Type or Print CLEARLY JORDAN ULERY	Work Address: POB 15
Full Name DRDAN UERY  Primary Occupation Self Employ & E-mail	JORDAN URICHLITIGATION Work Phone 603-231-7867
Name the office, position, board or commission, committee, board of	CO CINCHE MOET
directors, etc. or employment with state or county government held	
by you. NO ACRONYMS. State REY	RESENTATIVE
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. UIRICH Lit, gation Support LLC	
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the life 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:	dministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater 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 assessment program 9. Restaurant lodging	nts/ 10. Sale and distribution of alcoholic 11. Practice of law
Utilities Commission  12. Any business regulated by the Public gambling  13. Horse or dog racing, or og gambling	ther legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Dividends Tax  18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 5/97/8020	Signature of Reporting Individual RECEIVED
	JUN - 8 2020
Return to: Office of Secretary of State, 107 North Ma	in Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY JORDAN ULERY	Work Address: POB 15	
Full Name LORDAN UIERY  Primary Occupation Self Employ ED	E-mail JORDAN, UlRICHLITIGATION  GCOMERST, NET	Work Phone 603-231-7867
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 REPRESENTATIVE	
proprietor, or employee, or served in any other professional	usiness, or other organization in which you or a family member v or advisory capacity, and from which any income in excess of \$ eral retirement and/or disability benefits shall be included. (Use a	10,000 was derived during the preceding
1. UIRICH Lit, gation Support LA	C	
2.		·
If you have no qualifying income indicate by writing your initials near	ct to the following statement. My incom	ne does not qualify
occupation, or category of business:  4. Real Estate, i	ed by the State of New Hampshire. List each such profession,  ncluding brokers,  pers, and landlords  5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution beverages	
Utilities Commission gambl	orse or dog racing, or other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the for Penalty. Any person who knowingly fails to comply with the		
Date 5/97/9090	Res Oun Ware	RECEIVED
	Signature of Reporting Indiv	JUN - 8 2020
Return to: Office of Secretary o	f State, 107 North Main Street, State House Room 204, Concord,	NH 03301 NEW HAMPSHIRE

Type or Print, CLEARLY Full Name KAREN L. UMBERGER	Work Address: PD BOWLS & KEARSARGE NHO3847
Primary Occupation RETIRISM E-mail	Work Address: PD BIOULS & KEARSARGE, NHO3847 KARENUMBERGER DSMOWD, COMPORT Phone 603-35766881
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	anization in which you or a family member was an officer, director, associate, partner, y, 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. retired	
2. retired	
f you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify Vev
reportable special interest in any item on this list if a change in law, a change in 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:	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 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 assessment program 9. Restaur lodging	ants/ 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	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax	Interest and Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	s chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date JAME 3 2020	Rouen La lundarca DECEIVED

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

Signature of Reporting Individual

Type or Prin Full Name	nt CLEARL	e Alejanda	o Urris	ta	Wor	k Addı	ress:			
Primary Occi	upation	Relara	d		E-mail				_ Work Phone _	
Name the off directors, etc. by you. NO	. or employm	ent with state or count	committee, by governmen	ooard of t held						
prop	orietor, or em	ployee, or served in ar	y other profe	ssional or advis	sory capacity, and	from w	hich any		0,000 was deriv	rector, associate, partner, yed during the preceding as necessary)
1										
2		income indicate by wr				nt.		My incom	e does not qual	ify JAU
repo disc fina	ortable special cipline a licent notal effect on the Any profession.	d interest in any item of	on this list if a her decision b her than it we	change in law, y government a ould on the ger	a change in admin affecting the listed teral public:	istrativ busine:	e rule, a ss, profe	decision whether or no ssion, occupation, group	to award a con	r matters. A person has a attract, grant a license or permit, ald potentially have a greater
2. He	ealth Care	3. Insurance	11	Estate, including developers, and	-	Γ,	5. Bankii services	ng or financial	1	New Hampshire, county, or employment
Γ 7. N. Syste	.H. Retiremen	11	rrent use land nent program		9. Restaurants/lodging		Г	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	ny business reg es Commissi	gulated by the Public on	Г	13. Horse or gambling	dog racing, or other	legal fo	orms of	14. Education	15. Wate	er Resources
T 16. A	Agriculture	17. N.H. taxes:	Business Profits Ta			interest Dividence		18. Optional: Special	ecify any other ar	rea in which you have a
Penalty.	Any person	who knowingly fails	or affirm that s to comply	the foregoing with the provi	g information is to sions of this chap	rue and oter or	d comple knowin	ete to the best of my legly files a false daten	cnowledge and nent shall be	RECEIVED
Date	6/5	/2020					Sign	aure of Reporting Indiv	idual	JUN - 8 2020
		Peturn to:	Office of Sec	retary of State	107 North Main S	treet S	tate Hou	se Room 204. Concord.	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print CLEARLY Full Name Suzanne Elizabeth Mercier Vail Work Address: 106 N State St. Concord A	JM
Primary Occupation State representative E-mail Suevai/2012 @gmail com Work Phone 603 234	03301 4-0704
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, business, or other organization in which you or a family member was an officer, director, assoc 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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	e preceding
1. <u>N/a</u>	
2. <u>yb</u>	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
<ul> <li>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 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>Licensed Main 1000st</li> </ul> </li> </ul>	license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampsh municipal employment	
System S &	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you special interest	ou 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. <b>RS</b> . <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a minute of the control of the	
Date 6/5/2020 Signature of Reporting Individual RE	CEIVED

