Type or Print CLEAR Full Name りぬい	DL. BABSON,	JR		Work Address	. P.O.	Box 10	0591982	NH 03864
Primary Occupation	RETIRED		E-mail	daveba	6180	ana: 1.6	Work Phone 6	03 539 4978
	on, board or commission, commission, comment with state or county MS.		COUNTY	Commis	5,102	ν <u>2</u>		
proprietor, or e calendar year.	name, address, and type o employee, or served in any Sources of retirement bene	other professional or	advisory capacity	, and from whic	h any incom	ne in excess of \$	10,000 was derived of	during the preceding
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	ng income indicate by write	ing your initials next	to the following s	tatement.		My incor	ne does not qualify	DIR
reportable specification discipline a lice financial effect. 1. Any prof	w whether you or a family it cial interest in any item on ensee or permittee, or other t on you or a family memb ession, occupation, or business or category of business:	this list if a change ir or decision by governi er than it would on th	n law, a change in ment affecting the ne general public:	administrative n listed business,	ale, a decision, o	on whether or no occupation, grou	ot to award a contrac	t, grant a license or permit,
2. Health Care	3. Insurance	4. Real Estate, inc	luding brokers, s, and landlords	- 11	Banking or fi	nancial	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retiren	113 /	ent use land nt program	9. Restaur	rants/	10. Sa bevera	le and distribution	n of alcoholic	11. Practice of law
T 12. Any business Utilities Commis	regulated by the Public	13. Hor	se or dog racing, or	other legal forms	of r	14. Education	15. Water Re	esources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends T			pecify any other area in l interest	which you have a
Penalty. Any perso	-A and hereby swear or on who knowingly fails t			s chapter or kno	wingly file	es a false state	ment shall be guilty	
Date615	12020				کے میں (Signature o	h Babo f Reporting Indi	vidua	RECEIVE
	Return to: O	ffice of Secretary of S	State, 107 North N	Main Street, State	House Roo	om 204, Concord	I, NH 03301	JUN 0 8 2020

Type or Print CLEARLY	Work Address: 6 30	South Maine	st. Wolfelon
Primary Occupation Ret. SeQ	E-mail terepra Do Me	tsocust Work Phone 6	033872365 NI
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government he by you. NO ACRONYMS.	dof N.H. Serute J):st 3	
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 justice.	nal or advisory capacity, and from which any income federal retirement and/or disability benefits shall be in the control of t	in excess of \$10,000 was derived	d during the preceding
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If you have no qualifying income indicate by writing your initials	next to the following statement.	My income does not qualify	<i>y</i>
	overnment affecting the listed business, profession, of l on the general public:	occupation, group, or matter would	ew Hampshire, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale	and distribution of alcoholic	11. Practice of
12. Any business regulated by the Public 1.	1 lodging beverag 3. Horse or dog racing, or other legal forms of mbling		Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any other area special interest	in which you have a Hackment
I have read RSA 15-A and hereby swear or affirm that the Penalty . Any person who knowingly fails to comply with Date	the provisions of this chapter or knowingly file	ne best of my knowledge and b s a false statement shall be gui	pelief. RSA 15-A:9
)	Signature of	Reporting Individual	RECEIVED
Return to: Office of Secreta	ry of State, 107 North Main Street, State House Roor	n 204, Concord, NH 03301	JUN 0 5 2020

Attachment to Ethics Form January 17, 2020

Sources of Income Jeb Bradley

- 1. DFA International Real Estate Securities Portfolio
- 2. Goldman Sachs Dynamic Municipal Income Fund
- 3. Goldman Sachs High Yield Municipal Fund
- 4. Goldman Sachs Short Duration Tax Free Fund
- 5. Goldman Sachs tax Advantaged Global Equity Portfolio

Sources of Income Karen Bradley

1. Income from rental property in Massachusetts and Florida

Disclosure of Financial Interests Jeb Bradley

Healthcare Stocks: Merck, Pfizer, Bristol Meyers, HCA, Johnson and Johnson

Insurance Stocks: Berkshire Hathaway, Travelers, Anthem, Cigna, Humana

Banking & Financial Services Stocks: Citigroup, Suntrust, US BankCorp, WellsFargo, Fidelty, JP Morgan

Regulated by PUC Stocks: Qualcom, Verizon, Comcast

Other: Own property in Shoreland District, Beneficiary of family trust



Type or Full Nar	Print CLEAI ne <u></u> ၂	RLY muel	HIKVMOI	Cornse	n 6l	_ Work Add	ress: Nenr	o Interr	intional	# 87	Hornerd
Primary	Occupation _	Resi	dential	Cornse)	ΟΥ E-mail	Sloar	nomoe,	gnoil 6	<u>~</u> Work Phone _	603	573 67.
un cctor.	ne office, positi s, etc. or emplo NO ACRONY	yment with	or commission h state or coun	, committee, board or ty government held	· Board	of Brei	tors, Mt	Bible	Social	1	
A.	proprietor, or	employee,	or served in a	of any profession, be ny other professional enefits other than feder	or advisory capacit	y, and from v	hich any incom	e in excess of \$	10,000 was deriv	ed during the	e preceding
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	12. Any business Itilities Comm		by the Public	☐ 13. I gamb	lorse or dog racing, o	or other legal fo	orms of	14. Education	15. Wate	er Resources	
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	lty. Any pers	son who kr		or affirm that the fo s to comply with th		is chapter or	knowingly file	es a false state	ment shall be g	uilty of a m	isdemeanor.
			Return to:	Office of Secretary	of State, 107 North	Main Street, S	tate House Roo	om 204, Concor	d, NH 03301	K1=19/	1 1 2 2020 HAMPSHIRE MENT OF STATE

Fype o Full Na	r Print CLEARL	Glenn I	Bailey		Work Address:	156 Perl	< Place A	lilton, NH 03851
	Occupation	Reviewe	1	E-mail	grbaile	ey@metrous	Work Phone	lilton, NH 03851 (603) 755-2756
director		, board or commission nent with state or coun IS.		none	<u> </u>	/	re I	
A.	proprietor, or en calendar year. Se	nployee, or served in a ources of retirement be	ny other professional enefits other than fede	or advisory capacity eral retirement and/	y, and from which or disability benefi	any income in excess of the shall be included. (U	of \$10,000 was deriv	rector, associate, partner, yed during the preceding as necessary)
1.	Sov	thern Naw	Hampshir	e Univer	sity (SNHUD		
2.			•				W	
lf you h	nave no qualifying	income indicate by w	riting your initials nex	kt to the following s	tatement.	My in	ncome does not qual	ify
В.	reportable speciediscipline a licer financial effect of the control of the contro	al interest in any item	on this list if a change her decision by gover nber than it would on iness licensed or certifi	e in law, a change in rument affecting the the general public: led by the State of Ne	administrative rul listed business, prower was Hampshire. List of Cabove 1	e, a decision whether of cofession, occupation, greach such profession,	r not to award a congroup, or matter wou	r matters. A person has a stract, grant a license or permit, ald potentially have a greater
Γ	2. Health Care	3. Insurance		ncluding brokers, pers, and landlords	5. Ba	inking or financial ces		New Hampshire, county, or employment
Γ	7. N.H. Retireme System	11	rrent use land nent program	9. Restaur	ants/	10. Sale and distribute beverages	ution of alcoholic	11. Practice of law
	12. Any business re Jtilities Commiss	gulated by the Public ion	T 13. H	lorse or dog racing, or ing	other legal forms	of 14. Educatio	n	er Resources
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	- Business Enterprise Tax	Interest and Dividends Tax		Specify any other arecial interest	ea in which you have a
		•				•		l belief. RSA 15-A:9 uilty of a misdemeanor.
Date	6/12/	2020				ignature of Reporting	ndividual	RECEIVED
								JUN 1 5 2020

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 Robert Faker Work Address: 481 Meridan HillRd., Columbia Nt
rimary Occupation Refixed Attorney E-mail abobbaker@aol. com Work Phone 603-922-5571
Name the office, position, board or commission, committee, board of Town of Columbia Zoning Board of Aljustonent irectors, etc. or employment with state or county government held y 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. Social Security
2. Individual Retirement Account
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 any 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: Attached The Hampsime. 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 lodging 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. Business Profits 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 June 8, 2020

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

Supe or Print CLEARLY Full Name JOHN LINDSEY BALCOM	Work Address: 85 Pond view Dr. Mertimack, NH 03054
	The Balcoin 1 Quel com Work Phone (603) 809-5066
Name the office, position, board or commission, committee, board of	of Trust Funds, Town of Merrimack, NH
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	•
1. Retirement Pension from BAE SYSTEMS.	- Retired Quality Engineer - Self
2. Nashua Community Music School - S	pouse
If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by the State of No 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 8. Current use land 9. Restaution lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, gambling	or other legal forms of 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
Penalty. Any person who knowingly fails to comply with the provisions of the	tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $6-12-2020$	Signature of Reporting Individual RECEIVED
	IUN 1 6 2020

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 Alfred & Baldusaro Work Address: N/A	
rimary Occupation ReTired USMC E-mail Modeldusaro Drome, J. N. Work Phone	
Name the office, position, board or commission, committee, board of <u>STATE</u> RePrese_TATIVE lirectors, 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, a 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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ng the preceding
1. VFW, Martine Corps League, American Legion	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	APS
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian 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:	ant a license or permit,
4 Real Estate including brokers 5. Banking or financial 6. State of New Har	mpshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal employs	
7. N.H. Retirement System 8. Current use land assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource.	
17. N.H. Business Business Function Fun	ich 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. Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of	RSA 15-A:9 a misdemeanor.
Date 6/3/2020	RECEIVED
Signature of Reporting Individual	JUN 0 4 2020

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 CLEAR Tull Name	MICHAEL BAL	06	Worl	Address:	ETIREP		
rimary Occupation	•					Work Phone	
	n, board or commission, comment with state or county gov	nittee, board of					
proprietor, or e	name, address, and type of an mployee, or served in any oth Sources of retirement benefits	er professional or advisory	y capacity, and fr	om which any	income in excess of \$1	0,000 was derive	d during the preceding
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16. Agriculture	17. N.H. taxes:	Business Busines Enterpris		terest and vidends Tax	— 18. Optional: Spe special	cify any other area	in which you have a
Penalty. Any person	A and hereby swear or affin who knowingly fails to co	m that the foregoing in mply with the provision	formation is tru	er or knowing M	ete to the best of my kingly files a false statem	ent shall be gu	pelief. RSA 15-A:9 Ilty of a misdemeanor RECEIVED JUN 15 2020
	Return to: Office	of Secretary of State, 107	7 North Main Str	eet. State House	se Room 204, Concord	NH 03301	NEW HAMPSHIRE

Type or Full Nar	Print CLEARI	Y R	AE	BANfi	22		Work Add	ress:	Retired		
	Occupation	Re	TIRE	9		E-mail _	ZiNo	la	1944 RAE MAIL.COM	_ Work Phone	NA
director	ne office, position s, etc. or employs NO ACRONYM	nent with						<u> </u>	7/1/21/21/20/24		
A.	proprietor, or en	nployee, o	r served in	any other profes	sional or advis	sory capacity,	and from w	hich an	ou or a family member we income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding
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Γ	7. N.H. Retireme System	ent	1	urrent use land sment program		9. Restaura	ints/	Г	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
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Pena		n who kno	wingly fai	ls to comply w				knowi So	olete to the best of my langly files a false stater Roa Banature of Reporting Individual	ment shall be guilt	
			Return to	Office of Secr	etary of State,	107 North M	lain Street, S	State Ho	ouse Room 204, Concord	, NH 03301	JUN 1 2 2020

Type or Print CLEARLY Full Name Kalmen Backin	Work Address: 72	Pease Blud. New	ington NH
Primary Occupation Machine Operator	E-mail Barkinkaln	Pease Blvd. New, new Menagma, Conwork Phone 6	732-330-322
Name the office, position, board or commission, committee, 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, busines proprietor, or employee, or served in any other professional or adcalendar year. Sources of retirement benefits other than federal re	visory capacity, and from which any in etirement and/or disability benefits shal	come in excess of \$10,000 was derived ll be included. (Use additional sheets as	during the preceding necessary)
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If you have no qualifying income indicate by writing your initials next to the	he following statement.	My income does not qualify	<u>www</u>
B. Indicate below whether you or a family member has a special interest in any item on this list if a change in lar discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the government of the special interest of the special interest in any item on this list if a change in large discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the government of the special interest in any item on this list if a change in large discipline a licensee or permittee, or other decision by government financial effect on you or a family member has a special interest in any item on this list if a change in large discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the government of the special interest in any item on this list if a change in large discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the government of the special interest in any item of the s	w, a change in administrative rule, a de nt affecting the listed business, profession eneral public:	cision whether or not to award a contraction, occupation, group, or matter would putch profession,	t, grant a license or permit,
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12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	or dog racing, or other legal forms of	14. Education 15. Water R	esources
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I have read RSA 15-A and hereby swear or affirm that the foregoin Penalty . Any person who knowingly fails to comply with the proving the state of			
Date 6/4/2020	Signatur	re of Reporting Individual	RECEIVED

