qualify	,
profession, occupation, or category of business:	the general public: ed or certified by the State of New Hampshire. List each su	ch	would potentially have a greater
2. Health Care 3. Insurance agent, d	state, including brokers, 5. Banking or financial services	muni	cipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and beverages	distribution of alco	holic 11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Edu	ucation 15	. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax 18. Op	tional: Specify any special interest -	other area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my f this chapter or knowingly files a false statement shall be o	knowledge and bel juilty of a misdeme	REGEIVED
Date JUNE 2, 2022	Signature of Filer Ceen	1	JUN 0 3 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Conc	ord, NH 03301	DEPARTMENT OF STA

Type or Print Clearly
Full Name Diane Evelyn Kelley Work Address 55 Hadley Hwy
Primary Occupation real estate salesperson e-mail dkelley. nh re@gmail.com Work Phone 603 484-1377
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. MAR, Porcupine Real Estate, Mison James Estates and Homes
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:    Porcupare Real Estate, Milson James Estates and Homes
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax Dividends Tax Special interest — Land ord Tenants
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED
Date June 2, 2022 Signature of Filer Drane Kelley JUN-3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly
Full Name Earnon Kelley Work Address 30 E Milan Rd Berlin, NH 03570
Primary Occupation Operations Manager e-mail earnon & Kelley For coops org Work Phone 603 752 1000
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. White Mountain Lumber, 30 EMilan Rd Berlin NH 03570
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 5. Banking or financial municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06 09 2022 Signature of Filer Cut JUN 1 3 2022
Allenan

<b>Type or Print Clearly</b>							
Full Name	VALL E KEL	LEY	\	Vork Address	56 HI6H S	T BRI	STOLNH
Primary Occupation	,		e-mail BR157	CLNH156R	REAT BEMALLCOM WO	ork Phone	603.300-7508
	ion, board or commission ployment with state ou. NO ACRON	or county	N/A				
proprietor, or employ	ee, or served in any ot	her professional or	advisory capacity, a	and from which		f \$10,000 was	er, director, associate, partner, derived during the preceding ecessary.)
1. N/A							
2. NLA							
If you have no qualifying	ng income indicate by w	riting your initials n	ext to the following	statement.	My income does	not qualify	N/A
reportable special into discipline a licensee o	erest in an item on this I	ist if a change in law cision by governme	, a change in admin ent affecting the liste	strative rule, a de	ecision whether or not to	award a contr	or matters. A person has a act, grant a license or permit, uld potentially have a greater
	fession, occupation, or b occupation, or category		certified by the State	of New Hamps	nire. List each such		
2. Health Care	3. insurance		, including brokers, opers, and landlords	5. Ba	nking or financial es		of New Hampshire, county, or al employment
7. N.H. Retiren		rent use land nent program	9. Restaura	nts/	10. Sale and distribute beverages	tion of alcoholi	11. Practice of law
12. Any business Utilities Commiss	regulated by the Public sion	13. H	lorse or dog racing, on bling	or other legal for	14. EddCation		ater Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any oth al interest —	er area in which you have a
I have read RSA 15-A a person who knowingly	nd hereby swear or affir fails to comply with th	m that the foregoin e provisions of this	g information is true chapter or knowingl	and complete to y files a false stat	o the best of my knowled tement shall be guilty of	lge and belief. a misdemeano	RSA 15-A:9 Penalty. Any
Date 6-//	122		Signature o	f Filer		And the Control of th	JUN 1 4 2022
	Return to: Office	of Secretary of State,	, 107 North Main Stre	et, State House	Room 204, Concord, NH	03301	NEW HALL OF STATE

Type or Print Clearly
Primary Occupation Retail Executive e-mail Sally Makes Sense@ Work Phone 603-6036-2125
Primary Occupation Rétail Executive e-mail Sally Makes Sense@ mail Some 603-606-2125
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education  15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED
Date 6 15 2022 Signature of Filer JUN 07 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Russell Todd Kelly Work Address 34 Front St. #396, Exeter, NH 03833
Primary Occupation Consultant e-mail russ @ Kelly strategic Partners, com 603-716-4937
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Resolution Select Board Member (Bresturae d)
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Self Employed 2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penaltyl Any 022  person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  NEXT 15-A:9 Penaltyl Any 022  DEPARTMENT OF STATE
Date 6/10/22 Signature of Filer