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

JUN 0 9 2020

NEW HAMPSHIRE

Date 6-12-2020

#### 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Work Address: Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government hald 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) 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 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, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging System assessment program beverages law 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture Profits Tax taxes: Enterprise 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 of a misdemeanor.

Signature of Reporting Individual

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A brian. Valerino @ CDOS COUNT	ynh.os
Sull Name Brian L. Valerino Work Address: 55 School ST Lancest	er NH 03584
Primary Occupation High Sheriff E-mail brian - Valering @ Cops Copat Work Phone 60	
Name the office position hoard or commission committee hoard of HISA Sheritt Comb County	
by you. NO ACRONYMS.	er of New Hampshis
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 d calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as n	uring the preceding
1 Par ounce: Shiples Sealant (driveway seding) Does	Not Make over
1. Co-owner: Shields Sealant (driveway seeding) Does 2. New Hampshire retirement System \$ 69,053	1 (0,00
·	
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 mai 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 perform 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 Hampshire. List each such profession, occupation, or category of business:	grant a license or permit, otentially have a greater
	Hampshire, county, or loyment High Sterk
7. N.H. Retirement System 36. Current use land assessment program  8. Current use land lodging  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of Coos
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Re	esources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax 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 foregoing information is true and complete to the best of my knowledge and bel	ief. 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.  Date $6/3/20$ Date	RECEIVED
Date 6/5/20 Signature of Reporting Individual	JUN 0 3 2020
	NEW HAMF SHIRE DEPARTMENT OF STATE

Primary Occupation Police Chief E-mail June 12017 He, 114 Brad Fox	eD, NH 0322/
Primary Occupation Police Chief E-mail Jum Valiquet @tds.net Work Phone 6	603) 938-2522
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, 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. NH Retirement System	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	,
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or memorable 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:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	act, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New municipal em	ew Hampshire, county, or apployment
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 F	Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax Interest and Dividends Tax Profits Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax	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 be	
Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt	RECEIVED
Date June 2, 2020 Signature of Reporting Individual	JUN 0 3 2020
	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print CLEARL Full Name	MARK A	NDREW VA	LLONE WO	ork Address:			
Primary Occupation	RETIRE	ÉD	E-mail			_ Work Phone	
Name the office, position directors, etc. or employn by you. NO ACRONYM	nent with state or cou		NH STA	ENERAL	SENTATI	VK T	<u>ک</u>
proprietor, or en	ployee, or served in	any other professional	siness, or other organizator advisory capacity, and ratirement and/or disc	from which any inco	me in excess of \$1	0,000 was deriv	
1 <i>N</i>	A RETIR	ENENT S	YSJEM				
2. <u>K</u>	ENSINGT	ON SCHOOL	L DISTRIC	T			
If you have no qualifying	income indicate by v	writing your initials nex	t to the following stateme	ent.	My incom	e does not qual	ify
reportable special discipline a licent financial effect of the financial effec	al interest in any item usee or permittee, or o on you or a family me	on this list if a change other decision by gover mber than it would on siness licensed or certific	in law, a change in admin nment affecting the listed the general public: and by the State of New Ham	nistrative rule, a decis business, profession npshire. List each such	sion whether or no , occupation, group a profession,	to award a cor o, or matter wou	r matters. A person has a atract, grant a license or permit, ald potentially have a greater
2. Health Care	3. Insurance	11	ncluding brokers, ers, and landlords	5. Banking or services	financial		New Hampshire, county, or employment
7. N.H. Retirement	. (1	urrent use land ment program	9. Restaurants/	- 11 .	Sale and distribution rages	of alcoholic	11. Practice of law
12. Any business reg Utilities Commissi	gulated by the Public	┌ 13. He gambli	orse or dog racing, or other ng	legal forms of	14. Education	15. Wate	r Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax	18. Optional: Special	cify any other ar	ea in which you have a
Penalty. Any person	and hereby swear who knowingly fai	or affirm that the fore	egoing information is to provisions of this chap	rue and complete to oter or knowingly f	o the best of my kiles a false statem	nowledge and ent shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.
Date	11/2020			Signature	of Reporting Indiv	idual	RECEIVED
	Return to:	Office of Secretary of	State, 107 North Main S	treet, State House Ro	oom 204, Concord,	NH 03301	JUN 0 8 2020