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

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	Print CLEARLY	m. B	ancs		Work Add	lress: 63	O Cafay	ete rd	Hampun 1H
Primary	Occupation Hon	rateral	ASSOCIO	E-ma	il <mark>Varres4</mark>	in sa	executo	Work Phon	1tampan 174 203)926-9808
lirectors	ne office, position, boar s, etc. or employment v NO ACRONYMS.			ra oi			gman		
Α.	proprietor, or employe	ee, or served in	any other profession	n, business, or other or onal or advisory capaci federal retirement and	ity, and from v	which any inco	ome in excess of \$	10,000 was derive	
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	2. Any business regulate tilities Commission	d by the Public		13. Horse or dog racing, ambling	or other legal fo	orms of	14. Education	15. Water	Resources
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest	11		ecify any other area l interest	in which you have a
	read RSA 15-A and								pelief. RSA 15-A:9 Ity of a misdemeanor.
Date	6/8/20		nio to compty with	a me provisions of the			inos a laise statel	Ment shan oc gu	RECEIVED
Date						Signature	of Reporting Indi	vidual	JUN 0 8 2020
		Return to	o: Office of Secreta	ary of State, 107 North	Main Street, S	State House R	loom 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Γ ype o Full Na	or Print-CLEAR ame <u> Seaf </u>	LY . Jun M	C	CAMO	ody		Work Ad	dress://	125 Bridge legtate e Bonavi	p 5	t, m	In e hoste
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Name t	the office, positions, etc. or employ. NO ACRONY	on, board or ment with	commission	, committee, bo ty government	pard of 5	tate Rej	2					
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	have no qualifyin	ig income i	ndicate by w	riting your initi	als next to t	the following sta	tement.		My inco	me does not o	ualify	
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Γ	7. N.H. Retiren System	nent	11	rrent use land nent program		9. Restaura lodging	nts/	Γ	10. Sale and distribution beverages	n of alcoholic	;	11. Practice of law
$\overline{\Gamma}_{l}$	12. Any business i Utilities Commis		y the Public	F	13. Horse of gambling	or dog racing, or o	ther legal	forms of	14. Education	15. V	Water Resource	es
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I hav	e read RSA 15- alty. Any perso	-A and he	reby swear o	or affirm that to s to comply w	the foregoi	ing information	is true ar	nd compl r knowin	lete to the best of my	knowledge ment shall b	and belief. I	RSA 15-A:9

Type or Full Nar	Print CLEARLY	n BARRY	/		Work Addr	ess:			
Primary	Occupation 2	+IRED /		E-mail				Work Phone	
directors		ent with state or cour	n, committee, board of nty government held						
A.	proprietor, or emp	oloyee, or served in a	e of any profession, but any other professional the enefits other than feder	or advisory capacity	, and from wi	nich any inco	me in excess of \$	10,000 was derived	during the preceding
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	7. N.H. Retiremen	t _ 8. C	urrent use land	pers, and landlords 9. Restau		ervices	Sale and distributio	municipal em	11. Practice of
		ulated by the Public		lodging forse or dog racing, o	rother legal fo		rages 14. Education	15. Water R	law
<u>г</u>	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividend		18. Optional: Sp specia	pecify any other area i l interest	n which you have a
		-	or affirm that the fo			-	•	_	elief. RSA 15-A:9 ty of a misdemeanor.
Date	6/3/2	020					MA	1	RECEIVED
<i></i> v					4-	Signature	of Reporting Indi	vidual	JUN 0 4 2020
		Return to:	: Office of Secretary of	of State, 107 North !	Main Street, S	ate House Ro	oom 204, Concord	i, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

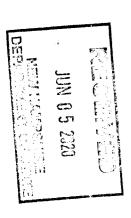
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Primary Name tl director	Occupation <u>fe</u>	board or commission ent with state or coun	, committee, board of _	E-mail	Christyaba	nett @ smail	Rd Concord Work Phone 224	3/72
	List below the na proprietor, or em	me, address, and type ployee, or served in a	ny other professional or	r advisory capacity,	and from which any	income in excess of \$1	vas an officer, director, as 10,000 was derived during additional sheets as neces	g the preceding
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В.	reportable specia discipline a licen- financial effect of 1. Any profess	I interest in any item of see or permittee, or of n you or a family men	on this list if a change i	n law, a change in a ment affecting the l he general public: d by the State of New	dministrative rule, a isted business, profese Hampshire. List each	decision whether or no ssion, occupation, grou	ations, groups or matters. of to award a contract, gra p, or matter would potent	nt a license or permit, ially have a greater
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		•			-		knowledge and belief. nent shall be guilty of a	
Date	6/8/20				Chu hu Signa	DSlat B cer ature of Reporting Indiv	News-	

Fype or Full Nar	Print CLEARL	Y כו עש	Bartlet	4		Work A	ddress:						
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Penal			wingly fails	s to comply w	he foregoing infor ith the provisions	of this chapter	or knowing	ngly fi	iles a false stater	ment sha	ll be guilt		ED
			Return to:	Office of Secre	etary of State, 107 N	orth Main Stree	t, State Ho	ouse Ro	oom 204, Concord	l, NH 033	01 NEW	HAMPSH	HIRE

Full Name JOOST JG BAUMEISTER	Work Ad	dress:	7.7.7.
Primary Occupation	E-mail		Work Phone
Name the office, position, board or commission, committee, board ofdirectors, 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 proprietor, or employee, or served in any other professional or advis calendar year. Sources of retirement benefits other than federal retirement	sory capacity, and from v	which any income in excess of \$1	0,000 was derived during the preceding
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2.			
If you have no qualifying income indicate by writing your initials next to the	following statement.	My incon	ne does not qualify
B. Indicate below whether you or a family member has a special interer reportable special interest in any item on this list if a change in law, discipline a licensee or permittee, or other decision by government a financial effect on you or a family member than it would on the general Any profession, occupation, or business licensed or certified by the occupation, or category of business:	a change in administrati affecting the listed busing eral public: e State of New Hampshire.	ve rule, a decision whether or no ess, profession, occupation, group List each such profession,	t to award a contract, grant a license or permit, p, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and		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/ lodging	10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or degambling	log racing, or other legal for	orms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterp	ness prise Tax		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing Penalty . Any person who knowingly fails to comply with the provis			nent shall be guilty of a misdemeanor.
Date		Lies Comin	RECEIVED
	e'	Signature of Reporting Indiv	JUN - 8 2020
Return to: Office of Secretary of State, 1	107 North Main Street, S	State House Room 204, Concord,	NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	r Print CLEARLY	wynn B	exter	W	ork Address: P	0 130x S11,	Seuto 4	NI+ 0387
Primary	Occupation /2	ul Estale		E-mail 🛨	Custer 9	1/ Gyni 1. con	Work Phone <u>C</u>	1 NI+ 0387 03-590-6919
director	ne office, position, bo s, etc. or employmen NO ACRONYMS.		committee, board of by government held					
Α.	proprietor, or emple calendar year. Sour	oyee, or served in ar rces of retirement be	ny other professional o nefits other than feder	siness, or other organiz or advisory capacity, an oral retirement and/or di	d from which any sability benefits s	income in excess of \$ hall be included. (Use	10,000 was derived o additional sheets as r	during the preceding necessary)
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	12. Any business regulation		13. Ho	orse or dog racing, or oth	er legal forms of	14. Education	15. Water Re	esources
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				egoing information is provisions of this ch				
Date	66/04	12020	- 1	annough to	Signs	ture of Reporting Indi	vidual	
						. 3		

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



F ype or Pri Full Name _	pe or Print CLEARLY Il Name Luz Bay						Work Address: The College Board, 290 Long Hill road, Dover, NH 03820					
Primary Occ	cupation _	Psychometr	ician			E-mail	luzbay@c	omcast.ne	et	_ Work Phone _	(603) 781-5313	
Name the of lirectors, etc by you. NO	c. or emplo	yment with	commission state or cour	n, committ nty govern	ee, board of ment held							
pro	prietor, or	employee, o	or served in a	ny other p	rofessional or	advisory capacity	, and from w	hich any i	or a family member wincome in excess of \$1 all be included. (Use a	0,000 was deriv	rector, associate, partner, red during the preceding as necessary)	
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<u>'</u>	V.H. Retire			urrent use l	gent, developers and	, and landlords 9. Restaur		services	10. Sale and distribution		employment 11. Practice of	
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<u> </u>	Agricultur	e	17. N.H. taxes:	F Bus		Business Enterprise Tax	Interest Dividen		18. Optional: Special	ecify any other ar interest	ea in which you have a	
Penalty.	ad RSA 1: Any pers	son who kno	eby swear owingly fai	or affirm ls to com	that the foreg	oing information rovisions of this	on is true and s chapter or	knowing	te to the best of my legly files a false statem	nent shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.	
								Signai	iure of Reporting Indiv	riqual	RECEIVED	
			Return to:	Office of	Secretary of S	tate, 107 North N	Main Street, S	State Hous	se Room 204, Concord	, NH 03301	JUN 17 2020	

NEW HAMPSHIRE DEPARTMENT OF STATE

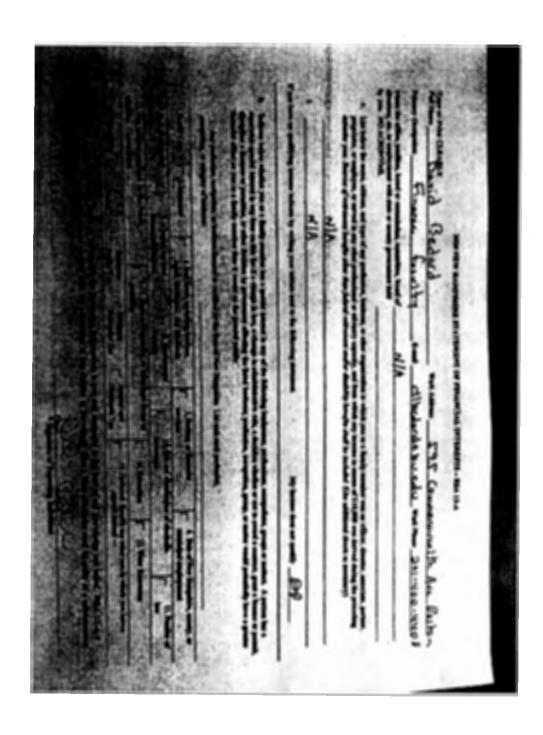
2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A 61 LFORA, NH 03249 Type or Print Clearly Work Address 234 SALTMARSH POND Rp. HARRY H. BEAN Full Name e-mail FROGGYTOUTTAINT Work Phone 603 455 2993 Primary Occupation | RENTALS. Name the office, position, board or commission, board of directors, 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.) H+P APARTMENTS 234 SAUTMARSH POND RD GILFORD NHO3249 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: 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, 6. State of New Hampshire, county, or 5. Banking or financial 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 8. Current use land 10. Sale and distribution of alcoholic 7. N.H. Retirement 9. Restaurants/ 11. Practice of assessment program lodaina beverages law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 15. Water Resources 14. Education **Utilities Commission** of gambling Interest and 17. N.H. Business 18. Optional: Specify any other area in which you have a Business 16. Agriculture special intérest ---Enterprise Tax taxes: 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. 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 Reporting Individual DEPARTMENT

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

Type o Full Na	or Print CLEARLY James S. Beard Work Address:
Primary	y Occupation Retired E-mail 1664rd 1457 @ ad/-Camprk Phone
director by you.	the office, position, board or commission, committee, board of
	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)
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В.	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 any 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:
Г	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
Γ	7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 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
Γ	16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Special interest Special intere
I have Penal Date	e 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 Ity. 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. Sure 11, 2020 Signature of Reporting Individual

Type or Print CLEARLY CALVIN CURTIS BEAULIER Work Address: 120 PINE HILLRD, L. Primary Occupation REAL ESTATE MANAGER + SALES Calvin & Cal	ITTLETON NH
Primary Occupation REAL ESTATE MANAGER + SALES Calvin & Calvin beautier. Com 603	-991-734
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	ERNATE MEMBE
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, ass 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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necession)	the preceding ary)
REALTY PARTNERS, INC., 21 WATERWAY AVE. STE 100, THE WOODLANDS ITX 7138	o, MANAGER
2. LEDGENIEW COMMERCIAL PARTNETS, LLC, 191 AMORY ST, MANCHESTER, NH C	3102, ASSOCIATI
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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. 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 Date Date	
Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 8 2020

Full Name Jana Beaulier	Work Addre	ss: 609 So Ma	in St Manchester WH o
Primary Occupation retired / land scape.	E-mail houlige	mo comcastine	twork Phone 603-203-8440
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government help by you. NO ACRONYMS.		tov	
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 for	nal or advisory capacity, and from whi	ch any income in excess of \$	10,000 was derived during the preceding
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16. Agriculture 17. N.H. Business Profits Tax	Business Interest an Enterprise Tax Dividends		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the femalty. Any person who knowingly fails to comply with			
Date $\frac{C/S/20}{}$		Signature of Reporting Indiv	RECEIVED
Return to: Office of Secretary	of State, 107 North Main Street, Stat		JUN - 8 2020
			NEW HAMPSHIRE DEPARTMENT OF STATE



RECEIVED

NEW HAMPSHIRE DEPARTMENT OF STATE

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director	he office, position, board or comes, etc. or employment with state NO ACRONYMS.		1 3/ - 1	35	electmo			
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В.	Indicate below whether you or reportable special interest in an discipline a licensee or permitte financial effect on you or a fam 1. Any profession, occupation occupation, or category of business.	y item on this list if a change, or other decision by governily member than it would on, or business licensed or certiness:	te in law, a change in admicernment affecting the listern the general public: Find by the State of New Har	nistrative rule, a de d business, profession mpshire. List each su	cision whether or not to on, occupation, group, o	award a contract, gr r matter would poter	ant a license or permit, tially have a greater	
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	read RSA 15-A and hereby s ty. Any person who knowing						a misdemeanor.	
Date	6-12-2				our		RECEIV	ED