Type or	Print Clearly											
Full Nam	ne Shoshar	nna Kelly				Work Address	9	2 Main Street, Si	uite 101, Nashua	a, NH 030e	60	an 4, pt 1909/9/19/
Primary	Occupation	Creative	Director		e-mail hello@	kelly-creative.com	)		Work Phon	e (60	3) 718-19	93
directors		mployme	d or commis nt with stat NO ACRO	e or co	d of Alderwoman at-Larg	e, City of Nashua,	NH					
proprieto	or, or employ	yee, or se	rved in any	other pro	ofession, business, or other fessional or advisory capa In federal retirement and/or o	city, and from wh	nich a	ny income in e	xcess of \$10,00	0 was de	rived du	
1.	Owner/Sole	Proprieto	r of Kelly Cre	ative Adve	ertising, LLC 92 Main Street	, Suite 101 <b>6</b> , Nash	ua NH	l, 03060				
2.												
If you hav	ve no qualify	ing incom	e indicate by	writing y	our initials next to the follo	wing statement.		My incor	ne does not qua	alify		
reportabl discipline financial	le special into a licensee o effect on you	erest in an or permitte or a fami	item on this e, or other de ly member th	list if a ch ecision by nan it wou	s a special interest in any o ange in law, a change in ad government affecting the Ild on the general public: icensed or certified by the	ministrative rule, listed business, pr	a deci rofessi	ision whether or ion, occupation	not to award a , group, or matt	contract,	grant a lie	cense or permit,
×			, or category					A-1-11				
<u> </u>	Health Care	3. li	nsurance		Real Estate, including brok gent, developers, and land		5. Ban ervices	king or financia s			New Ham	npshire, county, or ent
	N.H. Retire stem	ment	11	urrent use sment pro		taurants/		10. Sale and o	distribution of al	coholic		11. Practice of law
	Any businessies Commis		d by the Publ	ic	13. Horse or dog rac of gambling	ing, or other legal	form	14. Edu	cation	15. Wate	r Resourc	es
16	. Agriculture		17. N.H. taxes:		ness Business ts Tax Enterprise Ta	x Interest a		18. Opt	ional: Specify a special intere	ny other a st	area in wh	nich you have a
					he foregoing information is ons of this chapter or know						REC	EIVED
Date	6/9/2022				Signat	ure of Filer	/			DE	JUN NEW H	0 9 2022 AMPSHIRE ENT OF STATE

Type or Print Clearly	
Full Name Tonjah Kelm	Work Address 152 Deer Mendow Pitts Field NH 5326
Primary Occupation Business Analyst e-mail Ton's	ahNHegmail.com WorkPhone 307-421-9748
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adn	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater state of New Hampshire. List each such
profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Resta system lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racin of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	
Date $\frac{6/3}{32}$ Signatur	re of Filer  JUN 0 8 2022  NEW HAM:PSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Joseph D. Kenney Work Address P.O. Box Zol, Vaion NIT
Primary Occupation Retired  Name the office, position, board or commission, board of directors etc. or employment with state or county  Executive Councilor
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Executive Councilor
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06 01 ZOZZ Signature of Filer Jun 03 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Rosen 204, Concord, NH 03301  NE :: HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Com Kenney Work Address 98 High Street, Someswath, NH
Primary Occupation (1971 e-mail Cam, E. Kenney @ Gmail, Lan Work Phone 603-692-4282
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
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Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Filer Con (A)

Type or Print Clearly		
Full Name Margaret A. Kennedy	Work Address 5 Povel	ty Plains Rd.
Primary Occupation Horse Trainer	e-mail makennedy 7871@gmail.com	Work Phone 603 496 7871
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	UH state representative District 7.	2020-72.
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which any income in	excess of \$10,000 was derived during the preceding
1. Rhapsody Form LLC. 5 por	very plains Rd. Worner NH (	33278
2.		
If you have no qualifying income indicate by writing your initi	als next to the following statement. My inco	ome does not qualify
profession, occupation, or category of business:	the general public: dor, certified by the State of New Hampshire. List each su Rhapsody Form LLC. Owner/ope	erator, Agriculture
I / Mealth Lare II IS Insurance II I	tate, including brokers, evelopers, and landlords  5. Banking or financi services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and beverages	distribution of alcoholic 11. Practice of law
	3. Horse or dog racing, or other legal forms gambling 14. Ed	ucation 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax 18. Op	otional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of	this chapter or knowingly files a false statement shall be o	guilty of a misdemeanor.  RECEIN
Date 6/7/2022	Signature of Filer	JUN 0 9 2
Return to: Office of Secretary of St	tate, 107 North Main Street, State House Room 204, Conc	