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A	
Type or Print CLEARLY Full Name Scan work Address: Work Address: 477 Control of North	Jampon W
Primary Occupation C Storner Source E-mail 505AN Uhn @GHSI Work Phone 603 9	64877
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, 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 necessary)	the preceding
1. NONE	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
<ul> <li>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, gran discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	t a license or permit;
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamp municipal employments	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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 Resource	es
16. Agriculture   17. N.H.   Business   Business   Interest and   Interest and   Business   Interest and   Inte	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 a	MSA 15-A:9 misdemeanor.
Date Signature of Reporting Individual	ECEIVED
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 Constance Van Houten	Work Address:			
Primary Occupation retired	E-mail teavanh	e) comast. net	Work Phone	
Name the office, position, board or commission, committee, board of	NH State Represe	ntative		
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which	any income in excess of \$1	0,000 was derived during the pred	partner, ceding
1.				
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If you have no qualifying income indicate by writing your initials next to	o the following statement.	My incom	e does not qualify W	
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the like the literature occupation, or category of business:  1. Any profession, occupation, or business licensed or certified occupation, or category of business:  4. Real Estate, incl.	nent affecting the listed business, per general public:  by the State of New Hampshire. List	profession, occupation, group	to award a contract, grant a licer o, or matter would potentially hav  6. State of New Hampshire, co	e a greater
2. Health Care 3. Insurance agent, developers	• 1	-	municipal employment	Practice of
7. N.H. Retirement System  8. Current use land assessment program	lodging	beverages	law	ractice of
12. Any business regulated by the Public Utilities Commission	se or dog racing, or other legal forms	of 14. Education	15. Water Resources	
I le Agriculture I I I I	Business Interest and Enterprise Tax Dividends T		ecify any other area in which you ha interest	vea
I have read RSA 15-A and hereby swear or affirm that the foreg <b>Penalty</b> . Any person who knowingly fails to comply with the p				
Date June 3, 2020	Commo	Signature of Reporting Indiv	idual Name	ra II ha kasa Lab
Return to: Office of Secretary of S	State, 107 North Main Street, State	House Room 204, Concord	N N	9 2020