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

JUN 15 2020

NEW HAMPSHIRE

Type or Print CLEA Full Name <u>Codu</u>	RLY Michael Be	langer	Wo	ork Address: <u>3</u>	5 North Ru	er Rd. Eppil	1. NH 03042 3-734-9129
ر _ Primary Occupation	Self Employ	ممع	E-mail Coc	Jy@belan	perforal. com	Work Phone 60	3-734-9129
Name the office, posi	tion, board or commission oyment with state or cou	n, committee, board	of State Advisor	Board	for Juvi	nile J	shice
proprietor, o	employee, or served in a	my other professiona	business, or other organizate all or advisory capacity, and deral retirement and/or dis	from which any	income in excess of \$1	0,000 was derived d	uring the preceding
ı. <u>Sky</u>	Coach 8	Transpor	tation, LLC				
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f you have no qualify	ing income indicate by w	riting your initials n	ext to the following statem	ent.	My incom	e does not qualify _	CO
discipline a l financial effe	censee or permittee, or of ct on you or a family me of person, occupation, or but or category of business:	ther decision by gov mber than it would o siness licensed or certi	ge in law, a change in admi vernment affecting the listed on the general public: ified by the State of New Har c, including brokers, lopers, and landlords	l business, profe	ssion, occupation, group	o, or matter would po	otentially have a greater Hampshire, county, or
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16. Agricultu	e 17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax		cify any other area in interest	which you have a
I have read RSA 1 Penalty. Any pers	5-A and hereby swear on who knowingly fai	or affirm that the fo	oregoing information is the provisions of this cha	rue and compl pter or knowin	ete to the best of my k	nowledge and beli nent shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date	5/20	· . · · · ·			1-7	2	RECEIVED
	7			Sign	ature of Reporting Indiv	idual	JUN 0 8 2020
• •	Return to:	Office of Secretary	of State, 107 North Main S	Street, State Hou	se Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print CLEARLY Full Name Seven Benedeto	<u> </u>	Work Address:		
Primary Occupation Capater/ Oweror	E-mail _	Big wood construction 11	a) gata con Work Phone	603 960-4222
Name the office, position, board or commission, committee, directors, etc. or employment with state or county government by you. NO ACRONYMS.	board of			
A. List below the name, address, and type of any profes proprietor, or employee, or served in any other profes calendar year. Sources of retirement benefits other to	essional or advisory capacity,	and from which any income	in excess of \$10,000 was deriv	ed during the preceding
1.				
2.			,	
If you have no qualifying income indicate by writing your ini	itials next to the following sta	atement.	My income does not quali	fy SPB
B. Indicate below whether you or a family member has reportable special interest in any item on this list if a discipline a licensee or permittee, or other decision be financial effect on you or a family member than it we have a likely profession, occupation, or business licensed occupation, or category of business:	a change in law, a change in a by government affecting the would on the general public:	dministrative rule, a decision isted business, profession, och Hampshire. List each such pro	n whether or not to award a concecupation, group, or matter would	tract, grant a license or permit,
	l Estate, including brokers, , developers, and landlords	5. Banking or fine services		New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program	lodging	l beverage	and distribution of alcoholic es	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or gambling	other legal forms of 1	4. Education 15. Water	r Resources
16. Agriculture 17. N.H. Busines taxes: Profits T		Interest and Dividends Tax	18. Optional: Specify any other are special interest	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that Penalty. Any person who knowingly fails to comply	the foregoing information	n is true and complete to the	e best of my knowledge and a false statement shall be gu	belief. RSA 15-A:9 nilty of a misdemeanor.
Date 3 June 2020		Signature of I	Reporting Individual	RECEIVED
				u.v. 4.0. 2020

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

JUN 10 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Peter P. Benik Work Address: 9 Giffin St. Keene NIt
Primary Occupation GM - Penles Launday E-mail phenit @ peopleslines. Com Work Phone 352 - 2038
Name the office, position, board or commission, committee, board of
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. Cheshin Internation Massive Thorage, Court St. Keine
1. Cheshin Interation Massive Thomps, Court St. Keene 2. Peophs Line, Gillin St., Keene NIH
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 any 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 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 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 Finterprise Tax Dividends Tax Profits Tax Enterprise Tax Dividends Tax 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 6.8.20 Signature of Reporting-Individual

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

Type or Print CLEAR Full Name				Address:956 Ri	ver Road, Westmoreland	d, NH 03467
Primary Occupation	Retired		E-mailpb	erch@myfairpoint.net	Phone	603-399-4960
	ment with state or county go	nmittee, board ofS vernment held	tate Representativ	e		
proprietor, or e	mployee, or served in any ot	ny profession, business, or other oner professional or advisory capa is other than federal retirement an	city, and from whi	ch any income in excess of	of \$10,000 was derived of	during the preceding
1.	-None-					
2.						0-0
If you have no qualifyin	g income indicate by writing	your initials next to the followin	g statement.	My it	ncome does not qualify	182
reportable spec discipline a lice financial effect	ial interest in any item on thi ensee or permittee, or other d on you or a family member	mber has a special interest in any s list if a change in law, a change ecision by government affecting than it would on the general publicensed or certified by the State of	e in administrative the listed business ic:	rule, a decision whether of profession, occupation,	or not to award a contrac	t, grant a license or permit,
2. Health Care	3. Insurance	4. Real Estate, including brokers agent, developers, and landlord		. Banking or financial rvices	6. State of New municipal emp	w Hampshire, county, or bloyment
7. N.H. Retirem	8. Current assessment p	11	taurants/	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
12. Any business r Utilities Commis	egulated by the Public sion	13. Horse or dog racing gambling	g, or other legal form	ns of14. Education	on 15. Water R	esources
16. Agriculture		Business Business Enterprise Tax	Interest an Dividends		E Specify any other area in secial interest	n which you have a
Penalty. Any perso	n who knowingly fails to o	firm that the foregoing information with the provisions of	ation is true and of this chapter or k	complete to the best of nowingly files a false s	my knowledge and be tatement shall be guilt	elief. RSA 15-A:9 y of a misdemeanor.
Date June 4	2020	_		Signature of Reporting	Individual	

Type o Full Na	r Print CLEAR	LY Le	slie C.	Be	rgevin		_ Work Ado	lress:	1315 Oak Hill	Rd Loudo	n NH 03307
Primary	r Print CLEAR me y Occupation	Retire	d Schoo	1 Cà	urselor	- E-mai	1 lestie. b	engevi	inegmail.com	Work Phone (6)	n NH 03307 03)491-0309
director	he office, positions, etc. or employ	ment wit									
Α.	proprietor, or e	mployee,	or served in a	ny othe	er professional	or advisory capaci	ty, and from v	vhich an	ou or a family member y income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1.	Approximate that had been secretary as the second of the s				AND AND ASSESSMENT OF THE PROPERTY OF THE PROP	to the second				ng Carrin (18) yang managan kata (18) MCA muminyapin sarang managan managan matan saring 1 sarih 16 Jun (18).	
2. If you l	nave no qualifyin	ig income	indicate by w	riting y	your initials nex	at to the following	statement.		My inco	me does not qualify	NeB
MATTER CONTROL OF THE PARTY OF	discipline a lic- financial effect	ensee or p t on you o ession, occ r category	permittee, or o or a family med cupation, or but	ther de mber th	cision by gover nan it would on censed or certifi 4. Real Estate, i	the general public ed by the State of N	ne listed busin ::	List eac	ession, occupation, gro	up, or matter would	ct, grant a license or permit, potentially have a greater www.Hampshire, county, or
	7. N.H. Retiren	l' ient	8. Ci	urrent u		pers, and landlords 9. Resta	urants/	services	10. Sale and distribution	municipal em on of alcoholic	11. Practice of
X	System 12. Any business of Jtilities Commiss 16. Agriculture	ssion	by the Public		l3. H gambl	- Business	Interes	t and		15. Water F	
	e read RSA 15	-A and h		or affi			ion is true ar		plete to the best of my ngly files a false state		
		,,	Return to:	Office	e of Secretary o	of State, 107 North	Main Street,		nature of Reporting Indo	d. NH 03301	JUN 12 2020 MEW HAMPSINGE PARTMENT OF STATE

Type or Print CLEARLY Full Name	RT G. BERTRAN	Ø Wor	k Address: RE	TIRED	
Primary Occupation	RETIRED	E-mail <u></u> Ь -	-3-p-12@yaha	o-coty Work Phone	(603)848-6 59 0 S CANDIARTE
	d or commission, committee, board with state or county government held	of <i>STATE REP</i>	PWARD 7.	- DISTRICT A	S CANDIDATE
proprietor, or employ	address, and type of any profession, ee, or served in any other professions is of retirement benefits other than fe	al or advisory capacity, and f	rom which any income i	n excess of \$10,000 was der	ived during the preceding
1.					
2.					
If you have no qualifying income	ne indicate by writing your initials n	ext to the following statemen	nt.	My income does not qua	alify
·	or a family member than it would on occupation, or business licensed or cert ory of business:		oshire. List each such prof	fession,	
2. Health Care	insurance o	, including brokers, opers, and landlords	5. Banking or fina services		of New Hampshire, county, or all employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	beverage	nd distribution of alcoholic s	11. Practice of law
12. Any business regulate Utilities Commission	* 11	Horse or dog racing, or other l bling	egal forms of 14	. Education	ter Resources
16. Agriculture	17. N.H. Business Profits Tax		nterest and ividends Tax	8. Optional: Specify any other special interest	area in which you have a
	hereby swear or affirm that the f knowingly fails to comply with t				
Date 6/9/2	120		Robert Signature of R	H. Britan eporting Individual	J
			•		DECENIED

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

JUN 1 2 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Na	Print CLEARL me Lex Occupation Sc	Berthay	evelope-	E-mail e>	k Address: 47	Bear Zhov. con	Holow Work Phone	Rd, Gatton (603) 523-76	N . 08
Name th	ne office, position	, board or commission nent with state or coun	, committee, board of				-		
A.	proprietor, or em	ployee, or served in ar		advisory capacity, and	from which any inco	ome in excess of \$1	0,000 was deriv	rector, associate, partner, red during the preceding as necessary)	
1.									_
2. If you h	ave no qualifying	income indicate by w	riting your initials next t	o the following stateme	nt.	My incon	ne does not qual	ify LB	
В.	reportable special discipline a licentinancial effect of the special s	al interest in any item of usee or permittee, or ot on you or a family men	on this list if a change in	law, a change in admin nent affecting the listed e general public:	istrative rule, a deci business, professior	sion whether or no n, occupation, grou	t to award a con p, or matter wou	r matters. A person has a tract, grant a license or per ald potentially have a greate	er
Γ	2. Health Care	3. Insurance	4. Real Estate, inc		5. Banking or services	financial		New Hampshire, county, or employment	
[]	7. N.H. Retirement System	11	rrent use land nent program	9. Restaurants/	11	Sale and distribution	n of alcoholic	11. Practice of	f
	12. Any business reg tilities Commissi	gulated by the Public	13. Hors	se or dog racing, or other	legal forms of	14. Education	15. Wate	er Resources	
Γ-	16. Agriculture	17. N.H. taxes:	- Business -	Business	Interest and Dividends Tax		ecify any other ar	ea in which you have a	
	ty. Any person		or affirm that the foreg	going information is t	rue and complete to		nent shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.	
		Return to:	Office of Secretary of S	State, 107 North Main S				JUM 0 8 2020	E

Type or Print CLEARLY Full Name PAUL ROBERT BERGERON	HOME Work Addres	s: 15 STANSTEAD David Ognail Com	Ph., NASH	VA NH 03063
Primary Occupation RET/RED	E-mail bergeron	raul@quail.com	#OHE _ Work Phone _ 60	038868164
Name the office, position, board or commission, committee, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS.	STATE HISTORICAL R	ITATIVE HILLS &	29	
A. List below the name, address, and type of any profession, b proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than fed	l or advisory capacity, and from whic	ch any income in excess of \$1	0,000 was derived of	during the preceding
1. NH STATE RETIREMENT SYSTEM	1 (SELF)			
2. ST. JOSEPH COMMUNITY SERVICES	: 395 D.W. HIGHWAY,	MARRIMACK, NH	03054 (590	PUSE AGENCY PRESIDE
if you have no qualifying income indicate by writing your initials ne	//		ne does not qualify	•
1 Z. DEALD CALE 11 3 MISHIANCE 11	fied by the State of New Hampshire. Line including brokers,	Banking or financial		v Hampshire, county, or
agent, develo	opers, and landlords ser	vices 10. Sale and distribution	municipal emp	11. Practice of
System assessment program	lodging	beverages		law
Utilities Commission	Horse or dog racing, or other legal form bling	14. Education	15. Water Re	esources
16. Agriculture 17. N.H. Business profits Tax	Business Interest an Enterprise Tax Dividends	11	ecify any other area in interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the for	oregoing information is true and c	omplete to the best of my	knowledge and bel	lief. RSA 15-A:9
Penalty. Any person who knowingly fails to comply with the Date $6-3-2020$	e provisions of this chapter of kin	el (Deperon		RECEIVED JUN 0 4 2020
		Signature of Reporting Indiv	viduai	NEW HAMPSHIRE

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

Type or Print CLEARLY Full Name Dould Bernardy	Work Address: 255 Main Ave, South Hampton, NH 03827
Primary Occupation Tharmaceutical Consultant E-mail	Work Address: 255 Main Ave, South Hampton, NH 03827 id.bernardy@comcast.net Work Phone 603-969-5796
Name the office, position, board or commission, committee, 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 or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	
1. Boston Browedical, his 640 Memorial Drive	L. Cambridge, MA
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
	administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
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 municipal employment
7. N.H. Retirement System 8. Current use land 9. Restaura	beverages law
12. Any business regulated by the Public Utilities Commission ambling	14. Education 15. water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax Interest and Dividends Tax Is. 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 Penalty. Any person who knowingly fails to comply with the provisions of this	
Date 03 June 2020	Signature of Reporting Individual