Type or Prin	nt Clearly							
Full Name	Stephen J. Kennedy		Work Address	30 Glen Drive,	Hudson, NH	IH 03051		
Primary Occ	Retired	e-mail Stevek	e-mail SteveK9123@Gmail.com			603 880 4567		
directors, e	ffice, position, board or commission, board of tc. or employment with state or county theld by you. NO ACRONYMS	None						
proprietor, o	w the name, address, and type of any profession employee, or served in any other profession. Sources of retirement benefits other than federal.	nal or advisory capacit	ty, and from which	h any income in ex	cess of \$10,000 w	as derived during the preceding		
1. N	one							
2.								
If you have n	no qualifying income indicate by writing your in	itials next to the follow	ing statement.	My incom	e does not qualify	9		
reportable s discipline a	below whether you or a family member has a special interest in an item on this list if a change licensee or permittee, or other decision by gov fect on you or a family member than it would or	in law, a change in adr ernment affecting the li	ninistrative rule, a	decision whether or	not to award a co	ntract, grant a license or permit,		
1 1	Any profession, occupation, or business licens of ssion, occupation, or category of business:	sed or certified by the S	tate of New Hamp	oshire. List each such		Y		
2. Hea		Estate, including broken developers, and landlo		Banking or financial rices		ate of New Hampshire, county, or cipal employment		
7. N.H Syste	H. Retirement 8. Current use land assessment program	9. Resta lodging	urants/	10. Sale and di	stribution of alcoh	nolic 11. Practice of law		
	business regulated by the Public Commission	13. Horse or dog racin of gambling	g, or other legal fo	orms 14. Educa	ation 15.	Water Resources		
16. Ag	griculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends	11 1	onal: Specify any conspecial interest	other area in which you have a		
	SA 15-A and hereby swear or affirm that the for knowingly fails to comply with the provisions							
Date	June 2, 2022	Signatur	e of Filer	SARS				

Type or Print Clearly
Full Name Catherine M. Kenny Work Address Refived
Primary Occupation e-mail cathy Kenny o 1996 @gmail. work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Social Security
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify (K
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  4. Real Estate, including brokers,  5. Banking or financial  6. State of New Hampshire, county, or
2. Health Care B. Insurance agent, developers, and landlords services municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty: April 19 Penalt
Oate 6/1/22 Signature of Filer Caldesine M. Kerry NEW HAMPS  Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Joffrey L. Kerr Work Address SO Philippe Cote Manchester NH
Primary Occupation Engineer e-mail santana 3380 yahoo.com Work Phone 603-222-8525
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Texas Instruments Inc
1. Texas Instruments Iuc 2. Boothby Therapy Services
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Speech Parks logist (Spouse)
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Business Interest and Dividends Tax  Business Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6(1/20)2 Signature of Filer AL ACI NEW HAMPSHIRE NEW HAMPSHIRE

Type or Print Clearly								
Full Name Claire Ann Ketteler Work Address PO Box 133 Newbyny NH								
Primary Occupation DN e-mail cketteler & tols, net Work Phone 603-763-3082								
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Self-employed.								
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)								
1. DHMC, I Medical Center Drive, LebanouNH, PN, resigned Sept. 2021								
2.								
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify								
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:								
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Pegistered Nuvse								
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment								
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages								
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources								
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus								
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.								
Date 6/1/22 Signature of Filer Clare ann lattle								

Type or Print Clear	у							
Full Name	3001 B. H	SHAN.	Wo	rk Address	3 Green	read T	Drive	. Secon
Primary Occupation	Realesta	te Deve en	nall alb	2 Kho	n@MSN'Cot	Vork Phone	347)52	4-3961
	sition, board or commission employment with state by you. NO ACRON	or county	xolots	electr	non, tow	not S	eabro	ok.
proprietor, or emplo	ame, address, and type of oyee, or served in any ot rces of retirement benefits o	her professional or ad	visory capacity, and	d from which	any income in excess	of \$10,000 was	derived during	
1.		None						
2.	ying income indicate by w	None				,		
	, mg meetine intercence by the	many your minado no.	to the following su		My Income do	es not quality		
reportable special in discipline a licensee financial effect on ye	whether you or a family me nterest in an item on this it or permittee, or other de you or a family member the rofession, occupation, or it	Ist if a change in law, a cision by government an it would on the gen	change in administration of the listed be detected by the listed because the listed by	rative rule, a de ousiness, profe	cision whether or not ssion, occupation, gro	to award a contra	ct, grant a licens	se or permit,
	, occupation, or category		twee by the state o	NEW HAILIPS	RE ISTERNISHED			
2. Health Care	3. insurance	4. Real Estate, in agent, develope	cluding brokers, ers, and landlords	5. Bar service	nking or financial es		of New Hampshi I employment	re, county, or
7. N.H. Retire		rent use land nent program	9. Restaurants	s/	<ol><li>Sale and distributed beverages</li></ol>	ution of alcoholic	: 11 law	. Practice of
12. Any busine Utilities Comm	ess regulated by the Public hission	13. Hors	e or dog racing, or o	other legal forn	14. Education	15. Wa	ter Resources	
16. Agricultur	re 17. N.H. taxes:		Business Interprise Tax	Interest and Dividends Tax		Specify any othe clai interest —	er area in which y	ou have a
I have read RSA 15-A person who knowing	and hereby swear or affir gly fails to comply with th	m that the foregoing in e provisions of this cha	nformation is true ar apter or knowingly f	nd complete to iles a false state	the best of my knowle ement shall be guilty o	edge and belief. If a misdemeanor.	RSA 15-A:9 Pe	nalty. Any
Date 6-	1-2009		Signature of F	iler	CZV.	b . C		