Type or Full Na	r Print CLEARLY me <u>E LIZA B</u>	SETH VA	N Twuyer	V	Vork Address:9	PINE HIL	< Ave	
Primary	Occupation Re	fried	1000 A 1000	E-mail _ <b>_9</b>	vanlurage	a 1 8 count,	work Phone 603	-883-5723
director	he office, position, boars, etc. or employment NO ACRONYMS.	ard or commission with state or cour	a, committee, board of _ aty government held	State Rose	sentature	,	namork Phone 603	
A.	proprietor, or employ	ee, or served in a	ny other professional or	r advisory capacity, ar	d from which any	income in excess of \$1	vas an officer, director, a 10,000 was derived duri additional sheets as nece	ng the preceding
1.							and the state of t	****
2.								
If you h	ave no qualifying inco	ome indicate by w	riting your initials next	to the following state	ment.	My incon	ne does not qualify 🙎	the A
В.	reportable special int discipline a licensee financial effect on yo	erest in any item of or permittee, or of ou or a family mer	on this list if a change in	n law, a change in adr ment affecting the list ne general public:	ninistrative rule, a ed business, profe	decision whether or no ssion, occupation, grou	ations, groups or matter of to award a contract, gr p, or matter would poter	rant a license or permit,
ı	occupation, or categ	ory of business:	_					
Γ	2. Health Care	3. Insurance	4. Real Estate, incagent, developer	cluding brokers, rs, and landlords	5. Bankii services	ng or financial	6. State of New Ha	ampshire, county, or ment
Γ	7. N.H. Retirement System	11	rrent use land nent program	9. Restaurants		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	2. Any business regulate tilities Commission	ed by the Public	☐ 13. Hor gamblin	rse or dog racing, or oth	er legal forms of	14. Education	15. Water Resou	irces
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area in wh I interest	ich you have a
	ty. Any person who	knowingly fail			apter or knowing	gly files a false stater	knowledge and belief, nent shall be guilty of	
Date	6/6/20	20		_	Signa	ture of Reporting Indiv	vidual	

ype or Print CLEARLY ull Name <u>JANE W VAN ZAND</u> T	Work Address:
rimary Occupation RETIRED	E-mail EPISREV C Comcast, nel Work Phone
ame the office, position, board or commission, committee, board of rectors, etc. or employment with state or county government held you. NO ACRONYMS	
proprietor, or employee, or served in any other professional or ad	ss, or other organization in which you or a family member was an officer, director, associate, partner, visory capacity, and from which any income in excess of \$10,000 was derived during the preceding etirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
you have no qualifying income indicate by writing your initials next to t	the following statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by occupation, or category of business:      2. Health Care      3. Insurance      4. Real Estate, including agent, developers, a	ling brokers, 5. Banking or financial 6. State of New Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic lodging beverages 11. Practice of law
	or dog racing, or other legal forms of 14. Education 15. Water Resources
<b>—</b> 44 4 • 1.	usiness 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 Penalty. Any person who knowingly fails to comply with the pro	ng information is true and complete to the best of my knowledge and belief. RSA 15-A:9 visions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06-03-2020	Jane W Van Bandl
	Signature of Reporting Individual  JUN 0 5 2020

Type or Full Nar	r Print CLEARL	y Vai	nn_			Work Addre	s:			
Primary	Occupation	Urban	pla	uner	E-mail	ivy	e vai	nn.org	Work Phone	
director	he office, position s, etc. or employn NO ACRONYM	nent with state of								
Α.	proprietor, or en	iployee, or serv	ed in any	other profession fits other than fe	business, or other organ al or advisory capacity, deral retirement and/or	and from whi disability ber	ch any inco	me in excess of \$1	0,000 was derived	during the preceding
1.	Cohea	lo S	Hate	Street	Boston	NH	W			
2.										
If you h	ave no qualifying	income indicat	e by writin	ng your initials n	ext to the following stat	tement.	•	My incom	e does not qualify	t .
В.	reportable special discipline a licer financial effect of the special	al interest in any usee or permitte on you or a fam	vitem on to e, or other ily member or busine	his list if a change decision by gover than it would do	rernment affecting the li- on the general public: ified by the State of New	Iministrative sted business, Hampshire. Li	rule, a deci- profession st each such	sion whether or not , occupation, group profession,	to award a contract, or matter would p	et, grant a license or permit, potentially have a greater
□	2. Health Care	3. Insurance	e [		e, including brokers, opers, and landlords		Banking or vices	financial	6. State of New municipal emp	w Hampshire, county, or bloyment
Γ	7. N.H. Retireme System	nt		nt use land t program	9. Restauran	rts/	_	Sale and distribution rages	of alcoholic	11. Practice of law
	12. Any business re Itilities Commiss		ublic	11	Horse or dog racing, or o bling	ther legal forn	s of	14. Education	15. Water R	· · · · · · · · · · · · · · · · · · ·
Γ	16. Agriculture	17. N. taxes:	i	Business Profits Tax	Business Enterprise Tax	<ul> <li>Interest an Dividends</li> </ul>		18. Optional: Spe special	cify any other area in interest	n which you have a
I have	e read RSA 15-A	and hereby s who knowing	wear or a	ffirm that the forces comply with t	oregoing information he provisions of this o	is true and c chapter or kr	omplete to owingly f	the best of my k	nowledge and be ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	June:	3 2020	7		· 		uy	ann	(11	Radion Sand
							Signature	of Reporting Indivi	Idual	JUN 0 5 2020
		Reti	ırn to: Of	fice of Secretary	of State, 107 North Ma	in Street, Stat	e House Ro	oom 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