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

Type or Print CLEARLY Full Name Work Address: 9 Vose Form Rd. F	Referbragh H
Primary Occupation Clivical Social Work Phone (003-924-723(
Name the office, position, board or commission, committee, board of 5tate Pepresentative 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, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	during the preceding
1. Monadnock Family Services. 9 Vose Farm Rd. Petuborayn 1	H 03485- GMM He
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 may reportable special interest in any 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 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:	t, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of New municipal emp	w Hampshire, county, or ployment
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 Reference 15. Water Refe	esources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Special interest	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 bel Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	lief. RSA 15-A:9 y of a misdemeanor.
Date June 4 2020 Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Beco	/		Work Address:	401	Riverdo	le Ave		
Primary Occupation Sel	O Employa	ı	E-mail	Berryca	\$ego	wil can	Work Phon	ne 600 944	9531
Name the office, position, bodirectors, etc. or employment by you. NO ACRONYMS.									
A. List below the name proprietor, or emplo calendar year. Source	yee, or served in a	ny other profession	business, or other organial or advisory capacity, deral retirement and/or	and from which	any incom	e in excess of	\$10,000 was de	rived during the	e preceding
1. PerT	Strate	ies UC	401 P.Le	rdale Ace	, Nuru	hester, 1	14) 03/	03	
2. Credy	Adexan	4, Fac	228 Maple	51,1	uch H	C. N	4 03K	3	
If you have no qualifying inc	ped ty /Come indicate by w	Titing your initials r	ext to the following sta	tement.	oste-1	11 11 11 5/0	me does not q	ualify	
financial effect on y	ou or a family me	siness licensed or cert 4. Real Estate	on the general public: ified by the State of New e, including brokers,	Hampshire. List	each such p	rofession,	_ 6. State	e of New Hampsh	nire, county, or
7. N.H. Retirement	8. C	agent, deve	lopers, and landlords 9. Restaura			e and distributi	on of alcoholic		11. Practice of
System 12. Any business regula		ment program	lodging Horse or dog racing, or	other legal forms	bevera	ges			law
Utilities Commission	ed by the rubile	11	bling	odier legal forms	01	14. Education	T 15. W	Vater Resources	
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	 Interest and Dividends Ta 	- 11	18. Optional: S speci	pecify any othe al interest	r area in which y	ou have a
I have read RSA 15-A and Penalty. Any person who								e guilty of a m	isdemeanor.
Date	2020				Signature of	Reporting Inc	lividual		EIVED
								İ	4 2020
	Return to:	Office of Secretary	of State, 107 North M	ain Street, State	House Roo	m 204, Conco	rd, NH 03301		MPSHIRE NT OF STATE

Type or Print CLEARLY ALAN BERSHTEIN Full Name	Work Address: 14 REVOLUTIONAY LAN	E NOTTINUMAN NH 03290
Primary Occupation KETIRED	E-mail ALANBERSHTEING GMAIL. COM Work	Phone 410960 1145
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	STATE REPRESENTATIVE, LOCKINGHAM	λ
proprietor, or employee, or served in any other professional o	siness, or other organization in which you or a family member was an of or advisory capacity, and from which any income in excess of \$10,000 we wal retirement and/or disability benefits shall be included. (Use additional)	as derived during the preceding
2.		
If you have no qualifying income indicate by writing your initials next	to the following statement. My income does n	ot qualify
reportable special interest in any item on this list if a change i		d a contract, grant a license or permit;
I / Beauti Lare II incurance II		State of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcohologing beverages	olic 11. Practice of law
Utilities Commission 12. Any business regulated by the Public 13. Hot gambling	rse or dog racing, or other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business	other area in which you have a
	going information is true and complete to the best of my knowled provisions of this chapter of knowingly fitter a false statement sha	
	Signature of Reporting Individual	11 IN 0 9 2020

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

JUN 0 8 2020

Type or Print CLEARLY Full Name 5. Franco Armando Bertone Work Address: N/A
Primary Occupation Stay at home father E-mail FrankBertune 20 Gmail Com Work Phone
Name the office, position, board or commission, committee, board of
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. <u>N/A</u>
2. N/A
If you have no qualifying income indicate by writing your initials next to the following state thent. 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 any 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, and landlords agent, developers, and landlords of 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 Business Business Enterprise Tax Dividends Tax Dividends Tax 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 and complete to the best of my knowledge and belief. RSA 15-A:9
Date 6/3/2020 JUN 047020
Signature of Reporting Individual NEW HAMPSHIRE DEPARTMENT OF STATE

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

The state of the s	Strafford	1 Country
Type or Print CLEARLY Full Name A. Bev De	Strafford Work Address: 259 Count	y Farm Rd. Dover, NH
Primary Occupation Register of Deeds / Htwey E-mail_	cberubelaw@aol.com	Work Phone 603-516-7150
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	sku of Deeds	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$1	0,000 was derived during the preceding
1. Bruten and Bembf, PLLC		
2. Bruty (ummercial Reath) With Adjunct Pure SSW If you have no qualifying income indicate by writing your initials next to the following states.	atement. My incom	e does not qualify
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the 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 occupation, or category of business:	administrative rule, a decision whether or not listed business, profession, occupation, group	to award a contract, grant a license or permit,
2. Health Care 3. Insurance 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. Restaura	ants/ 10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	1 A4. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax		cify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my keep chapter or knowingly files a false statem	mowledge and belief. RSA 15-A:9 nent shall be guilty of a misdemeanor.
Date	Signature of Reporting Indiv	A- Bull Broom
	organical of Reporting mary	RECEIVED

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

JUN 03 2020

Type	or Print CLEARL	Y	c Rottone	~ urt	Wa	Address (7	> Revolution For	unishings, 905	50 J. Willowst. Movedester 03103
	ry Occupation <u>C</u>								lenniker St#11, Concord 03301 0602 606 6123 0602 856 7301
Name directo	the office, position ors, etc. or employn I. NO ACRONYM	n, board or co	commission, comm	nittee, board of _					
Α.	proprietor, or em	nployee, or se	served in any othe	er professional or	advisory capacity, and	from which any	ou or a family member very income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1.									
2.									
f you !	have no qualifying	, income indi	icate by writing y	our initials next to	to the following stateme	nt.	My incor	me does not qualify	
[,	sion, occupati	tion, or business lic business:	4. Real Estate, incl	by the State of New Ham Electricia luding brokers,	^>	ing or financial	6. State of Ne municipal em	w Hampshire, county, or
Γ	7. N.H. Retiremen	nt	_ 8. Current us assessment pro		9. Restaurants/	Scivices	10. Sale and distribution beverages		11. Practice of
	12. Any business reg Utilities Commission	•			se or dog racing, or other	legal forms of	14. Education	15. Water R	
Г	16. Agriculture		N.H. F Be	usiness ofits Tax	Business Enterprise Tax	nterest and Dividends Tax	- 18. Optional: Special	ecify any other area in interest —	n which you have a
	Ity. Any person	who knowir	ingly fails to cor				lete to the best of my largely files a false staten		ty of a misdemeanor.
Date	June	11,20			-	Sign	ature of Reporting Indiv	vidual .	RECEIVED
	V			-f-Ct					JUN 15 2020
		137			"are III/ North Main St.		ise Room 204, Concord,	NH 03301	B g

Type of Full Na	or Print CLEAR	LY	w. 3	NFORD			Work Addı		-		S- LINCOLN, NH TSGRT - LINCOLN, NH
	y Occupation										972-351-3389
Name t	the office, positio	n, board o	or commissio	n, committee, boa nty government h	eld				S-DIRECTOR		AMONS (refired)
A,	proprietor, or e	mployee,	or served in	any other professi	onal or ad	visory capacity, a	nd from wi	hich any		\$10,000 was deriv	rector, associate, partner, yed during the preceding as necessary)
1.	VICE CA	HATRM	AN/UP	of Az	MUTI	t CHECK F	FOUND	4710	N (beard	of directo	rs - volunteur)
2. If you l	have no qualifyin	g income	indicate by v	riting your initial	ls next to	he following state	ment.		My inc	ome does not qual	ify DWB
В.	reportable spec discipline a lice financial effect	ial interest ensee or p on you of ession, occ	it in any item ermittee, or o r a family me upation, or bu	on this list if a chether decision by a mber than it would	ange in la government ld on the g	w, a change in adı it affecting the lis	ministratived busines	e rule, a ss, profe	decision whether or ssion, occupation, gr	not to award a con	r matters. A person has a tract, grant a license or permit, ald potentially have a greater
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Г	7. N.H. Retirem System	ent	11	urrent use land ment program		9. Restaurant lodging	s/	Γ	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
٦ ر	12. Any business r Utilities Commis		y the Public		13. Horse o	or dog racing, or oth	er legal for	ms of	14. Education	15. Wate	r Resources
Г	16. Agriculture		17. N.H. taxes:	Business Profits Tax		siness terprise Tax	Interest a Dividend		18. Optional: Spec	Specify any other ar ial interest	ea in which you have a
I have	e read RSA 15 Ity. Any person	A and he	reby swear owingly fai	or affirm that the	e foregoi h the pro	ng information is visions of this cl	true and apter or l	comple cnowing	ete to the best of my gly files a false stat	y knowledge and ement shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.
Date	3 Ju	VE à	2020	·		-	1	Signa	ature of Reporting Inc	lividual	RECEIVED
						•					JUN 0 8 2020
			Return to:	Office of Secreta	ary of Stat	e, 107 North Mair	Street, St	ate Hou	se Room 204, Conco	rd, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Full Na	or Print CLEAR	aly Aner	Bird				Work Address	196	NH-49, con	iston, N	H, 032	
Primar	y Occupation	Fire	fighter/1	Emergency 1	Medical	Tech_E-mail_	KB26 fast	Qqm	NH-49, con	_ Work Phor	e 603-72	26-3300
directo	the office, positions, etc. or employed. NO ACRONY	on, board o yment witl	or commission	n, committee, bo	oard of	New Ha	mpshine	Ho	ouse of	Repres	ctátives	(andidate
A.	proprietor, or o	employee,	or served in a	my other profess	sional or ad	visory capacity,	and from which	any inc	a family member wome in excess of \$1 be included. (Use a	0,000 was de	rived during th	e preceding
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2.												
If you	have no qualifyir	ng income	indicate by w	riting your initi	als next to t	he following sta	tement.		My incom	ne does not q	ualify	KB
B	reportable spec discipline a lic financial effec	cial interestensee or pet on you of category	t in any item ermittee, or o a family men upation, or bus	on this list if a c ther decision by mber than it wo siness licensed or	change in la government and on the government certified by	w, a change in a nt affecting the li	dministrative ruisted business, p Hampshire. Lis	each suc	professions, occupation whether or no n, occupation, group th profession, or financial	t to award a cop, or matter was Nives	contract, grant a vould potentiall	license or permit, y have a greater nire, county, or
_	7. N.H. Retiren			agent, o	levelopers, a	nd landlords 9. Restaura	nts/ serv		Sale and distribution		pal employment	11. Practice of
1	System			ment program		lodging	1	beve	erages			law
	12. Any business:	roculated k	41 To 1. 1	- 1	12 11							
Γ,	Utilities Commis		y the Public	Г	gambling	or dog racing, or o	ther legal forms	of	14. Education	15. W	ater Resources	
<u>г</u>		ssion	17. N.H. taxes:	Business Profits Tax	gambling Bu	or dog racing, or of dogs as in ess terprise Tax	ther legal forms Interest and Dividends T	 	. 18. Optional: Spe			ou have a

Type or Print CLEARLY Full Name Name	Shop	Work Address:	-95 N Ha	mpton N	H
Primary Occupation Referen	us clark	E-mail Manbles 71	DSMail,com	Work Phone	V
Name the office, position, board or or directors, etc. or employment with st by you. NO ACRONYMS.	ommission, committee, board of Notate or county government held	or acquipter	e style!	10 nor Con	10125101
proprietor, or employee, or	ss, and type of any profession, business, or served in any other professional or advisor tirement benefits other than federal retires	ry capacity, and from which any ment and/or disability benefits s	income in excess of \$10	0,000 was derived during	the preceding
1. State Liquor	24000, 32 11 H	ampton, not	03842		
2.					
If you have no qualifying income inc	licate by writing your initials next to the fo	ollowing statement.	My income	e does not qualify	
reportable special interest in discipline a licensee or pern financial effect on you or a	or a family member has a special interest any item on this list if a change in law, a nittee, or other decision by government afffamily member than it would on the generation, or business licensed or certified by the business:	change in administrative rule, a fecting the listed business, profe al public:	decision whether or not ssion, occupation, group	to award a contract, grant	t a license or permit,
2. Health Care 3. Insu	rance 4. Real Estate, including agent, developers, and la		ng or financial	6. State of New Hamp municipal employme	
7. N.H. Retirement System	!!	9. Restaurants/ odging	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by t Utilities Commission	he Public 13. Horse or do gambling	g racing, or other legal forms of	14. Education	15. Water Resource	es
l 16 Agriculture	7. N.H. Business Busine exes: Profits Tax Enterpri			cify any other area in which interest	you have a
	by swear or affirm that the foregoing in yingly fails to comply with the provision				
Date $6/3/207$	20	Sign	ature of Reporting Indiv	idual K	ECEIVED
				9	1111 0 0 0000