Type or Print Clearly	
Full Name ALEX KILLEY	Work Address 19 SUTTON PLACE
Primary Occupation INFO TECH	e-mail AL-EX- KELLEY & 6 MAZL . CONVORK Phone 603-540-2367
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
proprietor, or employee, or served in any other professional	usiness, or other organization in which you or a family member was an officer, director, associate, partner, radvisory capacity, and from which any income in excess of \$10,000 was derived during the preceding tirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials	next to the following statement.  My income does not qualify
reportable special interest in an item on this list if a change in la discipline a licensee or permittee, or other decision by governn financial effect on you or a family member than it would on the	interest in any of the following businesses, professions, occupations, groups, or matters. A person has a w, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ent affecting the listed business, profession, occupation, group, or matter would potentially have a greater general public:  - certified by the State of New Hampshire. List each such
1 / Health Care   R Inclirance	s, including brokers, opers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging beverages
i tarrent basiness ragainetes -) and the	Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	ng information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Filer  RECEIVED
Date 6-10-2012	JUN 13 2022
Return to: Office of Secretary of Stat	, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name KAthleen Genevieve Kilroy Work Address 680 Central Ave Suite 201 Dover	NH 0382
Primary Occupation TBew local 1837 Bus. Rep. e-mail Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, p proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the pre-calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. N/A:	)
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, cour municipal employment	nty, or
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	e of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture  17. N.H. Business Business Business Interest and Dividends Tax  18. Optional: Specify any other area in which you have special interest —	e a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
RECE	
Date $6/9/22$ Signature of Filer JUN 13	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HANDERSTMEN	T OF STATE

Type or Print Clearly	
Full Name Seth King Work Add	ress N/A
Primary Occupation Retired e-mail SethKing	g @ Librem. Ohe Work Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefit	which any income in excess of \$10,000 was derived during the preceding ts shall be included. (Use additional sheets as necessary.)
1. Christina King, 473 Jefferson Rd. Whitefield, NH,	Nurse, Littleton Regional
2.	
If you have no qualifying income indicate by writing your initials next to the following statement	t. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administrative rediscipline a licensee or permittee, or other decision by government affecting the listed business financial effect on you or a family member than it would on the general public:	ule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New profession, occupation, or category of business:	Hampshire. List each such
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legacing of gambling	14. Education 13. Water hesources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Divide	est and 18. Optional: Specify any other area in which you have a special interest — Fintech
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and comperson who knowingly fails to comply with the provisions of this chapter or knowingly files a fa	plete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any lse statement shall be guilty of a misdemeanor.
Date 6/3/22 Signature of Filer	