proprietor, or emcalendar year. So	ent with state or coun S. me, address, and type ployee, or served in a	committee, board of ty government held of any profession, bu		Bvargaslv@gr	nail.com	Work Phone	978-360-7482
y you. NO ACRONYM:  A. List below the na proprietor, or em calendar year. So	ent with state or coun S. me, address, and type ployee, or served in a	ty government held of any profession, bu					
proprietor, or emcalendar year. So	ployee, or served in a	of any profession, bu					
1. Communi	-	ny other professional one of the state of th	or advisory capacity,	and from which an	y income in excess of	f\$10,000 was derived	ctor, associate, partner, d during the preceding s necessary)
	ty Crossroads, 8 C	Commerce Drive, S	STE 801, Atkinson	n NH 03811 (em	ployee)		
2.							
you have no qualifying	income indicate by w	riting your initials nex	tt to the following sta	atement.	My in	come does not qualify	
financial effect o  I. Any profess	n you or a family men	nber than it would on iness licensed or certific	the general public: ed by the State of New	v Hampshire. List eac	h such profession,	netolgoy and Barb	potentially have a great
2. Health Care	3. Insurance		ncluding brokers, pers, and landlords	5. Bank services	ing or financial	6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retiremer System		rrent use land nent program	9. Restaura	ents/	10. Sale and distribute beverages	tion of alcoholic	11. Practice of law
12. Any business reg Utilities Commissi	ulated by the Public	13. H	orse or dog racing, or o	other legal forms of	14. Education	15. Water 1	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional:	Specify any other area cial interest	in which you have a
I have read RSA 15-A	and hereby swear o	or affirm that the for s to comply with the	regoing information e provisions of this	n is true and comp chapter or knowing	ngly files a false sta	ny knowledge and butement shall be gui	lty of a misdemeanor.
tenany. Any person				~//	* /		

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

largus, Beatrice



Type or Print CLEARLY Full Name Peter R. Varney	Work Address: 6 M	ain St. New Durn	an, NH 03855
Primary Occupation Fire Chief E-mail	pvarney@atsnh	.com Work Phone 6	03-765-6380
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, or employee, or served in any other professional or advisory capacity 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
1.	:		
2.			
If you have no qualifying income indicate by writing your initials next to the following st	atement.	My income does not qualify	PRV
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in 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:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:</li> </ul> </li> </ul>	administrative rule, a decision listed business, profession, oc	n whether or not to award a contra ecupation, group, or matter would	ct, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or fina services	ancial  6. State of N  municipal en	ew Hampshire, county, or aployment
7. N.H. Retirement 8. Current use land 9. Restaura	ants/ 10. Sales 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	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify any other area special interest	in 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 this	n is true and complete to the chapter or knowingly files	ne best of my knowledge and be s a false statement shall be gui	elief. RSA 15-A:9 ty of a misdemeanor.
Date June 3, 2020			
	Signature of F	Reporting Individual	RECEIVED

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

JUN 08 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	cillena				ins Rd, Amherst, NH 0303/
Primary Occupation _At-ho	ma Paren	E-mai	1 dtveillaux		Work Phone <u>207-653-4436</u>
Name the office, position, board directors, etc. or employment wiby you. NO ACRONYMS.					
proprietor, or employee	, or served in a		ty, and from which any	income in excess of \$	was an officer, director, associate, partner, 10,000 was derived during the preceding additional sheets as necessary)
1. Dertnouth	Artchcock	Clivic 2300 Southwo	od Dr. Nashi	uc, NH 03063	
2.					
If you have no qualifying incom	e indicate by wi	iting your initials next to the following	statement.	My inco	me does not qualify
1. Any profession, or occupation, or categor	cupation, or bus	iness licensed or certified by the State of N  A. Real Estate, including brokers,	ew Hampshire. List each	h such profession,	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement	11	agent, developers, and landlords	urants/	10. Sale and distribution	on of alcoholic 11. Practice of
System  12. Any business regulated Utilities Commission		nent program lodging  13. Horse or dog racing, agambling	or other legal forms of	14. Education	15. Water Resources
16. Agriculture	17. N.H. taxes:	Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: S	pecify any other area in which you have a al interest
	nowingly fail		nis chapter or knowir		knowledge and belief. RSA 15-A:9 ment shall be guilty of a misdemeanor. RECEIVED ividual  JUN - 8 2020  NEW HAMPSHIRE
	Return to:	Office of Secretary of State, 107 North	Main Street, State Hou	use Room 204, Concor	d, NH 03301 DEPARTMENT OF STATE