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

JUN 0 8 2020

NEW HAMPSHIRE

Type or Print CLEARLY Peter w Bixby Work Address: 69 Glanwood A	ue Dover NH ozore
rimary Occupation Freelence unity/editor E-mail peterbixby NH House Work Phone	603-749-5659
Type or Print CLEARLY Felow Bixby Work Address: 69 Glenwood Address: 6	
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, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	d during the preceding
1. Jessia Bilkar (spouse), Professor, University of New Hampshire	
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 reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contra 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:	act, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 5. Banking or financial 6. State of Normal municipal en	ew Hampshire, county, or
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 1	Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax Special interest	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 b Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gui	velief. RSA 15-A:9 Ity of a misdemeanor.
Date 6/3/2020 Pet a p	RECEVED
Signature of Reporting Individual	JUN 0 5 2020
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 Matthew D. Bjelobrk	Work Address: N/A
Primary Occupation Retired	E-mail mattb2020vision@gmail.com Work Phone 631-707-1918
Name the office, position, board or commission, committee, board of N/A directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisory	other organization in which you or a family member was an officer, director, associate, partner, y capacity, and from which any income in excess of \$10,000 was derived during the preceding the preceding the disability benefits shall be included. (Use additional sheets as necessary)
New York State Police and Fire Pension Fund	110 State Street Albany, NY 12244
2.	
If you have no qualifying income indicate by writing your initials next to the following	llowing statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a cl discipline a licensee or permittee, or other decision by government affect financial effect on you or a family member than it would on the general 1. Any profession, occupation, or business licensed or certified by the State occupation, or category of business: Physical The	tate of New Hampshire. List each such profession, herapy
2. Health Care 3. Insurance 4. Real Estate, including broadent, developers, and land	
110	Restaurants/ dging 10. Sale and distribution of alcoholic beverages 11. Practice of law
The second of the Public Utilities Commission The Public Inc. 12. Any business regulated by the Public Inc. 13. Horse or dog a gambling Inc. 13. Horse or dog a gambling Inc. 14. Any business regulated by the Public Inc. 15. Horse or dog a gambling Inc. 15. Horse o	racing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise	
,	formation is true and complete to the best of my knowledge and belief. RSA 15-A:9 ns of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Reporting Individual RECEIVED
Return to: Office of Secretary of State, 107	7 North Main Street, State House Room 204, Concord, NH 03301 JUN 1 1 2020

Type or Print CLEARLY Full Name REGINH B; ADSELL Work Address: W/A
Primary Occupation RECRUITER E-mail mointsell/0/529May Work Phone 603-548-71/8
Name the office, position, board or commission, committee, board of Homeland theroes Board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. State Senator
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. Mercury Systems
2 VA Disability; Ray theon Retirement
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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 9. Restaurants/ 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 Interest and Laxes: Profits Tax 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 6/10/2020 Signature of Reporting Individual

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

RECEIVED

JUN 1 0 2020

Type or Print CLEARLY Full Name PRUID W. BLATTE	Work Address:
Primary Occupation <u>ReTines</u>	E-mail DWBNITREP (A) GARIE COM Work Phone 603-893-9616
Name the office, position, board or commission, committee, board of ///directors, etc. or employment with state or county government held by you. NO ACRONYMS.	STATE REPRESENTATIVE
proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retirement	other organization in which you or a family member was an officer, director, associate, partner, y capacity, and from which any income in excess of \$10,000 was derived during the preceding ment 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 fo	ollowing statement. My income does not qualify DUB
reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government aff financial effect on you or a family member than it would on the general. 1. Any profession, occupation, or business licensed or certified by the S	
occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including bagent, developers, and la	ndlords services municipal employment
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12. Any business regulated by the Public Utilities Commission 13. Horse or dog gambling	g racing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Busine Enterpri	
I have read RSA 15-A and hereby swear or affirm that the foregoing in Penalty. Any person who knowingly fails to comply with the provision $\delta = \delta + \delta + \delta = \delta$	ons of this chapter or knowingly files a false statement shall be gullty Ram Complete D
	Signature of Reporting Individual NEW HAMPSHIRE

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

Full Name Melissa Blasck	Worl	Address: 9Twin Bridge	e Kd Merrimack, NH
Full Name Melissa Blasck Primary Occupation Self employed	Music teacher E-mail mel	issa . D 1 QLotmail. con	Work Phone 603-401-2542
Name the office, position, board or commission, commitmeeters, etc. or employment with state or county gov by you. NO ACRONYMS.	nittee, board of		
A. List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits	er professional or advisory capacity, and fi other than federal retirement and/or disab	rom which any income in excess of \$	0,000 was derived during the preceding
1. Melissa Blasek L	LC		
2 IBM			
If you have no qualifying income indicate by writing y	your initials next to the following statemer	nt. My incor	ne does not qualify
discipline a licensee or permittee, or other de financial effect on you or a family member th	list if a change in law, a change in admin- cision by government affecting the listed han it would on the general public:	istrative rule, a decision whether or no business, profession, occupation, grou	ations, groups or matters. A person has a of to award a contract, grant a license or permit, p, or matter would potentially have a greater
1. Any profession, occupation, or business li occupation, or category of business:	icensed or certified by the State of New Ham	oshire. List each such profession,	
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 usersessment pr	· []	10. Sale and distribution beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other gambling	legal forms of 14. Education	15. Water Resources
			ecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or affi Penalty. Any person who knowingly fails to c			
Date 6/5/2020	<i>-</i>	Signature of Reporting Indi	vidual
		Signature of Keporting Indi	vigua:

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

Full Name	Work Address: 100 Education Way, Te	over, NH
Primary Occupation Researcher E-mail	Work Address: 100 Education Way, Petyler. Sloving cognia.org Work Phone 603	749-9102
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	y, and from which any income in excess of \$10,000 was derived during t	he preceding
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If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify	B
discipline a licensee or permittee, or other decision by government affecting the 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 Ne occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords		shire, county, or
7. N.H. Retirement 8. Current use land 9. Restaur	rants/ 10. Sale and distribution of alcoholic	11. Practice of
System assessment program lodging 12. Any business regulated by the Public Utilities Commission assessment program lodging 13. Horse or dog racing, or gambling	beverages ' or other legal forms of	s
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax Interest and Dividends Tax Its. Optional: Specify any other area in which special interest	you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information		
Penalty. Any person who knowingly fails to comply with the provisions of this Date $6/5/20$	is chapter or knowingly files a false statement shall be guilty of a	RECEIVED
	Signature of Reporting Individual	JUN 10 2020
Return to: Office of Secretary of State, 107 North I	Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Fype or Full Nar	r Print CLEARI	rbara Ann	Blue		Work Addre	ss: Ret	ired Home	Address 1	1 Borbana Lane	Hudson,
	Occupation			E-mail _	bblue	50°c	omcast net	Work Phone	l Borbana Lane, etired	OJUSI
lirector		ment with state or cou	n, committee, board of nty government held							_
A.	proprietor, or en	mployee, or served in	e of any profession, bus any other professional coenefits other than feder	or advisory capacity,	and from whi	ich any ind	come in excess of \$1	0,000 was derived	during the preceding	
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2.										
f you h	ave no qualifying	g income indicate by v	vriting your initials nex	t to the following sta	tement.		My incom	ne does not qualify	BB	
Г 	discipline a lice financial effect 1. Any profe	nsee or permittee, or on you or a family me	other decision by government than it would on the siness licensed or certified the siness licensed the siness	ament affecting the lathe general public: and by the State of New	Hampshire. L	ist each su	on, occupation, group	p, or matter would	ew Hampshire, county, or	
<u> </u>	7. N.H. Retireme	1 1	urrent use land	ers, and landlords 9. Restaura). Sale and distribution	•	11. Practice o	f
	System 12. Any business red tilities Commiss	egulated by the Public	sment program 13. Ho gambli	lodging orse or dog racing, or cong	other legal for		14. Education	15. Water F		
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest as Dividends		_ 18. Optional: Special	ecify any other area interest	in which you have a	
Penal	Ity. Any persor		or affirm that the for-					nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.	— П
Date		13120				Signatur	re of Reporting Indiv	vidual	JUN - 8 2020	
		Return to	: Office of Secretary of	State, 107 North Ma	ain Street, Sta	ite House	Room 204, Concord	, NH 03301 N	IEW HAMPSHIRE ARTMENT OF STAT	E

Type or Print CLEARLY Full Name A A L M BODT	Work Address:	
Primary Occupation RETITIONS	E-mail MUBBODI & GMAIL (OM Work Phone 6)	03-440-933
Name the office, position, board or commission, committee, board of _directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NONEZ	
proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	siness, or other organization in which you or a family member was an officer, director advisory capacity, and from which any income in excess of \$10,000 was derived deal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring the preceding ecessary)
1. Maria Bodi, 121 STATE	EST. PORTSHOUTIT, 03801-PROPRETRI	146T
2. If you have no qualifying income indicate by writing your initials next	t to the following statement. My income does not qualify _	`
discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the second of the	d by the State of New Hampshire. List each such profession, cluding brokers, 5. Banking or financial 6. State of New	Hampshire, county, or
agent, developed agent, developed System 8. Current use land assessment program	ers, and landlords services municipal empl 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission	orse or dog racing, or other legal forms of 14. Education 15. Water Res	sources
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the fore Penalty. Any person who knowingly fails to comply with the	egoing information is true and complete to the best of my knowledge and beli provisions of this chapter or knowingly files a false statement shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date	Man UV	RECEIVED
,	Signature of Reporting Individual	JUN 0 3 2020
Return to: Office of Secretary of	State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

ype or ull Na	r Print CLEARLY me	1 G. BO	ehm	W	ork Address:			
rimary	Occupation /			E-mail <u>R</u>	GBOI hom (COMCAST, N	Work Phone	
irector	he office, position, boars, etc. or employment NO ACRONYMS.	ard or commission, with state or count	committee, board of _ y government held			· · · · · · · · · · · · · · · · · · ·		
A.	proprietor, or employ	ee, or served in an	y other professional or	advisory capacity, and	l from which any	or a family member we income in excess of \$1 hall be included. (Use a	0,000 was derived	during the preceding
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2.								
f you h	ave no qualifying inco	me indicate by wr	iting your initials next	to the following statem	ent.	My incom	e does not qualify	Rospa
	discipline a licensee financial effect on yo	or permittee, or oth ou or a family mem occupation, or busi	ner decision by governing than it would on the	ment affecting the liste	d business, profe	ssion, occupation, group		nct, grant a license or permit, potentially have a greater
	2. Health Care	3. Insurance	4. Real Estate, inca agent, developer	cluding brokers, rs, and landlords	5. Bankin services	ng or financial	6. State of No municipal em	ew Hampshire, county, or aployment
Γ	7. N.H. Retirement System	1.1	rent use land ent program	9. Restaurants/lodging	11	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulate Utilities Commission	ed by the Public	13. Hor gamblin	se or dog racing, or othe	r legal forms of	14. Education	15. Water I	Resources
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area interest	in which you have a
Pena	Ity. Any person who					ete to the best of my legly files a false staten		elief. RSA 15-A:9 Ity of a misdemeanor.
Date		130			Signa	ature of Reporting Indiv	ridual	RECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE

Type or Print CLEARLY Full Name Kichard Anthony Boisvert Work Address: Work Address:	
Primary Occupation retired E-mail Lickboisvert @gmail.co	Work Phone
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member wa proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use ad	,000 was derived during the preceding
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, occupated reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, 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:	to award a contract, grant a license or permit, or matter would potentially have a greater
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 beverages	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 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Enterprise Tax Enterprise Tax Dividends Tax 18. Optional: Special in	ify any other area in which you have a nterest
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. Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement of the last stateme	ent shall be guilty of a misdemeanor.
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, 1	JLM 0 € 1

Type or Full Nar	Print CLEAR	LY W,	lliamR	. Bo	Hon Jr		_ Work Ad	dress:	167 Reservoi	r Road P	1xmouth, NH
	Occupation	reti	red			E-mail	wbot	ton 6	Plive.com	Work Phone	Plymouth, NH
directors	ne office, positions, etc. or employ	ment with									
A.	proprietor, or e	mployee,	or served in a	ny other	professional of	or advisory capacit	ty, and from	which an	ou or a family member by income in excess of \$ shall be included. (Use	310,000 was derived	I during the preceding
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Γ		ssion, occi	upation, or bus	siness lice	nsed or certifie - 4. Real Estate, ir	the general public: ed by the State of Ne ncluding brokers, ers, and landlords			ing or financial	6. State of Ne	ew Hampshire, county, or
\sim	7. N.H. Retiremo	ent	l i	irrent use ment prog	land	9. Restau lodging	rants/	 	10. Sale and distribution beverages		11. Practice of law
	2. Any business re ilities Commis		y the Public		13. Ho	orse or dog racing, o	r other legal f	forms of	14. Education	15. Water F	Resources
Г	16. Agriculture		17. N.H. taxes:	1	siness fits Tax	Business Enterprise Tax	Interes Divider	st and nds Tax		pecify any other area	in which you have a
									lete to the best of my		elief. RSA 15-A:9 Ity of a misdemeanor.
Date	5-30-	2020	•				w.	Sign	R. B. Standard	vidual	The second secon
											JUM 1 2 2020
			Return to:	Office o	f Secretary of	State, 107 North I	Main Street,	State Ho	use Room 204, Concor	d, NH 03301	REMARKS PORTE

Type or Print CLEARLY Full Name OLAUDE L BON CAMBE	Work Address:
Primary Occupation	E-mail CLAUDELS MPUFUO OUTCOK Work Phone 603 - 568 393
Name the office, position, board or commission, committee, board ofdirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or adviso	or other organization in which you or a family member was an officer, director, associate, partner, ory capacity, and from which any income in excess of \$10,000 was derived during the preceding ement and/or disability benefits shall be included. (Use additional sheets as necessary)
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If you have no qualifying income indicate by writing your initials next to the fo	following statement. My income does not qualify
discipline a licensee or permittee, or other decision by government af financial effect on you or a family member than it would on the generation. 1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and la	
	9. Restaurants/
T I2. Any business regulated by the Public Utilities Commission 13. Horse or do gambling	og racing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Frofits Tax	rise Tax
	information is true and complete to the best of my knowledge and belief. RSA 15-A:9 ions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-17-20	RECEIVED