Type or Print Clearly			•	
Full Name WILLIAM C. KINKS	Work A	ddress 180 ELM STRE	E, SUITE E	MILTORD, NN
Primary Occupation Represery MANNER	e-mail KIN44NH	@GMAIL.COM W	ork Phone (602	5) 490-1810
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and fro	m which any income in excess	of \$10,000 was derive	ed during the preceding
1. WILLIAMKING - 223 SOUTH ST	WET PROPERTIES, LIC	- 180 KIM STREET, S	WITE E, MILL	FORA, NH
2. Sanoy King - Summerville &	Lemony Cape , 183	OLD DUBLIN ROAD, BIT	ZRBORDUCH, NH	03458
If you have no qualifying income indicate by writing your ini	itials next to the following statem	ent. My income doe	es not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in administrative ernment affecting the listed busir the general public:	e rule, a decision whether or not t less, profession, occupation, grou	o award a contract, gr	ant a license or permit,
I I / Health (are il is instirance il //	Estate, including brokers, developers, and landlords	5. Banking or financial services	6. State of New municipal emp	w Hampshire, county, or oloyment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	ition of alcoholic	11. Practice of law
	13. Horse or dog racing, or other of gambling	14. Education	15. Water Re	
16. Agriculture 17. N.H. taxes: Profits Tax	1./	erest and idends Tax 18. Optional: spec	Specify any other area ial interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	egoing information is true and co of this chapter or knowingly files a	omplete to the best of my knowle a false statement shall be guilty of	dge and belief. RSA a misdemeanor.	
				RECEIVED
Date	Signature of Filer		The second secon	JUN 0 3 2022
Return to: Office of Secretary of	State, 107 North Main Street, Sta	te House Room 204, Concord, NH	03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly	
Full Name GEORGE EKINK ON Work Address 495 TEINING MONNAIN N.	16UNDO PERMONTA
Primary Occupation BUSIJESS MXIV e-mail KINKSTING & NONDRUNISM CON Work Phone 60.	0536 1035
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
1. KINKS TRUCK AND AUTO	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would profession in a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of Normalicipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other are special interest—	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  PSS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/10/22 Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Walter F. Kirsch	Work Address		
Primary Occupation Retired	e-mail Kirschwaltert	Qyahoo. com Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal in the control of the control	or advisory capacity, and from which	any income in excess of \$10,000 was deri	ved during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initial	ls next to the following statement.	My income does not qualify	WIFK
reportable special interest in an item on this list if a change in l discipline a licensee or permittee, or other decision by governifinancial effect on you or a family member than it would on the special profession, occupation, or business licensed profession, occupation, or category of business:	ment affecting the listed business, profese general public:	ession, occupation, group, or matter would p	
I / Health ( are II is insurance II I	ate, including brokers, relopers, and landlords 5. B		ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	. Horse or dog racing, or other legal for ambling	ms 14. Education 15. Water F	desources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta		a in which you have a
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	oing information is true and complete t nis chapter or knowingly files a false sta	to the best of my knowledge and belief. RS/ tement shall be guilty of a misdemeanor.	
			RECEIVED
Date 66/09/2022	Signature of Filer	with 8 km	JUN 1 0 2022
Return to: Office of Secretary of Sta	ite, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW ! ! AMPSHIRE DEPARTMENT

Type or Print Clearly
Full Name Jessica Kliskey Work Address 10 Middle St. forts mouth, WH 03801
Primary Occupation Historical House e-mail jessica@portsmonth history on 603-436-8433
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6822 Signature of Filer LUSICA KLISKEY DEPARTMENT OF STATE

Type or Print Clearly
Full Name Robert Cliskey Work Address 2 Contra Way Merrinack WH
Primary Occupation Workplace Manning Associate robert. Kliskey 2 Amr. com Work Phone 603-705-8642
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NA
2. N.A.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
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2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax Divid
Thave read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty, And person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Date
Date 6/2/27  Signature of Filer  NEW HAMP OF STATE

Type or Print Clearly	
Full Name Tohn F ICL 055 Work	Address 603 494-1000
Primary Occupation Retered e-mail Hone	Work Phone 603 494-1000
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	epresentative, Merrinigh
A. List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability be	from which any income in excess of \$10,000 was derived during the preceding
1.	
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If you have no qualifying income indicate by writing your initials next to the following state	ement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the follower reportable special interest in an item on this list if a change in law, a change in administrated iscipline a licensee or permittee, or other decision by government affecting the listed but financial effect on you or a family member than it would on the general public:	tive rule, a decision whether or not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of I profession, occupation, or category of business:	New Hampshire. List each such
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other of gambling	her legal forms 14. Education 15. Water Resources
16 Agriculturo	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and person who knowingly fails to comply with the provisions of this chapter or knowingly file	complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any is a false statement shall be guilty of a misdemeanor.
Date 6-2-22 Signature of File	Jahn F Elon.