Type or Print Clearly		
Full Name   Thomas P. Velandi	Work Address 259 Count	my Paum Rd Ste 201 Dover NH
Primary Occupation	e-mail touchardion went un	Work Phone 817 0898
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	County Attorney - Strafford a	ounty
proprietor, or employee, or served in any other professio	ion, business, or other organization in which you or a family ronal or advisory capacity, and from which any income in except retirement and/or disability benefits shall be included. (Use a	cess of \$10,000 was derived during the preceding
1. W/A		
2.		
If you have no qualifying income indicate by writing your in	nitials next to the following statement. My incom-	e does not qualify
reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	pecial interest in any of the following businesses, professions, or in law, a change in administrative rule, a decision whether or retriment affecting the listed business, profession, occupation, on the general public:    The content of the conte	not to award a contract, grant a license or permit,
profession, occupation, or category of business:		
I Z Mealth Lare II 3 Insurance II	Estate, including brokers, developers, and landlords  5. Banking or financial services	<ul> <li>6. State of New Hampshire, county, or municipal employment</li> </ul>
7. N.H. Retirement System 8. Current use land assessment program	II	stribution of alcoholic 11. Practice of law
The second secon	13. Horse or dog racing, or other legal forms of gambling	ation   15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	· · · · · · · · · · · · · · · · · · ·	onal: Specify any other area in which you have a special interest
	regoing information is true and complete to the best of my kn of this chapter or knowingly files a false statement shall be gui	
person who knowlingly falls to comply with the provisions of	of this chapter of knowingly flies a false statement shall be guil	Ity of a misdemeandr. <b>RECEIVED</b>
Date \\ \we 3, ww	\ \m\d	JUN - 3 2020
7000 11 000	Signature of Reporting I	NEW HAMPSHIRE

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

Type or Print CLEARLY Verville	Work Address: 400 Gay Steet, Manchester, WH ail KGVERVIUE OGNAU. Con Work Phone 603 669 5410
Primary Occupation Technical Service Manager E-mai	ail KGVERVILLE OGMAIL. Work Phone 603 669 5410
Name the office, position, board or commission, committee, board of State Registrectors, etc. or employment with state or county government held by you. NO ACRONYMS.	epresentative Rockingham 2
2.	
f you have no qualifying income indicate by writing your initials next to the following	g statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	
7. N.H. Retirement System 8. Current use land assessment program 9. Restau	beverages law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, of 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 Penalty. Any person who knowingly fails to comply with the provisions of the Date	tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVE
	Signature of Reporting Individual

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

JUN U 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Kenneth Scott Uncent Work Address: 19 Vincent Way Somerawar	#L
Primary Occupation Refined E-mail + Ne Vincadomcasinel Work Phone 603-398-417	6
Name the office, position, board or commission, committee, board of City Counselor (Samersworth nh) directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1. State Redirement System Retirce	
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 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:  Fire works licensed for Sales	
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 2.	لح
7. N.H. Retirement System	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	_
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest	·
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date Signature of Reporting Individual	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	20

Fype or Print CLEARLY Full Name Mike Visconti	Work Address: 6 Garvins Falls Road, Concord, NH 03301
Primary Occupation Owner E-mail	mike@v12marketingcom Work Phone 866.243.9023
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. V12 Marketing, 6 Garvins Falls Road, Concord, NH 03301	
2.	
f you have no qualifying income indicate by writing your initials next to the following sta	tement. 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:	isted business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	nts/ 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or ogambling	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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06/11/2020	Signature of Reporting Individual RECEIVE