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

Signature of Reporting

JUN 17 2020

Type or Print CLEARL Full Name <u>CLAU</u>	y IE Bor) GAMBE		Work Add	ress: 36	C CLOWTON ST	ra	
Primary Occupation			E-mai	a CLAUSE	LOMPUR	CLANTONS	Work Phone	
Name the office, position directors, etc. or employn by you. NO ACRONYM	nent with state or		oard of					
proprietor, or em	ployee, or served	in any other profe	sion, business, or other or ssional or advisory capaci an federal retirement and	ity, and from w	which any inc	come in excess of \$10	,000 was derived	during the preceding
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reportable special discipline a licer financial effect of the financial effect	al interest in any it usee or permittee, on you or a family	em on this list if a or other decision b member than it wo r business licensed of	a special interest in any of change in law, a change in ly government affecting thould on the general public or certified by the State of N	in administrativ ne listed busine ::	ve rule, a decess, profession	cision whether or not on, occupation, group	to award a contrac	t, grant a license or permi
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16. Agriculture	17. N.H. taxes:	Business Profits Ta		Interest		- 18. Optional: Special i	cify any other area in	n which you have a
	who knowingly		the foregoing informat with the provisions of the		knowingly		ent shall be guilt	
ι					Signaru	z of reporting mater	uudi	

Type or Print CLEARLY Full Name Ef5 an Ma Boord 5	Work Address: 142 Mayn St, S	inte 219
Primary Occupation HOTTUSE BOOKS E-mail	in for alpha llo Agas author Phone 60	3 595 7499
Name the office, position, board or commission, committee, board of	te Representative	
A. List below the name, address, and type of any profession, business, or other organization, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	y, and from which any income in excess of \$10,000 was derived du or disability benefits shall be included. (Use additional sheets as ne	ring the preceding
1. Alpha Mortgage + Financial	Servicio, Inc.	
2.		
If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify _	
discipline a licensee or permittee, or other decision by government affecting the 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 Ne occupation, or category of business:	w Hampshire. List each such profession,	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	services municipal emple	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur lodging	beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, o	r other legal forms of 14. Education 15. Water Res	ources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of the	on is true and complete to the best of my knowledge and belies chapter or knowingly files a false statement shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date QS DDD	Signature of Reporting Individual	RECEIVED
		11 IN 0 Q 2020

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

JUN 0 9 2020

ype or Print CLEAI ıll Name	ERNEST	NHOL	BORDENGT	Work Address:
imary Occupation				
ame the office, positi rectors, etc. or emplo y you. NO ACRONY	yment with s	commission, state or count	committee, board of government held	STATE REP.
proprietor, or	employee, or	served in an	y other professional o	usiness, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding eral retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. <u>Univ</u>	of M	1 System	- , Rose A	Kundanis - spouse
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ou have no qualifyi	ng income in	dicate by wri	ting your initials next	xt to the following statement. My income does not qualify
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12. Any business Utilities Commi		the Public	13. Ho	Horse or dog racing, or other legal forms of ling 14. Education 15. Water Resources
16. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Interest and Dividends Tax Interest and Specify any other area in which you have a special interest
enalty. Any perso	on who kno	wingly fails	to comply with the	regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 e provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $\frac{\zeta/3}{3}$				Signature of Reporting Individual RECEW
		Return to: C	Office of Secretary of	of State, 107 North Main Street, State House Room 204, Concord, NH 03301

ype or Print CLEARL	Y Mike	Bordes	W	ork Address:	66 Endicott	StN. L	aconia, NH 03241
rimary Occupation	IT		E-mail M	ke Bord	es @ Bordesfor	Work Phone	9 con: 4, N H 03 241 5 16-369-1167
	, board or commission, onent with state or county IS.		· · · · · · · · · · · · · · · · · · ·				
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	a a a a a a a a a a a a a a a a a a a		louging	, ,	70 TOI 4503		' law
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	gulated by the Public	gambling Business	se or dog racing, or other		14. Education 18. Optional: Spec	L	
Utilities Commiss 16. Agriculture I have read RSA 15-A	gulated by the Public ion 17. N.H. taxes:	Business Profits Tax affirm that the foreg	Business Enterprise Tax going information is	Interest and Dividends Tax true and comple	14. Education 18. Optional: Special interpretation in the best of my known in the second special special in the second special special in the second special spec	sify any other area interest nowledge and I	Resources in which you have a
Utilities Commiss 16. Agriculture I have read RSA 15-A Penalty. Any person	gulated by the Public ion 17. N.H. taxes:	Business Profits Tax affirm that the foreg	Business Enterprise Tax going information is	Interest and Dividends Tax true and comple	14. Education 18. Optional: Special interpretation in the best of my known in the second special special in the second special special in the second special spec	sify any other area interest nowledge and I	Resources in which you have a pelief. RSA 15-A:9
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 5 2020

ype or Print CLEAR! ull Name <i>Willi</i>	am E.	Boi	rdy		Worl	k Address:					
rimary Occupation				E-m					Work Phone		
ame the office, position rectors, etc. or employ y you. NO ACRONYN	n, board or con ment with state	mission,	committee, board of government held	Moder State	aTor Repr	war ose~ta	d 1 tive	с;Г ИіП	y of sborou	Nashvigh 28	₹
proprietor, or e	mployee, or ser	ved in any	of any profession, buy other professional nefits other than fede	or advisory capa	acity, and fi	rom which any	income in	excess of \$10),000 was de	rived during the pr	, partner, eccding
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12. Any business r Utilities Commis				orse or dog racin	·			Education	15. W	ater Resources	
16. Agriculture	17. 1 taxe	N.H. es:	Business Profits Tax	Business Enterprise Tax		nterest and ividends Tax	T 18.0		cify any other interest	area in which you l	nave a
I have read RSA 15- Penalty. Any perso	A and hereby n who knowir	swear or	r affirm that the for to comply with the	egoing inform	ation is tr	ue and compl ter or knowin	ete to the b	est of my k false statem	nowledge a ent shall be	nd belief. RSA guilty of a misd	15-A:9 emeanor.
Date June 3						willia.	~ ε	Boro			EIVE
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

DEPARTMENT OF STATE

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ectors	ne office, p s, etc. or e NO ACR	mployn	nent with													
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-	occupat	ion, or	category	of busir	ness:			ertified by the S		Hampshire		such profession,		6. State of Ne	w Hami	pshire, county, or
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Date	6.	04.	202	0					_	-	Sign	ature of Reportin		208ma	F	RECEIVED
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				Retu	ırn to:	Office o	of Secret	ary of State, 10	07 North Mai	in Street,	State Hou	use Room 204, Co	oncord,	NH 03301	DE	ME'N HAMPSHIRE

will Name CANDACE CW Bouchard Work Address: 288 Brist Hill Rd	03221
rimary Occupation Office Support E-mail cubouchard Apl. com Work Phone Co	03 848-7345
Name the office, position, board or commission, committee, board of NH BOATAD Planuacy - public years irectors, etc. or employment with state or county government held y you. NO ACRONYMS.	Ses
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 du calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as ne	iring the preceding
1. Grante Case Management - Condace	
1. Grante Case Management - Candree 2. State & NH - Sponge Joseph Boursand	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in any 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 por 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: [And I are livery of Berline of Francial Case Mg.] [And I are livery of Berline of Francial Case Mg.]	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New I municipal employed	oyment Spicers
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 Reso	ources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in w	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 belie Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty or	of a misdemeanor.
Date 5/20/2020 Chandre Change of Reporting Individual	RECEIVED
	JUN 03 2020

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

Type or Full Nar	r Print CLEARLY de Dona de	J Bo	uchard		rk Address:	N/A		
Primary	Occupation Reti	re d		E-mail done	eld J bouc	hardegmailic	On Work Phone	/4
director	he office, position, board or, etc. or employment with NO ACRONYMS.			N/A				
A.	List below the name, add proprietor, or employee, calendar year. Sources of	or served in ar	y other professional or a	dvisory capacity, and	from which an	y income in excess of \$	10,000 was derived d	luring the preceding
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If you h	ave no qualifying income	indicate by wr	iting your initials next to	the following stateme	nt.	My incor	me does not qualify	NJS
В.	reportable special interes discipline a licensee or pe financial effect on you or	t in any item of ermittee, or of a family men upation, or bus	on this list if a change in her decision by government	law, a change in adminent affecting the listed general public:	distrative rule, a business, prof	a decision whether or no ession, occupation, grou	ot to award a contract	t, grant a license or permit, otentially have a greater
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Pena	e read RSA 15-A and he							
Date	6/3/20		***************************************		Nal Sign	nature of Reporting Indi	vidual	RECEIVE

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

RECEIVED

JUN 0 5 2020

Type or Print CLEARLY Full Name Amanda Cecelia Bouldin		Work Address:
Primary Occupation	E-mail _	AmandaCBouldin@gmail.com Work Phone
Name the office, position, board or commission, committee, board ofdirectors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other professional or adviso	ory capacity,	anization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. TPx Communications, 515 S. Flower Street, 45th Floor, Lo	os Angeler	s, CA 90071, phone company
2.		
If you have no qualifying income indicate by writing your initials next to the fo	iollowing st	atement. My income does not qualify
financial effect on you or a family member than it would on the gener 1. Any profession, occupation, or business licensed or certified by the occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including	State of New	5. Banking or financial 6. State of New Hampshire, county, or
agent, developers, and la 7. N.H. Retirement 8. Current use land	9. Restaura	
System assessment program 1	lodging	beverages law
TX 12. Any business regulated by the Public Utilities Commission 13. Horse or do gambling	og facing, or	other legal forms of 14. Education 15. Water Resources
T 16. Agriculture 17. N.H. taxes: Business Business Enterpr	ness orise Tax	Interest and Dividends Tax Interest and Dividends Tax Interest Interest and Specify any other area in which you have a special interest
Penalty. Any person who knowingly fails to comply with the provisi		on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
DateJune 03, 2020		Signature of Reporting Individual
		RECEIVED
Return to: Office of Secretary of State, 1	107 North N	Main Street, State House Room 204, Concord, NH 03301

	ne <u>Andrew</u>		ıldin					Work A	ddress:	1 Su	ndial Ave.,	#414,	Manc	hester,	NH 031	03	
Primary	Occupation _	Telecom	munications	Enginee	r		_ E-mail	Andre	w4NHRe	p@gm	nail.com		Work :	Phone	781-861	-4689	
directors	e office, positi s, etc. or emplo NO ACRONY	yment with															
A.	List below the proprietor, or calendar year.	employee, o	or served in ar	y other pr	ofession	al or advisor	y capacity	, and from	n which an	y incom	me in excess	of \$10	,000 w	as derive	d during	the prece	rtner, ding
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if you h	ave no qualifyi	ng income i	ndicate by wr	iting your	initials r	next to the fo	llowing st	atement.			Му	income	does r	ot qualif	ý		
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Date	June 03, 2	2020						<					\geq	\geq	R	ECE	IVED
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			Return to:	Office of	Secretar	y of State, 10	07 North M	Main Stre	et, State Ho	ouse Ro	oom 204, Coi	ncord, l	NH 03:	301	ı		MPSHIRE NT OF ST

Type or Print CLEARLY Full Name	Work Address: 655 South Willow St. Suite 128 NH 0316
Primary Occupation Healthque Recruiter E-mail	jr bourdon Cgmail.com Work Phone 603 978 2435
Name the office, position, board or commission, committee, board of State directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
	nization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding r disability benefits shall be included. (Use additional sheets as necessary)
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f you have no qualifying income indicate by writing your initials next to the following sta	My income does not qualify
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 occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	Hampshire. List each such profession, 5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date 6/12/20	chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Reporting Individual JUN 1 2 2020
Return to: Office of Secretary of State, 107 North Ma	ain Street, State House Room 204, Concord, NH 03301

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Α.	propri	elow the r etor, or er lar year. S	nployee	or serve	ed in a	ny othe	r profes	ssional or	adviso	ory capac	ity, and	from w	hich any	y incom	ne in ex	cess of \$	510,00	00 was 0	derived	during t	he preced	
1.	6	5GK	IM	em	pla	oyee	2 (spou	150						4							
2.													·									
lf you	have no	qualifying	g income	indicate	e by w	riting yo	our initi	ials next t	to the f	following	stateme	nt.				My inco	me do	es not	qualify			-
В.	report discip financ 1.	ate below able speci line a lice cial effect Any profe apation, or	al intere nsee or p on you o ssion, occ category	est in any permitted or a fami cupation,	item of e, or of of the item o	on this I ther dec mber tha	ist if a c ision by an it wo ensed or	change in y governn ould on th	law, a nent af e gene by the	a change iffecting the ral public	in admin he listed o:	istrativ busine	ve rule, a	a decision, o	on whe	ther or n tion, gro	ot to	award a matter	contrac would p	et, grant potentia	a license	or permit greater
<u> </u>		. Retireme	<u>'</u>	Illsuranc		irrent us		developer	s, and I	andlords 9. Resta		<u> </u>	services		le and	listributio	on of		<u> </u>	oloymer	11. Prac	tice of
Γ	System		ziit			ment pro				9. Resta lodging	urants/			bevera		iisu ibuli	011 01 2	ilconon	C		law	tice of
Γ,		business re Commiss		by the P	ublic		Г	13. Hors		og racing,	or other	legal fo	orms of	Г	14. Ed	ucation	Γ	15.	Water R	esource	s	
Г	16. Ag	riculture		17. N. taxes:			usiness ofits Ta		Busin Enterp	ess rise Tax		nterest Dividen	and ds Tax		18. O _I			any oth	er area ii	n which	you have a	3
		RSA 15- ny person											knowin	ngly fil	es a fa		emen	shall l	e guilt	y of a r		anor.
				Rett	urn to:	Office	of Secr	retary of S	State, 1	07 North	Main S	treet, S	State Ho	use Roo	om 204	, Concor	d, NF	I 03301	NE DEPA	EW HA	MPSHIP	E TATE

Type or Print CLEARLY Full Name JENNIFER PAIGE BOYNTON Work Address: One Johnson F. Johnson Plaza New Brunswi	c
Primary Occupation SALES E-mail jennirip@yahoo.com Work Phone 603501-9930	احر (
Name the office, position, board or commission, committee, board of	-
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. Johnson ! Johnson Actelian ONE Johnson ! Johnson Plaza New Brunswick, NJ 08933	_
2. Merck 2000 Galloping Hill Rd Kenilworth, NJ 07033	_
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in any 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 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	
2. Health Care 3. Insurance agent, developers, and landlords services 5. Sale of New Hampsine, county, of municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of	
System assessment program lodging beverages law	
Utilities Commission 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: Profits Tax Business Enterprise Tax Interest and Dividends Tax Interest Interes	
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 JUN 17 2020 NEW HAMPSHIRE	