Type or Print Clearly					
Full Name AMSON KNAB	Work Address	89	DEPOT RD	UREEN	LAND
Primary Occupation EXEC. DIRECTURE	e-mail alliconmende	s eyano	Work Phone	603	778 0015
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	STRATIMEN SELEC	T BOA	20		
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement	r advisory capacity, and from which	ch any income	in excess of \$10,000	was derived du	
1. GREAT BAY STEWARDS, 8	9 DEPOT PD, GH	DENLAN	D M 038	40.	
EADIATON ONCOLOM ASLOC	CIATES, ELIOT 17	OSPITA	MANCH ncome does not qualif	ESTER	M CHUSBAM
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the	w, a change in administrative rule, a ent affecting the listed business, pro general public:	decision wheth ofession, occupa	ner or not to award a cation, group, or matter	ontract, grant a	license or permit,
profession, occupation, or category of business:	Certified by the State of New Harry	Suite, List Patr			
A Health (are II is incurance II I		Banking or final		tate of New Hai	mpshire, county, or nent
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale a beverages	nd distribution of alco	holic	11. Practice of law
(Zirtil) business regulated by the	Horse or dog racing, or other legal fombling	14.		5. Water Resour	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Enterprise Tax Dividends	Tax L	Optional: Specify any special interest		
I have read RSA 15-A and hereby swear or affirm that the foregoin person who knowingly fails to comply with the provisions of this	ng information is true and complete	to the best of r	my knowledge and be be quilty of a misdeme	lief. RSA 15-A anor.	29 Penalty. Any
person who knowingly falls to comply with the provisions of this	- Chapter of knowingly mes element				RECEIVED
Date 6/9/2022	Signature of Filer	cecon			JUN 1 3 2022
					NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly				,		<b>v</b>
Full Name   TER	RY LYNN KNIRI	K	Work Address	STATE OF NEW HAMP	SHIRE, 25 CAPITO	ol ST, Concorp, NH033
Primary Occupation	STATE REPRESENTA	ATIVA e-mail	TERRY. KNIRK@ LEG	STATE, NH, US V	ork Phone 61	7-448-7557
	on, board or commission, bo ployment with state or c bu. NO ACRONYMS	pard of STATE	E REPRESENTATI	UE, NEW HAMPSI	tire House o	f REPRESENTATIVES
proprietor, or employe	e, address, and type of any pee, or served in any other pee of retirement benefits other the	rofessional or adviso	ry capacity, and from which	ch any income in excess	of \$10,000 was deriv	ved during the preceding
1. TIAA CO	RETIREMENT INC	one 10, 730 THU	20 AUE, NY, NY 100	17-3206 - RETIFE	MENT INVESTMEN	of company
2. THRIVEN	T ( RETIREMENT ,	INCOME) 625	FOURTH AVES	, MINNEAPOLIS, I	4N 55415-16	65-FINANCIAL SCRUCK
S WIFE-TOU	g income indicate by writing	your initials next to t	PO BOX 248, MAN the following statement.	My Income do	TO WAY GOVERN	MENT
reportable special inte discipline a licensee or financial effect on you 1. Any profe	ther you or a family member rest in an item on this list if a permittee, or other decision or a family member than it w ession, occupation, or busine	change in law, a char by government affect would on the general	nge in administrative rule, a cting the listed business, pro public:	decision whether or not of officers of the off	to award a contract, g	rant a license or permit,
profession, or	ccupation, or category of bus	siness:	1871 I I III MANAGAMA MANAGA MANAGAMA MAN P A ANGER ME MAN . No subtre bibliography artifice and confliction of a paper bas	THE THE PROPERTY OF THE PROPER	de Synhystophybolog yn di Al S. 1888 fill Siria I . 165 - 165 - 165 - 165 - 156 - 156 - 166 - 166 - 166 - 166 -	The same designation and appears to the same service and the same same same same same same same sam
2. Health Care	3. Insurance	4. Real Estate, includ agent, developers, a		Banking or financial vices	6. State of Nemunicipal em	ew Hampshire, county, or ployment
7. N.H. Retirem System	8. Current u assessment p		9. Restaurants/ lodging	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
12. Any business Utilities Commiss	regulated by the Public ion	13. Horse or of gambling	dog racing, or other legal t	17. Education		August 1 60 80 10 10 10 10 10 10 10 10 10 10 10 10 10
16. Agriculture		usiness Business Enter	ness Interest a prise Tax Dividends		Specify any other are cial interest —	ea in which you have a
I have read RSA 15-A ar person who knowingly	nd hereby swear or affirm that fails to comply with the prov	at the foregoing informations of this chapte	mation is true and complet r or knowingly files a false s	e to the best of my knowl tatement shall be guilty o	edge and belief. RS. of a misdemeanor.	A 15-A:9 Penalty. Any
Date June 2	2, 2022		Signature of Filer	Jag Kn.	4	