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

JUN 16 2020

NEW HAMPSHIRE DEPARTMENT OF SE

Type or Print CLEARLY Robi	n Warren Vogt	Work Ad	dress: 25 Lincoln St.	Exeter, NH 03833
Primary Occupation Special	Education Paraeducate	E-mail [Voct	esaul6.org.	Work Phone (603) 969-5720
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.	commission, committee, board of _	Special Educati	on Paraeducator	, SAUI6
proprietor, or employee, o	ess, and type of any profession, busi r served in any other professional or retirement benefits other than federa	advisory capacity, and from	which any income in excess of	was an officer, director, associate, partner, \$10,000 was derived during the preceding e additional sheets as necessary)
1. Robin W. Vagt	25 Lincoln St. Exeter, Nt	1 03833 Special Ea	ducation Paraeducator	
2. Mary K. Vogt	25 Lincoln St. Exeter, NI	+ 03833 Special E	ducation Case Manag	or .
If you have no qualifying income in	ndicate by writing your initials next	to the following statement.	My inc	ome does not qualify
financial effect on you or	a family member than it would on the pation, or business licensed or certified	ne general public:		oup, or matter would potentially have a greater
2. Health Care 3. Ins	surance 4. Real Estate, inc	eluding brokers, es, 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/	10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated by Utilities Commission	the Public 13. Hor gamblin	se or dog racing, or other legal g	forms of 14. Education	15. Water Resources
16. Agriculture	17. N.H. Business Profits Tax			Specify any other area in which you have a rial interest
Penalty. Any person who kno	eby swear or affirm that the foregowingly fails to comply with the	going information is true a provisions of this chapter of	nd complete to the best of mor knowingly files a false sta	y knowledge and helief RSA 15-A-9 rement shall be guille and helief RSA 15-A-9.
Date June 3, 2020	A COMPANY OF THE PARTY OF THE P		Signature of Reporting In	JUN 0 4 2020
			Espaine of Reporting In	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print OLEARLY Volley Work Address: 488 Shelsen	Rel Concert
Primary Occupation 16N 19n E-mail 4 class @ vol w ferth, Work Phone	491-0371
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, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deriv calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ved during the preceding
2. Unity Commo VS LLC Eggst Rive Pave	1,440
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qual	ify
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 condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  4. Real Estate, including brokers,  5. Banking or financial  6. State of	tract, grant a license or permit,
agent, developers, and landlords services municipal	employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water	er Resources
16. Agriculture 17. N.H. Business Business Interest and Enterprise Tax 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 the foregoing information is true and complete to the best of my knowledge and Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowledgy false statement shall be go	belief. RSA 15-A:9 uilty of a misdemeanor.
Date 6/12/20	RECEIVED
Signature of Reporting Individual	JUN 12 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	Work Address: 18 ALLON COURT KOONS NIR 036,31
Primary Occupation 5 TAY AT HOME DAD E-mail	SPARRY UN PLINSRY @GMAIL. Work Phone 706-399-0349
Name the office, position, board or commission, committee, board of	SPRBONTATIUS,
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. US FIRM + WILDLIKE SONVICE HADEN	
2.	or ostor
If you have no qualifying income indicate by writing your initials next to the follow	es not qualify
B. Indicate below whether you or a family member has a special interest in a reportable special interest in any item on this list if a change in law, a chan discipline a licensee or permittee, or other decision by government affectin financial effect on you or a family member than it would on the general pu  1. Any profession, occupation, or business licensed or certified by the State coccupation, or category of business:	, groups or matters. A person has a vard a contract, grant a license or permit, natter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlord	State of New Hampshire, county, or unicipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Res	holic 11. Practice of law
The second secon	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 of Date 4 5000 2000	Signature of Reporting Individual  RECEIVED    IIIN - 8 2020
Return to: Office of Secretary of State, 107 North Ma	in Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Michael Vose	Work Address: M/A
Primary Occupation Refixed E-mail	il Work Phone
Name the office, position, board or commission, committee, board of	
	rganization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding dor disability benefits shall be included. (Use additional sheets as necessary)
1. Wentworth Douglas Hospital	
2.	
If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
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 lodging 9. Restau	urants/
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, of 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 Penalty. Any person who knowingly fails to comply with the provisions of the Date $\frac{6/3}{20}$	his chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Will can Die
	Signature of Reporting Individual RECEIVED

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

JUN 08 2020

**NEW HAMPSHIRE**