Type or Print CLEARLY Full Name Production	Work Address:			
Primary Occupation	E-mail		Work Phone	
Name the office, position, board or commission, committee, bo directors, etc. or employment with state or county government 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 that	sional or advisory capacity, and from which	any income in excess of \$10	,000 was derived du	iring the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income	e does not qualify	AB
T / Beauti Care it A insurance it	certified by the State of New Hampshire. List	anking or financial	_ 6. State of New municipal emplo	Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ C lodging	10. Sale and distribution beverages		11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms gambling	of 14. Education	15. Water Res	ources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest and Dividends Ta		rify any other area in vonterest	which you have a
I have read RSA 15-A and hereby swear or affirm that t Penalty. Any person who knowingly fails to comply w		•	•	
Date (013120				RECEIVE
	S	ignature of Reporting Indivi	dual	JUN 0 5 2020
Return to: Office of Secre	etary of State, 107 North Main Street, State	House Room 204. Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF ST

Type or Print CLEARLY Full Name Jane D. W. S	radsped	Work Address:	none		
Primary Occupation rehired		E-mail joluhrae	lstreet Com;	Work Phone	nbne
Name the office, position, board or commission, confirmed or county by you. NO ACRONYMS.	ommittee, board of	none.	·	Con	,
A. List below the name, address, and type of proprietor, or employee, or served in any calendar year. Sources of retirement bene	other professional or advisory of	capacity, and from which a	ny income in excess of \$1	0,000 was derived	during the preceding
1.					
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If you have no qualifying income indicate by writing	ng your initials next to the follo	wing statement.	My incom	e does not qualify	His
reportable special interest in any item on the discipline a licensee or permittee, or other financial effect on you or a family member 1. Any profession, occupation, or business occupation, or category of business:	decision by government affect to than it would on the general p	ing the listed business, probublic:	fession, occupation, group		
2. Health Care 3. Insurance	 4. Real Estate, including brokagent, developers, and landl 		cing or financial	 6. State of New municipal emp 	Hampshire, county, or loyment
7. N.H. Retirement System 8. Currer assessment	•	Restaurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog rad	cing, or other legal forms of	14. Education	15. Water Re	sources
16. Agriculture 17. N.H. taxes:	Business Business Enterprise T	Tax Interest and Dividends Tax	18. Optional: Special in	cify any other area in nterest	which you have a
I have read RSA 15-A and hereby swear or a	ffirm that the foregoing infor	rmation is true and comp	lete to the best of my kr	nowledge and beli	ief. RSA 15-A:9
Penalty. Any person who knowingly fails to	comply with the provisions	of this chapter or known	ngly files a false stateme	ent shall be guilty	RECEIVED
Date (0-10-20)	-	Sign	nature of Reporting Individ	inal	JUN 1 0 2020
			, same of the same		NEW HAMPSHIRE

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

Type or Print CLEARL Full Name	JAMIE A	Ann Brassill oyed Mati	1	Work Address:	nanchest	erTaxi	
Primary Occupation _	elfempl	oyed Mati	E-mail _	Jamieb	rassi110 49	Work Phone)
Name the office, position directors, etc. or employed by you. NO ACRONYM	, board or commission nent with state or cour	n, committee, board of					
proprietor, or em	ployee, or served in a	c of any profession, busin my other professional or a enefits other than federal	advisory capacity, a	and from which any	income in excess of \$1	0,000 was derived du	ring the preceding
1.							,
2.							
f you have no qualifying	income indicate by w	riting your initials next to	the following state	ement.	My incom	e does not qualify	13
1. Any profess	•	siness licensed or certified by 4. Real Estate, included agent, developers,	by the State of New H		n such profession,	6. State of New I	Hampshire, county, or
7. N.H. Retiremen	. 11	urrent use land ment program	9. Restaurant lodging	ts/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business reg Utilities Commissi	gulated by the Public	13. Horse gambling	or dog racing, or otl	her legal forms of	14. Education	15. Water Reso	ources
16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	Interest and Dividends Tax		cify any other area in w nterest	hich you have a
I have read RSA 15-A	and hereby swear	or affirm that the forego	oing information i	s true and comple	ete to the best of my k	nowledge and belie	f. RSA 15-A:9
Penalty Any person	who knowingly fail	s to comply with the pr	ovisions of this cl	hapter or knowin	gly files a false statem	ent shall be guilty o	RECEIVED
Date June	2020	-		Signa	nture of Reporting Indivi	dual	JUN 0 4 2020
	<u>.</u>	0.65	ata 107 North Mair	n Street State Hou	se Room 204. Concord.	NIH 02301	NEW HAMPSHIRE DEPARTMENT OF STATE

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Primary (Occupation <u>C</u>	0050	SLTF	tn)		E-m	ail <u>S</u>	3eds	22	DVA	H000C	S/N/ork Pho	ne 608	475.9630
directors,	e office, position , etc. or employn NO ACRONYM	nent with sta				\supset . ι	<u></u>	Co	_			2 M	Μ,	
j	List below the na proprietor, or em calendar year. So	ployee, or so	erved in an	y other prof	essional or a	advisory capac	city, and	from wh	ich any	income i	in excess of	10,000 was d	erived during	the preceding
1.					····									
2.		·····												
If you hav	ve no qualifying	income indi	cate by wri	ting your in	itials next to	the following	g statem	ent.			My inco	me does not q	ualify	RB-
r	discipline a licen financial effect o	I interest in a see or permi in you or a fa sion, occupati	any item or ttee, or oth amily mem on, or busin	n this list if er decision ber than it v	a change in l by governme would on the	law, a change ent affecting t	in admi the listed c:	nistrative i business	rule, a o	decision ssion, occ	whether or n cupation, gro	ot to award a	contract, grant	A person has a a license or permit, Illy have a greater
<u> </u>	. Health Care	3. Insura	ance			uding brokers, and landlords			. Bankin rvices	g or fina	ncial		of New Hamp pal employmen	shire, county, or
1	7. N.H. Retiremen	nt _		rent use land ent program	•	9. Resta	aurants/	ſ		10. Sale a beverages		n of alcoholic		11. Practice of law
	. Any business reg lities Commissi		Public	F	13. Horse gambling	or dog racing,	, or other	r legal form	ns of	T 14	. Education	15. W	Vater Resource	s
Г I	6. Agriculture	17. tax	N.H. es:	Busines Profits T		Business nterprise Tax		Interest au Dividends		Γ ¹⁸	l. Optional: Specia	ecify any other	r area in which	you have a
	ead RSA 15-A y. Any person													
Date _	7/11	190	· · · · · ·					5	Signat	ture of Re	eporting Indi	vidual		RECEIVED

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

JUN 1 1 2020

Type Full N	or Print CLEARLY	Biden		Worl	k Address: 94	Whater Village Ro	ud, Ossipee	,NH 039C4
Prima	ry OccupationAHor	Ney		E-mail Ste	labridan@	gmail.com	Work Phone	203-63 9 -7769
Name direct		l or commission, cor	overnment held					
Α	proprietor, or employee calendar year. Sources	e, or served in any o of retirement benefi	any profession, business, on ther professional or adviso its other than federal retire	ry capacity, and fi ment and/or disab	rom which any	income in excess of \$1	0,000 was derived	during the preceding
1			inty Attorney's Office	<u>. </u>				
2	Kely Briden -	Dressparn						
If you	have no qualifying incom	e indicate by writin	g your initials next to the f	ollowing statemer	nt.	My incom	e does not qualify	<i>T</i>
B V	reportable special inter- discipline a licensee or financial effect on you	est in any item on the permittee, or other or a family member occupation, or business	decision by government af r than it would on the gener s licensed or certified by the	change in admini fecting the listed bral public:	istrative rule, a business, profe	decision whether or not ssion, occupation, group	to award a contra	natters. A person has a act, grant a license or permit, potentially have a greater
Γ	2. Health Care 3.	. Insurance	4. Real Estate, including agent, developers, and le		5. Bankir services	ng or financial	6. State of N	ew Hampshire, county, or inployment
区	7. N.H. Retirement System	8. Current assessment		9. Restaurants/ odging	-	10. Sale and distribution beverages	of alcoholic	
Γ	12. Any business regulated Utilities Commission	by the Public	13. Horse or do	g racing, or other l	egal forms of	▼ 14. Education	15. Water	Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Busine Profits Tax Enterpr		nterest and ividends Tax	18. Optional: Spe special	cify any other area interest	in which you have a
			ffirm that the foregoing i comply with the provisi					
Da	te Steele G	18/200			AOB			RECEIVED
	,	,		C	/ Sign	ture of Reporting Indiv	idual	JUN 0 8 2020
						D 201 C 1	377.00001	

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 Full Nam	Print CLEARLY Sure Nonly Su	hindler B	rucker		Work Address	Re	tired		
Primary (Occupation <u>Retire</u>	ed Teacher		E-mail (Winson	1640 co	ncast.net	Work Phone 6	03/9809620
directors	e office, position, board o , etc. or employment with NO ACRONYMS.								
	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in any othe	r professional or a	dvisory capacity,	and from whicl	h any income	in excess of \$10,	000 was derived	during the preceding
1.	NHRetirem	rent Syste	em - 12,	110				· · · · · · · · · · · · · · · · · · ·	
2. If you ha	ve no qualifying income	indicate by writing y	our initials next to	the following stat	tement.		My income	does not qualify	·
		t in any item on this ermittee, or other dec a family member the upation, or business lice	list if a change in lesision by government an it would on the	law, a change in ac ent affecting the li general public:	dministrative ru sted business, p	ile, a decision profession, oc	n whether or not to ecupation, group,	o award a contra	natters. A person has a act, grant a license or permit, potentially have a greater
<u></u>	2. Health Care 3. Ir	nsurance	4. Real Estate, incluagent, developers,		11	Banking or fin	ancial	6. State of Normanicipal en	ew Hampshire, county, or nployment
	7. N.H. Retirement System	8. Current us assessment pro		9. Restaurar lodging	nts/	10. Sale beverag	and distribution o	f alcoholic	11. Practice of law
	2. Any business regulated b ilities Commission	y the Public	13. Horse gambling	or dog racing, or o	ther legal forms	s of	4. Education	15. Water I	Resources
Γ	16. Agriculture			Business Interprise Tax	Interest and Dividends T	11	18. Optional: Speci special in		in which you have a
	read RSA 15-A and he ty. Any person who kn	-	•	•		•	•	•	
Date				-		Signature of	Reporting Individ	lual	RECEIVED
									HIM 1 6 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name MICHARD DAVID BRUNO	Work Address: 17 High St., COFFSTOWN, NH 03045
Primary Occupation SeM-RETTRED - TRANSPORTATION MER-mail_	&FFSTOWNREP & GMAIL. COM Work Phone N/A
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1. SOCIAL SCURITY	
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the I 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 occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	
7. N.H. Retirement 8. Current use land 9. Restaura lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or or gambling	other legal forms of 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 Penalty. Any person who knowingly fails to comply with the provisions of this Date Return to: Office of Secretary of State, 107 North M.	chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Reporting Individual JUN 12 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARI ull Name	PETER	z. Brune	TTE Wo	rk Address: Z	9 Huzen	Drive,	Concard
rimary Occupation	ATTOR		E-mail 201	1+ beston	estequal.	▲ Work Phone _ ८	03.313.7275
ame the office, position rectors, etc. or employn you. NO ACRONYM	nent with state or cour				Co. Com		
proprietor, or en	aployee, or served in a	of any profession, busine ny other professional or a cenefits other than federal i	dvisory capacity, and	from which any	income in excess of \$	10,000 was derived of	luring the preceding
	yal Coord	linector - N	H Depl.	Envira	nenental s	sovices	
2. You have no qualifying	income indicate by w	riting your initials next to	the following stateme	ent.	My incor	me does not qualify	
financial effect of	on you or a family men	ther decision by government than it would on the siness licensed or certified by 4. Real Estate, incluagent, developers,	general public: y the State of New Ham ding brokers,	pshire. List each			Hampshire, county, or
7. N.H. Retireme System		rrent use land nent program	9. Restaurants/		10. Sale and distributio beverages		11. Practice of law
	gulated by the Public	13. Horse gambling	or dog racing, or other	legal forms of	14. Education	15. Water Re	sources
16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	18. Optional: Sp specia	ecify any other area in l interest	which you have a
have read RSA 15-A enalty. Any person	and hereby swear o	or affirm that the forego	ing information is to	rue and comple oter or knowing	ete to the best of my gly files a false state	knowledge and beli ment shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
	2.20				190		Canal Carl Land Land Section
				Signa	ture of Keporting Indi	vidual	JUN 1 2 2020
	Return to:	Office of Secretary of Sta	te, 107 North Main S	treet, State Hous	se Room 204, Concord	, NH 03301	NEW MARROSTERIE DEPARTE DE LA CASA