Type or Print Clearly				4		
Full Name John 6	Knowles		Work Address	retired	NIA	
Primary Occupation 64	ired	e-mail jkknou	vles@ como	ist net	Work Phone	N/A
Name the office, position, boa directors, etc. or employme government held by you.						
A. List below the name, addre proprietor, or employee, or se calendar year. Sources of retire	erved in any other profess	sional or advisory capacity,	and from which	any income in ex	cess of \$10,000 was o	derived during the preceding
1. WA						
2.						
If you have no qualifying incon	ne indicate by writing your	initials next to the following	g statement.	My incom	e does not qualify	OKK
	in Item on this list if a chan- tee, or other decision by go nily member than it would occupation, or business lice	ge in law, a change in admir overnment affecting the list on the general public: ensed or certified by the Stat	nistrative rule, a de ed business, profe	ecision whether or ession, occupation,	not to award a contrac group, or matter woul	ct, grant a license or permit,
profession, occupation	on, or category of business:	Committee the committee of a committee of the committee o	Pr 1 (Bill) - My 1000 Gallaballabation included relations came some was a condi-	mander dender sammentenser og per et a supply gled en a a dig er e	ord C. Areange or promise and the S. C. Salada de Salada is an extra section of the administration of the section of the secti	
2. Health Care 3.1		al Estate, including brokers, it, developers, and landlords		nking or financial es		f New Hampshire, county, or employment
7. N.H. Retirement System	8. Current use lan assessment progra		ants/	<ol><li>Sale and di beverages</li></ol>	stribution of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	d by the Public	13. Horse or dog racing, of gambling	or other legal for	ns 14. Educ	ation 15. Wat	er Resources
16. Agriculture	17. N.H. Busines taxes: Profits T		Interest and Dividends Tax	11 )	onal: Specify any other special interest —	area in which you have a
I have read RSA 15-A and hereb person who knowingly fails to o	y swear or affirm that the formula with the provisions	foregoing information is trues of this chapter or knowing	e and complete to ly files a false stat	o the best of my kn ement shall be gui		RECEIVED
Date 6/9/22		Signature o	of Filer	John K	(Knowles	JUN 1 3 2022
Consequence consequence and describe consequence and consequen				0	LAULennes	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name babella Koenigs Work Address 727 Satayette 20 Ceabroof
Primary Occupation Care givel e-mail 40bella Koenigs amail Work Phone 603 814-1589
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H.  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-3-32 Signature of Filer

Type or Print Clearly
Full Name JM KOFALT Work Address 46 CELTS WAY WILTON NH 03086
Primary Occupation Consultant e-mail state rep@jimkofult.com Work Phone 603769-2130
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner,
proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Accelerate-IT, LLC 46 Celts Way Wilton NH 03086
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6 2 22  Signature of Filer  Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly					
Full Name LORI KORZEN	Work Address	788 KE	aut St	BER	ZUN
Primary Occupation Woodworkse/Business Ownere-mail LEX	OPZEN@H	OTMAIL.CO	M Wor	k Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession, business, or other o proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	y, and from which	n any income in	excess of	\$10,000 was de	erived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My inc	ome does i	not qualify	Ler
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ninistrative rule, a o sted business, pro	decision whethe fession, occupat	r or not to a on, group,	award a contract	t, grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor		Banking or financices	ial		New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restart assessment program lodging	urants/	10. Sale an beverages	d distribution	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing of gambling	g, or other legal fo	14.0	ducation		er Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends T		ptional: Sp special	ecify any other interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complete of the c	rue and complete ngly files a false sta	to the best of matement shall be	y knowledg guilty of a	e and belief. I misdemeanor.	RSA 15-A:9 Penalty. Any
Date 6/1/22 Signature	e of Filer	Lavi Kon	z-		RECEIVED
	Street State House	Room 204 Con	cord NH 0	3301	JUN 0 9 2022 NEV HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main S	orieer, state mouse	ROUTH 204, CON	cord, ivi i o	301	THE TENTE OF STATE