Type or Print CLEARL Full Name _ し ルムし	Y AM MICHA	EL BRY	٧	Work Address:	144 CLINTU	U ROAD,	ANTRIM NH 0344
Primary Occupation R	ETIRED		E-mail	WMBRYK (& EMAIL.COM	Work Phone	(603) 588-2168
Name the office, position, lirectors, etc. or employm by you. NO ACRONYM	ent with state or count		NONE				
proprietor, or em	ployee, or served in an	y other professional or	advisory capacity, a	and from which any	or a family member wa income in excess of \$10 hall be included. (Use ad	0,000 was derived	during the preceding
1. Lew Of	fice of Wit	lian Buck,	444 Cls	ictor Rosa	d, autrin	NH 03	440
2. new ho	ih Rite Ein	slower R	etirement	System	,340 Jay St, 7	Brooklyn N	4 11201
f you have no qualifying	()	0		,		e does not qualify	
discipline a licen financial effect o	see or permittee, or other on you or a family men		by the State of New luding brokers,	Hampshire. List each	sion, occupation, group	, or matter would	ew Hampshire, county, or
7. N.H. Retirement		rent use land nent program	9. Restauran	nts/	10. Sale and distribution beverages		11. Practice of
T 12. Any business reg Utilities Commissi	gulated by the Public on	T 13. Hor gamblin	se or dog racing, or or	ther legal forms of	14. Education	15. Water F	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	 Interest and Dividends Tax 		cify any other area interest	in which you have a
I have read RSA 15-A Penalty. Any person							
Date June	7, 2020			111	William ?	Sule	A second
			_	Signa	ture of Reporting Indivi	idu x l	RECEIVED
	Return to:	Office of Secretary of	State, 107 North Ma	in Street, State Hou	se Room 204, Concord,	NH 03301	JUN 0 9 2020
		,					MEW HAMPSHIRE DEPARTMENT OF STATE

Full Name DISABIED ROTINGS E-mail	Work Address: POBOX 3149 CONWAY, NH 03818
Primary Occupation DISABIED ROTINES E-mail	1 TOM BULL 6 Yakes COM Work Phone (603) 986-5629
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	ganization 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 for disability benefits shall be included. (Use additional sheets as necessary)
1. Social Security retirement	
2.	
If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change ir discipline a licensee or permittee, or other decision by government affecting the 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 Ne occupation, or category of business:	ew Hampshire. List each such profession,
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. Restaution lodging	urants/ 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 gambling	or other legal forms of 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 of the provisions of th	ion is true and complete to the best of my knowledge and belief. RSA 15-A:9
renarty. Any person who knowingly rans to compry with the provisions of the	nis chapter or knowingly files a false statement shall be grifty RECEIVED
Date <u>6/3/2020</u>	Signature of Reporting Individual JUN - 8 2020
Paturn 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 Pr Full Name	rint CLEARL	Scott B	W86K				LEE MY 03861	Property Control
Primary Oc	ccupation <u>· (</u>	ETICKO/	Screcimin	E-mail	studere	compast.net	Work Phone <u>603 659 -50</u>	414
directors, e	office, position, etc. or employm O ACRONYM	ent with state or	ssion, committee, board county government held	of	<u> </u>			
pr	roprietor, or em	ployee, or served	in any other profession	al or advisory capacity	, and from which a	ny income in excess of \$	was an officer, director, associate, part 10,000 was derived during the preced additional sheets as necessary)	
1.								
2.								
If you have	e no qualifying	income indicate l	by writing your initials r	ext to the following s	tatement.	My inco	ne does not qualify	
re di fir	portable special scipline a licen nancial effect o	l interest in any i see or permittee, n you or a family	tem on this list if a chan or other decision by gov member than it would on the business licensed or cert	ge in law, a change in vernment affecting the on the general public:	administrative rule, listed business, pro	a decision whether or no fession, occupation, grou	pations, groups or matters. A person hot to award a contract, grant a license out, or matter would potentially have a	or permit;
7 2.1	Health Care	3. Insurance		, including brokers, lopers, and landlords	5. Ban service	king or financial s	6. State of New Hampshire, count municipal employment	ty, or TMAN
	N.H. Retirement	. 11	Current use land	9. Restaur lodging	ants/	10. Sale and distributio beverages		
	Any business regities Commissi	gulated by the Pub on	11	Horse or dog racing, or bling	other legal forms of	14. Education	15. Water Resources	
<u> </u>	. Agriculture	17. N.H taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia	ecify any other area in which you have a l interest	
I have re Penalty. Date	ead RSA 15-A . Any person	and hereby swewho knowingly	ear or affirm that the f	oregoing informations of this	on is true and comp s chapter of knowi	plete to the best of my ingly files a false state	knowledge and belief. RSA 15-A ment shall be guilty of a misdemea	:9 nor.
Date		<u> </u>				nature of Reporting Indi	vidual	_

Type or Print CLEARL Full Name <u> </u>	eth Hollany Bener	("Lisa")	Work Address: 9	8 Main St	., Exeler, 1	H 03833
Primary Occupation	Writer	E-mail <u>(</u>	1sabunker nhe	quail.com	Work Phone (25	7) 985-2053
	, board or commission, comm nent with state or county gove IS.		Exeler Litt		ush-profit -	Knt puts
proprietor, or en calendar year. So	nployee, or served in any other ources of retirement benefits of	profession, business, or other organia r professional or advisory capacity, a other than federal retirement and/or a	nd from which any inco disability benefits shall	ome in excess of \$1 be included. (Use a	0,000 was derived deditional sheets as ne	uring the preceding ecessary)
1. Lisa Bu	ker urier: 98 M	sin St., EXELER, NH 038:	33 Deur 1	tesher (wif	e) writer:	Same addoess
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	•	our initials next to the following state		•	ne does not qualify _	
financial effect of	on you or a family member that	rision by government affecting the list an it would on the general public: bensed or certified by the State of New F	Iampshire. List each suc		o, or matter would po	otentially have a greater
2. Health Care	3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking o	r financial	6. State of New municipal empl	Hampshire, county, or oyment
7. N.H. Retireme System	assessment pro	11	- 11	Sale and distribution erages	of alcoholic	11. Practice of law
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16. Agriculture		usiness Business Enterprise Tax	Interest and Dividends Tax		ecify any other area in interest	which you have a
		m that the foregoing information i mply with the provisions of this c				
Daix		_	Signature	e of Reporting Indiv	ridual	RECEIVED

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

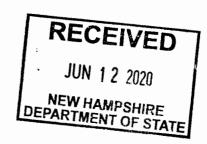
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NEW HAMPSHIRE DEPARTMENT OF STATE

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A.	proprietor, or emplo	yee, or served in	any other pr	ofessional or ad	visory capacity,	and from wi	hich any ii		10,000 was derived	tor, associate, partner, during the preceding necessary)	
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f you h	ave no qualifying inc	ome indicate by	writing your	initials next to	the following sta	tement.		My incom	ne does not qualify	SAR	
B.	reportable special ir discipline a licensee financial effect on y	nterest in any iter or permittee, or you or a family m n, occupation, or b	n on this list other decision nember than i	if a change in la on by governme t would on the g	w, a change in a nt affecting the li general public: y the State of New ding brokers,	dministrativisted busines	e rule, a d ss, profess List each s	ecision whether or no ion, occupation, grou	ot to award a contract, or matter would p	atters. A person has a ct, grant a license or person potentially have a greate w Hampshire, county, or ployment	mit, er
<u>~</u>	7. N.H. Retirement System	11	Current use la	nd	9. Restauran		_ 1	0. Sale and distribution		11. Practice of law	
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Γ	16. Agriculture	17. N.H. taxes:	Busi Profit	ness B	usiness nterprise Tax	Interest Dividence		18. Optional: Sp specia	ecify any other area in l interest	n which you have a	
I have Pena Date	e read RSA 15-A and lty. Any person where $5/29/2$	no knowingly fa	ails to comp	ly with the pro	ovisions of this	chapter or	knowing U Signat	ly files a false states Rure of Reporting India e Room 204, Concord	vidual	JUN 1 2 2020 NEW HAMPSHIRE PARTMENT OF STA	TE

Type or Print CLEARLY William BUT	Work Address: 37 Summer St Dover, NH 03820
Primary Occupation Full-time Father E-mail	Work Address: 37 Sunner St Over, NH 03820 but william Ognail. comwork Phone 953-7248
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$10,000 was derived during the preceding r disability benefits shall be included. (Use additional sheets as necessary)
Elizabeth Mary Burr, 37 Summer SI	Dover NH 03870
2. Employee of Great Bay Services of you have no qualifying income indicate by writing your initials next to the following states.	DOVER NH
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the 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	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater v 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 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land 9. Restaura lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
17. N.H. 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 Penalty . Any person who knowingly fails to comply with the provisions of this	
Date 6/11/20	Mm Bu
•	Signature of Reporting Individual

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



Type or Print CLEARLY Full Name Arite 07	me Burroughs	Work Address:	48 Forest led.	ne Road (Mc NH C3238 603-986-6216
Primary Occupation 6 ferd	in Immketing	E-mail antabou	cragnal. com	_ Work Phone	603-986-6216
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.	commission, committee, board ofstate or county government held				
proprietor, or employee, or calendar year. Sources of	ress, and type of any profession, business, or or served in any other professional or advisor retirement benefits other than federal retired	ry capacity, and from which ment and/or disability benefi	any income in excess of \$ ts shall be included. (Use	10,000 was derive additional sheets a	d during the preceding as necessary)
1. Burayhi	Healthcore Consulting	pictuark, PCB	cx540,6/c~	NH 032	3 8
2. for bett	Healthcore Consulting untielf and my h	woband, Jona	than Burro	·ghi	
	ndicate by writing your initials next to the fo			ne does not qualif	
discipline a licensee or pe financial effect on you or	4. Real Estate, including t	fecting the listed business, pral public: State of New Hampshire. List of brokers, 5. Ba	ofession, occupation, groundscach such profession,	p, or matter would	d potentially have a greater lew Hampshire, county, or
7. N.H. Retirement	agent, developers, and la	andlords service 9. Restaurants/	10. Sale and distributio	municipal er	11. Practice of
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12. Any business regulated by Utilities Commission	the Public 13. Horse or do gambling	g racing, or other legal forms	of 14. Education	15. Water	Resources
16 Agriculture	17. N.H. Business Business Enterpri			ecify any other area interest	in which you have a
I have read RSA 15-A and her Penalty. Any person who kno	by swear or affirm that the foregoing is swingly fails to comply with the provision	nformation is true and con ons of this chapter or know	nplete to the best of my vingly files a false state	knowledge and be nent shall be gu	pelief. RSA 15-A:9 ilty of a misdemeanor.
Date June 3, 20			ignature of Reporting Indi		RECEIVED JUN 0 5 2020
	Return to: Office of Secretary of State, 10	07 North Main Street, State I	House Room 204, Concord	I, NH 03301	NEW HARDCHIRE

Type or Print CLEARL Full Name Job	n A. Bur	<u>k</u>	· · · · · · · · · · · · · · · · · · ·	Work Address:	7 Bay St	reet, Bo	ffshown, NH 05 603-624-5084
rimary Occupation	self so	in businers	E-mail_	john@b.	ort NH.com	_ Work Phone	603-624-5084
Name the office, position, lirectors, etc. or employn by you. NO ACRONYM	ent with state or coun						
proprietor, or em calendar year. So	ployee, or served in an ources of retirement be	of any profession, busine ny other professional or a nefits other than federal	dvisory capacity, a retirement and/or	and from which an disability benefits	y income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1. H: 1156	rough Com	Ly Nursing	Home	self/	wife		
2. Bunt	is Signs						
f you have no qualifying	_					ne does not qualify	•
reportable special discipline a licentinancial effect of the control of the contr	al interest in any item of see or permittee, or ot on you or a family men	y member has a special in this list if a change in left decision by governmenter than it would on the iness licensed or certified because	aw, a change in ad ent affecting the li- general public:	lministrative rule, sted business, prof	a decision whether or no ession, occupation, grou	t to award a contra	natters. A person has a ct, grant a license or permit, potentially have a greater
2. Health Care	3. Insurance	4. Real Estate, incluagent, developers,		5. Bank services	ing or financial	6. State of No municipal em	ew Hampshire, county, or aployment
7. N.H. Retireme System	1	rrent use land nent program	9. Restauran	its/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
12. Any business re Utilities Commissi	gulated by the Public	13. Horse gambling	or dog racing, or o	ther legal forms of	14. Education	15. Water F	Resources
16. Agriculture	17. N.H. taxes:		Business nterprise Tax	Interest and Dividends Tax		ecify any other area l interest	in which you have a
I have read RSA 15-A	and hereby swear o	r affirm that the forego	oing information	is true and comp	lete to the best of my	knowledge and be	elief. RSA 15-A:9
Penalty. Any person	who knowingly fails	to comply with the pr	ovisions of this c	chapter of knowing	ngly files a false state	ment shall be guil	RECEIVED
Date June	8th ,2020	·		Sign	nature of Reporting Indi	vidual	JUN 1 0 2020
	Return to:	Office of Secretary of St	ate, 107 North Ma	in Street, State Ho	use Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>CUANVE</u> M. BURTON	Work Address:	NA	$\langle n \rangle$
Primary Occupation NA (Retires)	E-mail WBURTONC	DNORTH SHORE WO	rk Phone
Name the office, position, board or commission, committee, board of	DURHAM TOWN	COUNCIL	
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	STRAFFORD IS	EGIDNAL A	LANNING COMMI
A. List below the name, address, and type of any profession, but proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which an	y income in excess of \$10,000	was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials nex	t to the following statement.	My income doe	s not qualify MM
	nment affecting the listed business, profethe general public: ed by the State of New Hampshire. List each	n such profession,	
agent, develop 7. N.H. Retirement 8. Current use land	ers, and landlords services 9. Restaurants/	10. Sale and distribution of alc	
System assessment program	lodging	beverages	law
T 12. Any business regulated by the Public Utilities Commission 13. He gamble	orse or dog racing, or other legal forms of ng	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax Interest and Dividends Tax	18. Optional: Specify as special interes	y other area in which you have a t
I have read RSA 15-A and hereby swear or affirm that the fore Penalty. Any person who knowingly fails to comply with the Date	provisions of this chapter or knowin	ete to the best of my knowl gly files a false statement s future of Reporting Individual	RECEIVED TO SET OF THE SECOND TO SEC
			NEW HAMPSHIRE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330 DEPARTMEN