Type or Print Clearly
Full Name Elimpibal & Koola Work Address 370 Merring Ck St. LAWRence 144
Primary Occupation The popular specular e-mail hydrosota @ gmoul com Work Phone 6978 620-00 90
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Voicegast 37 Planston Rx # Planston DFT.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Ent
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA  15-A:2 Penalty Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6112022 Signature of Filer Sunabelo 4, 1000 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly  Andwer, Mc
Full Name Cynthia (Cotroubas Work Address Shaw Sheen Ro
Primary Occupation Special Col teachermail Cynth 0722140 Work Phone 603-339-4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1 Alexander Kartninbas (Pick bully concord Job)
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 29. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest — Munitary New York Profits Tax  Business Enterprise Tax  Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief RSA 15-A.3 Fenalty Dry person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean or. RECEIVED
Date 06/19/22 Signature of Filer NEW HAMPSHIRE PARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Peter J Koutroubas Work Address —
Primary Occupation Retired e-mail peter. Koutroubase yahoo.com
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. none
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
THE TOTAL PROPERTY OF THE PROP
Date 6.9.22 Signature of Filer Pater & Rous JUN 10 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Miriam Rohini Kovacs Work Address 416 central St. Franklin NH 03235
Primary Occupation Chef e-mail miriam. rohini@gmail. com Work Phone 603-671-7869
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Broken spoon. Sole proprieter.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Signature of Filer
Date 6 10 2022 Signature of Filer M - Signature of Filer NEW HAMP OF STA
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name EmmanuEL KRASNER Work Address RETIRED	
Primary Occupation RETIRED e-mail manny, Krasnere gmail. Work Phone N/A	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	•
1. NA	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	EK
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	a license or permit,
4. Real Estate, including brokers, 5. Banking or financial 6. State of New Ha	mpshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms Utilities Commission  14. Education 15. Water Resources	
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Dividends Tax  18. Optional: Specify any other area in v	vhich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 682022 Signature of Filer	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Katelyn Kuttab	Work Address	17 Duston Rd, Wir	
Primary Occupation Photographer	e-mail katelyn@kk	Uttabicom Work Phone	603-689-8065
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	ch any income in excess of \$10,000 v	was derived during the preceding
1. Katelyn K Photography,	17 Owsen Rd, Windham,	NH 03087, Photography	
Elliot Health System, 181	liot Way, Manchest	er, NH 03103, Physic	cian
If you have no qualifying income indicate by writing your initi	ials next to the following statement.	My income does not qualify	,
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	n law, a change in administrative rule, a nment affecting the listed business, pro the general public:	decision whether or not to award a confession, occupation, group, or matter	entract, grant a license or permit,
4 Peal Fe	Physician state, including brokers, 5.	Banking or financial 6. St	ate of New Hampshire, county, or
/ Health (are ii is insurance ii i		vicesmuni	cipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcol beverages	holic 11. Practice of law
1	<ol><li>Horse or dog racing, or other legal figambling</li></ol>	14. Education 13	. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Dividends		other area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete this chapter or knowingly files a false s	e to the best of my knowledge and bel tatement shall be guilty of a misdemea	rior. RSA 15-A:9 Penalty. Any
Date 150n2022	Signature of Filer	Rotely Kutlor	JUN - 3 2022
Return to: Office of Secretary of S	tate, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print C	learly					
Full Name	Rebecca Penkins Kwoka		Work Address	PO BOX 1340	Portsmout	4, NH 0380Z
Primary Occupa	ation Attorney	e-mail voter	rebeccanhec	gmail.com	Work Phone	(603)793-1076
directors, etc. government he		State Seno				
proprietor, or e	he name, address, and type of any professi employee, or served in any other profession Sources of retirement benefits other than feder	onal or advisory capaci	ity, and from which	th any income in exc	ess of \$10,000 wa	as derived during the preceding
1. Rel	wild Renewables, LLC					
2.				The second limited in the last to th		
If you have no o	qualifying income indicate by writing your in	nitials next to the follow	ving statement.	My income	does not qualify	
reportable spe discipline a lice financial effect	ow whether you or a family member has a s cial interest in an item on this list if a change ensee or permittee, or other decision by gov on you or a family member than it would or my profession, occupation, or business licen ssion, occupation, or category of business:	e in law, a change in advernment affecting the n the general public:	Iministrative rule, a listed business, pro	decision whether or I ofession, occupation, o	not to award a con	tract, grant a license or permit,
2. Health	I APP II IS INCIITANCE II /I	Estate, including broke developers, and landle		Banking or financial vices		te of New Hampshire, county, or ipal employment
7. N.H. F System	Retirement 8. Current use land assessment program		taurants/	10. Sale and dis	tribution of alcoho	olic 11. Practice of law
12. Any bu Utilities Co	usiness regulated by the Public	13. Horse or dog raci	ng, or other legal f	orms 14. Educa	tion 15.V	Water Resources
16. Agric	tulture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest ar Dividends	nd 18. Option	nal: Specify any ot special interest	ther area in which you have a Pharmaccutical
I have read RSA	15-A and hereby swear or affirm that the fo	regoing information is	true and complete	to the best of my kno	owledge and belief	f. RSA 15-A:9 Penalty. Any
person who kin	wingly falls to comply with the provisions	or this chapter or know	might mes a taise s	A CONTRACTOR OF THE CONTRACTOR	,	RECEIVED
Date 6/3	122	Signatu	ure of Filer	R Perfu	pur	JUN 03 2022
	Paturn to: Office of Secretary of	f State 107 North Mair	Street State House	se Room 204 Concord	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE