Type or Print Clearly
Full Name Michael Lacques Work Address 6 London Road, Concord
Primary Occupation in Surance agent e-mail Mike in nhouse agenci Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Bankers Life Insurance and Casualty
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement System 8. Current use land assessment program lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. JUN 07 2022
Date 6322 Signature of Filer DEPARTMENT OF STATE

Type or Print Clearly
Full Name Daniel Farland Work Address 38 Carcad Plats Apt 1
Primary Occupation Lynd lord e-mail workday 50m; by ghod -com Work Phone 603-915-3652
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.)
Daniel Forland 38 Caxade Plats Landord Gorham NH 03581 Landlord
if you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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
16. Agriculture Business Business Enterprise Tax Dividends Tax Special interest — 17. N.H. taxes: Profits Tax 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 of a misdemeanor.
Date $06/02/2022$ Signature of Filer

Type or Print Clearly
Full Name FRANCIS BARRETT (BARRY) FAULKNER Work Address 41 ScHook ST KEENE NH 03431
Primary Occupation ATTORNEY e-mail FAULKNER & NHLANDLAW. COMWORK Phone 608 354 8513
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS 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. Bem Environmental & LAND LAW PULL 41 ScHOOL ST KEETVE NH 03431 2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RECEIVED
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 2022 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 of permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially part profession financial effect on you or a family member than it would on the general public:
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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 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 6/122 Signature of Filer Feaver Sawell faullyn a

Type or Print	Clearly	•								
Full Name	TARA	MARIE	FAUNC	5	Work Address	22 B	ARTLET	TRO		
Primary Occup	pation PRO	jed man	ager e	-mail TARA	FALLA	5@gmAi	1. Com Work	Phone 4	01.444.	80 99
	. or employme	ard or commission, lent with state or NO ACRONYM	county		MENT STREET OF STREET,			,		
proprietor, or	employee, or s	ess, and type of any erved in any other rement benefits other	professional or a	advisory capacity,	and from whic	h any income	in excess of	\$10,000 was der	ived during th	
1.	goru (Consultin	G, LLC							
2.										
f you have no	qualifying inco	ne indicate by writin	ng your initials ne	ext to the following	statement.	Myi	ncome does n	ot qualify	1.1	
1. prof	Any profession, fession, occupat	occupation, or busing on, or category of b	ness licensed or c usiness:		a mater se som statementersynamies og finnskrine i ser skrine ser	shire. List each	Sport & Busher of the sport of	6. State of N	lew Hampshire	, county, or
		Insurance		pers, and landlords	serv		L	municipal en		
7. N.H. System	Retirement	8. Current assessment		9. Restaura	ints/	10. Sale a beverages	nd distributio	n of alcoholic	law	ractice of
	business regulat Commission	ed by the Public	13. Ho	orse or dog racing, o	or other legal fo	rms 14.	Education	15. Water	Resources	
16. Agr	riculture		Business Profits Tax	Business Enterprise Tax	Interest an Dividends 1		Optional: Spe special i	ecify any other ar interest —	ea in which yo	u have a
I have read RS person who k	A 15-A and here	by swear or affirm to	nat the foregoing	information is true hapter or knowing	and complete y files a false st	to the best of atement shall b	my knowledge be guilty of a n	e and belief. RS	A 15-A:9 Pena	Any
									RE	CEIVED
Date	huas 10,	2028		Signature o	fFiler	Jara J	aunce	and a strength of the strength	JUL	1 0 2022
	R	eturn to: Office of Se	cretary of State, 1	107 North Main Stre	eet, State House	Room 204, Co	oncord, NH 033	301		HENT OF STATE

Type or Print Clearly
Full Name James L. Fedolfi Work Address 21 Bradford Circle Hillsboragh Alt
Primary Occupation Retired e-mail J fedolfi a Comcast. not Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. my wife is a retiree of State of NH.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends 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 1, 2022 Signature of Filer July 10 92 2022 NEW IPSI IRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name WESLEY ANTON FELIX Work Address N/A	
Primary Occupation BUISNESS OWNER e-mail WESLEY FELIX Work Phone G	176088046
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, diproprietor, 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 necessions)	ed during the preceding
1. SIGN BUISNESS PRECISION SIGN INSTALLATION 23 MEADOW	ST BROOKLYN NY
2.	11206
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would position 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 Months agent, developers, and landlords	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Re	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	a in which you have a
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Date 06/09/2022 Signature of Filer M. S.	JUN 1 0 2022
	DEPART

Type or Print Clearly
Full Name Sallie Fellows Work Address N/A
Primary Occupation retired e-mail Fellows 4NH@ Myfairpoint, net W/4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
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Date 6/2/22 Signature of Filer

Type or Print Clearly	
Full Name Anne H. Fenn	Work Address
Primary Occupation Retired-Fed. Gov't e-mail	Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	licable
	rganization 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 ability benefits shall be included. (Use additional sheets as necessary.)
1. NA AHF	
2. AHF.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My Income does not qualify
reportable special Interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	the following businesses, professions, occupations, groups, or matters. A person has a sinistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement System 8. Current use land 9. Restautional lodging	rants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 13. Water Resources
16. Agriculture 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 is tr person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15 A:9 Penalty. Any negly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/7/2022 Signature	of Filer Jun 0 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Dongun Fenton Work Address 11 100 Uction Ave
Primary Occupation Sales e-mail dono un terten Danel. con Work Phone 603 7 55 3000
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Fender Family Devlerships
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:
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: 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. JUN 10 7322
Date 6/10/27 Signature of Filer DEPARTMENT OF STATE

Type or Print Clearly
Full Name Elizabeth Ferreira Work Address
Primary Occupation Tax grap e-mail Elizabeth Ferrira. NHD Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Sole proprietor-landlind Comother - 325 Broad St. Nashula, NH 27063.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty Any 1 0 2022 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. NEW HAMPSHIEE DEPARTMENT OF D
Date 6/9/2022 Signature of Filer Elizablyh Fireria REC'D CITY CLERK I

Type or Print Clearly				
Full Name ANTHONY FERRANTELLO	Work Address	N/A		
Primary Occupation RETIRED	e-mail AJFNINOQGMA	IL-COM	W _{4rk} Phone	NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N/A N/A			
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	business, or other organization in wh I or advisory capacity, and from which	any income in exce	ss of \$10,000 wa	as derived during the preceding
1.	NA			
2.	NA			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income	does not qualify	AVE
discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to the second of t	he general public: Lor certified by the State of New Hamp			te of New Hampshire, county, or
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7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	beverages	ribution of alcoho	law
	 Horse or dog racing, or other legal fogambling 	rms 14. Educat	ion 15.1	Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Enterprise Tax Dividends T		al: Specify any of pecial interest	ther area in which you have a
have read RSA 15-A and hereby swear or affirm that the foreg				
person who knowingly fails to comply with the provisions of t	nis chapter or knowingly files a false sta	atement shall be guilt	y or a misdemear	RECEIVED
Date 6-9-22	Signature of Filer	MIN	1	JUN 1 0 2022
Return to. Office of Socretary of St.	ate, 107 North Main Street, State House	Room 204, Concord,	NH 03361	NEV HAMPSHIRE

Type or Print Clearly					
Full Name SHAJN M FILIAUT	`	Work Address 62	L ROXBURY	JT # 23	2 KEEVE NH 0343)
Primary Occupation ATTORNEY	e-mail Sfi	iauHeme. (OW WO	k Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than fed	nal or advisory capacity,	and from which any i	ncome in excess of	\$10,000 was de	erived during the preceding
1. KEENE STATE COLLEGE /	TO INEKALL SYZE	M OF NH	IAM PSS	ST KE	ECUE 65 NH 03431
2. INSPITED REVIEW LLC 3	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	50 23 rd ST	DW WAS	AMGTON DO	75003
If you have no qualifying income indicate by writing your in	nitials next to the following	statement.	My income does	not qualify	
1. Any profession, occupation, or business licer profession, occupation, or category of business:		e of New Hampshire. I	ist each such		
I / Health (are II is insurance II I	Estate, including brokers, developers, and landlords		g or financial		New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program). Sale and distribut verages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, of gambling	or other legal forms	14. Education	15. Wate	r Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	Business Enterprise Tax	Interest and Dividends Tax		pecify any other a l interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions					
person who knowingly rans to comply with the provisions	or this chapter of knowing	The salabe statement	MA	misdemeanor.	RECEIVED
Date 6-1-2022	Signature o	of Filer			JUN 01 2022
Return to: Office of Secretary of	FState 107 North Main Str.	pet State House Poom	204 Concord NH 0	3301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name SHAND FILIAUCT	Work Address	GZ ROXBURY	5T # 23Z K	EENE, NH 0343
Primary Occupation ATTORNEY e-I	mail stiliaulteme.	Cam Wor	rk Phone 603	355-7890
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, busing proprietor, or employee, or served in any other professional or accalendar year. Sources of retirement benefits other than federal retires	dvisory capacity, and from which	h any income in excess of	\$10,000 was derived	during the preceding
1. HAYSTACK ID - 1250 2310 S		MYZHINGION D		
2. KEENE STATE COLLEGE / UNIV. S. SEE REVERE If you have no qualifying income indicate by writing your initials nex		229 MAIN ST 1	Г	03431
discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ge	neral public:		or matter would poter	ntially have a greater
4. Real Estate, in	CONTRACTOR OF THE PROPERTY AND RESIDENCE AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE P	Banking or financial rices	6. State of New H	lampshire, county, or yment
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12. Any business regulated by the Public 13. Hor of gamb	rse or dog racing, or other legal fo ling	14. Education	15. Water Reso	ources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest an Enterprise Tax Dividends		pecify any other area in I interest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this ch	information is true and complete apter or knowingly files a false st	to the best of my knowledge atement shall be guilty of a	ye and belief. RSA 15 misdemeanor.	5-A:9 Penalty. Any
Date 6-6-2022	Signature of Filer	M	RECEIV	7
Return to: Office of Secretary of State, 1	07 North Main Street, State Hous	e Room 204, Concord, NH 0	3801 NEW HARRO	U. ;

Type or Print Clearly			
Full Name Roger w. F	Work Address		
Primary Occupation Retired	e-mail	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county	•		
government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity; and from which	th any income in excess of \$10,000 was derived	during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your ini	tials next to the following statement.	My income does not qualify	RHF
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 1. Any profession, occupation, or business licens profession, occupation, or category of business:	rnment affecting the listed business, pro the general public:	ofession, occupation, group, or matter would pote	entially have a greater
1 7 Hankla Caro (13 Incurance II I		Banking or financial 6. State of New vices municipal emplo	Hampshire, county, or byment
7. N.H. Retirement 8. Current use land assessment program	9, Restaurânts/ lodging	10. Sale and distribution of alcoholic beverages	11. Practice of law
	 Horse or dog racing, or other legal for gambling 	14. Eddcadon 15. Water hes	
16. Agriculture 17. N.H. Business taxes: Profits Tax		Tax. special interest —	
I have read RSA 15-A and hereby swear or affirm that the foreperson who knowingly fails to comply with the provisions of	egoing information is true and complete f this chapter or knowingly files a false s	e to the best of my knowledge and belief. RSA 1 tatement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any RECEIVED
10.000	Signature of Filer	Koza w. Fillia	
Date 6-112 302	Signature of the	J. d. w. Fores	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name anthromanie Finn Work Address	
Primary Occupation Retired RN e-mail ongcogs@comcast.net Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, d proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derivical endar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ved during the preceding
1. Colonial Medical Supply 12 Parmenter Rd Londonderry, NH c Apec Medical Lynnfield, MA 01940	03053
2 Apec medical Lynnfield, MA 01940	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	Onal
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial 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 municipal employed	ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business 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 belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any RECEIVED
Date 6/1/22 Signature of Filer Cyn Mann	JUN - 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	,
Full Name JOHN K. FITZGERALD Work Address	
Primary Occupation RETIREO e-mail JKFITZCMAC.COM Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	ed 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	IVZ
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial 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: THE PARAGON OF ANIMALS PHOTOGRAPHY	Activity flave a greater
	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Recognition 15. Water Recognitio	
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area special interest —	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
	RECEIVED
Date 6/10/2022 Signature of Filer	JUN 1 4 2022
	NEW HAMPSHIRE

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

DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF ANCIAL INTERESTS - NSA 15-A
Type or Print Clearly
Full Name Daniel W Fitzpatrick Work Address WA
Primary Occupation 19 Ovavry Drive e-mail retiral citymar Oginail Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partne 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.)
) and
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
, , , , , , , , , , , , , , , , , , ,
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Enterprise Tax Business Business Business Enterprise Tax Business Business Business Business Dividends Tax Business Special interest — 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 834N 2022 Signature of Filer

Type or Print Clearly					
Full Name JACK B FLANAGAN		Work Address	P.O. Box 20	31 BA	COOKLING, NH
Primary Occupation RETIRE O	e-mail JBF	LANAGAN	3@Gmariconwor	k Phone	603 6209750
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE 1				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity,	, and from which	any income in excess of	\$10,000 was	derived during the preceding
1.					
2.			,		
If you have no qualifying income indicate by writing your init	ials next to the followin	g statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on 1. Any profession, occupation, or business licenses	in law, a change in admi rnment affecting the list the general public: ed or certified by the Sta	inistrative rule, a d ted business, profe ate of New Hamps	lecision whether or not to a ession, occupation, group, hire. List each such	award a contra	act, grant a license or permit,
profession, occupation, or category of business:	REAL. EX	TAJE LI	CENSE		
I I Dealth Care II Is incurance II V	state, including brokers, levelopers, and landlord		anking or financial ces		of New Hampshire, county, or all employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restau lodging	rants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
	 Horse or dog racing, f gambling 	, or other legal for	14. Eddcation		eter Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		ecify any othe interest —	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of Date	egoing information is tru f this chapter or knowing Signature	gly mes a laise sta	to the best of my knowledge tement shall be guilty of a	e and belief. misdemeanor	JUN - 3 2022 NEW HAMPSHIRE
Return to: Office of Secretary of S	State, 107 North Main St	treet, State House	Room 204, Concord, NH 03	3301	DEPARTMENT OF STATE

Type or Print Clearly
Full Name LANGE LANT W. FLINT Work Address 23 Plantale Rd
Primary Occupation RETURED e-mail wrec MAN CCOMCAST N Work Phone 603 86363-97
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Interest and Dividends Tax Interest and 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.
Date June 1 2022 Signature of Filer Lang Lang w Flux

Type or Print Clearly			
Full Name CAROLYN FluibR-L	Obban Work Address	RETIRED	
Primary Occupation Refired	e-mail CFluchra Nic. e,	Work Phone	401-714-9505
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which a	ny income in excess of \$10,000 wa	as derived during the preceding
1.			JUN 10 2022
2.			NEW HAMPSHIRE DEPARTMENT OF STA
If you have no qualifying income indicate by writing your initi	als next to the following statement.	My income does not qualify	CFL
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on	n law, a change in administrative rule, a dec nment affecting the listed business, profess the general public:	cision whether or not to award a con sion, occupation, group, or matter w	tract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hampshi None	re. List each such	
! I / Health (are II IX Insurance II I	tate, including brokers, 5. Ban sevelopers, and landlords services	- 11	te of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	Sale and distribution of alcohole beverages	olic 11. Practice of law
	 Horse or dog racing, or other legal forms gambling 	s 14. Education 15. V	Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any ot special interest —	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregers on who knowingly fails to comply with the provisions of	going information is true and complete to this chapter or knowingly files a false state	the best of my knowledge and belief ment shall be guilty of a misdemean	f. RSA 15-A:9 Penalty. Any or.
Date Jun 8 2022	Signature of Filer	avaly of fluid -	Loston

Type or Print Clearly	
Full Name Charles H Fate Work Address	
Primary Occupation Retired e-mail 37270560001.com Work Phone	603.523-5863
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	District 2
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessional states and the included of	erived 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	CF
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, o reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	t, grant a license or permit,
4. Real Estate, including brokers, 5. Banking or financial 6. State of	f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic system lodging beverages	11. Practice of law
Utilities Commission	er Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other special interest —	area in which you have a
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. berson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 6922 Signature of Filer Affattable	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Prin								1						
Full Name	Rob	ert	Alan	Fo.	bes	Jr.	and different manager of an idea to the particular distribution or one	Work Addr	ess			ger warmen i married and an experience and an ex		e Perman der allen hand von der den bestellt der bestellt der son den bestellt den bestellt der
Primary Occ	upation				man Timer' demonstra et a Manacha proposition de	e-mail	Alan	Fo.bes	e c	ottook, com	Work Phone	78	1 608	4060
directors, et	fice, position tc. or empl held by you.	oyment		e or cou		and a second description of the second descr	and the same of th		or line to the Annual of the Control					
proprietor, o	or employee,	or serv	ed in any	other pro	fessional	or advisor	y capacity	, and from v	which	ch you or a family of any income in extended of the included. (Use a	cess of \$10,000	was deriv	ed durin	
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					<u> </u>	ate, includi	na brokers		5. Ba	inking or financial	[] 6. S	State of Ne	w Hamp:	shire, county, or
	alth Care		surance	a de	gent, dev	velopers, ar	nd landlor	ds	servic	es	Llmuı	nicipal emp	ployment	
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	business reg Commission		by the Pub	ic	н і	. Horse or gambling	dog racing	, or other leg	al for	ns 14. Educa	ntion 1	5. Water R	esources	
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person who	RSA 15-A and knowingly fa	hereby ils to co	swear or af	firm that t he provisi	the foreg	oing inforn his chapter	nation is tr or knowin Signature	gly files a fal	lete to se stat	o the best of my known	owledge and be ty of a misdem	anor.	OHN.	/ED
Date	6/6/	72	-	hand a state of the state of th			Signature	OFFICE	L2	ria o		AND DESCRIPTION OF THE PARTY OF	N 072 HAMES	
		Retu	rn to: Office	of Secret	ary of Sta	ate, 107 No	rth Main S	treet, State H	ouse f	Room 204, Concord	, NH 03301			F STATE

Type or Print Clearly					
Full Name Christopher Michael For	Work Address	126 FOX	Mill Cn.	Franconia, NM	03580
Primary Occupation Landscare	e-mail Chrism Furd 101	3@Yahov, com	Work Phone	603-748-34	52
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal research.	or advisory capacity, and from which	any income in exce	ess of \$10,000 was	derived during the p	
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If you have no qualifying income indicate by writing your initial	s next to the following statement.	My income	does not qualify	CMF	. !
B. Indicate below whether you or a family member has a speci reportable special interest in an item on this list if a change in I discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the profession, occupation, or business licensed profession, occupation, or category of business:	aw, a change in administrative rule, a c nent affecting the listed business, pro e general public:	decision whether or n ession, occupation, g	ot to award a conti	ract, grant a license or	permit,
2 Health Care 13 Insurance 4. Real Esta	te, including brokers, elopers, and landlords 5. E	anking or financial ces		of New Hampshire, co al employment	unty, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and dist beverages	ribution of alcoholi	ic 11. Prac	tice of
	Horse or dog racing, or other legal fo ambling	14. Educat		ater Resources	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T	ax L s	pecial interest —	er area in which you ha	4
I have read RSA 15-A and hereby swear or affirm that the foregon person who knowingly fails to comply with the provisions of the	ing information is true and complete is chapter or knowingly files a false sta	to the best of my kno tement shall be guilty	wledge and belief. y of a misdemeano	RSA 15-A2 Penalto	YANG ST
Date 6/1/2022	Signature of Filer	Meder	Ford	The state of the s	

Type or Print Clearly			
Full Name Damond T. Ford	Work Address	2 Pillsbury St.	Suite 302, Concord, NH 03301
Primary Occupation Non-Profit	e-mail Fordenheuc.or	S) Wo	rk Phone 603.
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which	n any income in excess of	\$10,000 was derived during the preceding
1. YWCA NH, 72 Concord St., Manch	nester, NH 03101		
2.			
If you have no qualifying income indicate by writing your initial	s next to the following statement.	My income does	not qualify
B. Indicate below whether you or a family member has a speci reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by governifinancial effect on you or a family member than it would on the specific or specific or comparison, or business licensed profession, occupation, or category of business:	law, a change in administrative rule, a c ment affecting the listed business, prof ne general public:	decision whether or not to fession, occupation, group,	award a contract, grant a license or permit,
I / Health (are II is inclirance II i	ate, including brokers, relopers, and landlords 5. B	anking or financial ces	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	on of alcoholic 11. Practice of law
	. Horse or dog racing, or other legal for ambling	rms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax		ecify any other area in which you have a interest —
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of the	oing information is true and complete on is chapter or knowingly files a false sta	to the best of my knowledg tement shall be guilty of a	e and belief. RSA 15-A:9 Penalty. Any misdemeanor.
Date 06/08/22	Signature of Filer	DE	JUN 0 9 2022
Return to: Office of Secretary of Sta	te, 107 North Main Street, State House	Room 204, Concord, NH 03	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Oliver Jackson Ford_	
Primary Occupation RetiRed	e-mail Lynch Fold & comenst. Net Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	state Representative, New Hampshire
proprietor, or employee, or served in any other professio	ion, business, or other organization in which you or a family member was an officer, director, associate, partner, and 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.)
NATIONAL COLLABORA	
MASSACHUSENTS STATE RETIRE	Ment system, Boston 02 108
f you have no qualifying income indicate by writing your in	
discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would or	e in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, rernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater in the general public: Seed or certified by the State of New Hampshire. List each such Spouse - Certified texture Seed or Seed o
	Estate, including brokers, 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 assessment program	
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 taxes: Profits Tax	
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 1, 2022	Signature of Filer Olevier / Forestin JUN 0 2 2022

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Tiffeny Forsing	Work Address 25 Indian Rock Rd Swie 16
Primary Occupation Commetologist e-mail Hear	14 Using @gMail. COM Work Phone 603-854-1265
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Restart assessment program 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 of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date Jul 9, 2027 Signature	e of Filer JUN 1 0 2022
Poture to: Office of Secretary of State 107 North Main S	Street, State House Room 204, Concord, NH 03301

Type or Pr	int Clearly	/					
Full Name	Scott	Forte		Work Address	777 Middle Rd	#45	
Primary O	ccupation	Real Estate	e-mail scott	@scottmforte.co	om	Work Phone	9784207010
	etc. or e	ition, board or commission, board of mployment with state or county you. NO ACRONYMS	NA NA				
proprietor	, or emplo	me, address, and type of any professi yee, or served in any other profession tes of retirement benefits other than fede	nal or advisory capa	acity, and from whic	h any income in ex	cess of \$10,000 w	as derived during the preceding
1.	NA						
2.	NA						
If you have	no qualify	ring income indicate by writing your in	itials next to the follo	wing statement.	My incom	e does not qualify	SF
reportable discipline	e special in a licensee	hether you or a family member has a s sterest in an item on this list if a change or permittee, or other decision by gov ou or a family member than it would o	in law, a change in a ernment affecting th	administrative rule, a e listed business, pro	decision whether or	not to award a cor	ntract, grant a license or permit,
	,	ofession, occupation, or business licen occupation, or category of business:	sed or certified by the	e State of New Hamp	oshire. List each such		
2. F	lealth Care	II IS INSUITANCE II. AT	Estate, including bro developers, and land	1 1	Banking or financial vices		te of New Hampshire, county, or ipal employment
1 1	N.H. Retire tem	ement 8. Current use land assessment program	1 1	staurants/	10. Sale and dis	stribution of alcoh	olic 11. Practice of law
	ny busines es Commi	ss regulated by the Public ssion	13. Horse or dog rad of gambling	cing, or other legal fo	orms 14. Educa	ation 15.	Water Resources
16.	Agriculture	e 17. N.H. Business Profits Tax	Business Enterprise Ta	Interest an Dividends	Tax 18. Option	nal: Specify any o special interest -	ther area in which you have a .viation
		and hereby swear or affirm that the fo gly fails to comply with the provisions					
Date	5/2	9/2022	Signa	ture of Filer	Sugar	E	NOW HAWASAIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Marily n Johnson Foster Work Address
Primary Occupation Retired e-mail mmjoemetrocast. network Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the proceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. JUN 13 2022 NEW HAMPSHIR
2. DEPARTMENT OF S
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends 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 6/10/22 Signature of Filer Marily Johnson Foster

Type or Print Clearly
Full Name William SANBERN FOSTER Work Address 49 WENT VERNON RO NEW BOSTON NH 03070
Primary Occupation CONSULTANT e-mail FOSTER 4493 @ YAHOO CON WORK Phone 603-987-3404
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REPRESENATIVE HILLSBEROUGH DISTRICT#5
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, partiproprietor, 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 preced calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NONE
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greate financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. REA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-1-2022 Signature of Filer Will 8 2002
NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name Cathleen A Fountain Work Address 34 Jefferson Road, White	field
Primary Occupation Payee/Estate assoc. e-mail cfountain etcapion Work Phone W3-	837-9561
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, 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 necessary	during the preceding
1. Tri-County CAP, Inc., Guardianship Services, 34 Tefferson Rd, White field, 10H. 0359	3
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 matter 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, grand 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: 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 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 Homel Services	lampshire, county, or yment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Reso	urces
16. Agriculture 17. N.H. Business Business Business Interest and special interest — 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 belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/3/2022 Signature of Filer Catheur A Foundary	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name William Fowler	Work Address 144 washing don St Sea Brook No
Primary Occupation Secur, xy e-mail whis	STAR 121 QYALOU.COM WorkPhone
· · · · · · · · · · · · · · · · · · ·	presentative
	organization in which you or a family member was an officer, director, associate, partrier, by, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adadiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	itate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Resta assessment program lodging	aurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complyment of the chapter or knowing the complex of the chapter or knowing the complex of the chapter or knowing the complex of the chapter or knowing the chapter of the chapter or knowing the chapter or knowing the chapter or knowing the chapter or knowing the chapter of the chapter	true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ingly files a false statement shall be guilty of a misdemeanor.
Date 06-01-7022 Signatur	re of Filer

Type or Print Clearly	Home			
Full Name	Work Address	50 East 12	W RZ, +	Grove DA
Primary Occupation Rethern e-mail dru.	Lox Dmu	fairpoind wo	rk Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovered the service of	ty, and from which	any income in excess of	\$10,000 was derive	d during the preceding
1. nonz				
2.				
If you have no qualifying income indicate by writing your initials next to the following	ing statement.	My income does	not qualify	78
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adricipline 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 Sprofession, occupation, or category of business:	ministrative rule, a c isted business, prof	lecision whether or not to ession, occupation, group	award a contract, gra , or matter would pote	nt a license or permit, entially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo		anking or financial ces	6. State of New municipal emplo	Hampshire, county, or byment
7. N.H. Retirement System 8. Current use land assessment program 9. Resta	nurants/	10. Sale and distribut beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	ng, or other legal for	ms 14. Education	15. Water Res	ources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Ta		pecify any other area i l interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	true and complete t	o the best of my knowled tement shall be quilty of a	ge and belief. RSA 1 misdemeanor.	
person who knowlingly fails to comply with the provisions of this energies of this				RECEIVED
Date June 1, 2022 Signatur	re of Filer	T RU T	X	JUN 0 3 2022
Return to: Office of Secretary of State, 107 North Main :	Street, State House	Room 204, Concord, NH 0	3301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly			
ull Name LOREN EVAN POXX	Work Address	79 WENTHORTH DRIV	E, BEDFORD M.H. US
rimary Occupation MARKETING	e-mail LotexX @6MAIL	. com Work Phone	603-339-9178
rectors, etc. or employment with state or county 🛌	NIA		
List below the name, address, and type of any profession, oprietor, or employee, or served in any other professional endar year. Sources of retirement benefits other than federal	or advisory capacity, and from which	h any income in excess of \$10,000 was of	lerived during the preceding
ou have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not qualify	0
Indicate below whether you or a family member has a spectoriable special interest in an item on this list if a change in scipline a licensee or permittee, or other decision by govern ancial effect on you or a family member than it would on the second sec	law, a change in administrative rule, a ment affecting the listed business, pro he general public:	decision whether or not to award a contract fession, occupation, group, or matter woul	ct, grant a license or permit,
I / Woolth (are II IK Inclirance II I	rate, including brokers, 5. Evelopers, and landlords serv		f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	 Horse or dog racing, or other legal fog gambling 	rms 14. Education 15. Wat	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T		area in which you have a
ave read RSA 15-A and hereby swear or affirm that the foreg	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowledge and belief. atement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
ite 6/10/2022	Signature of Filer	ace for	RECEIVED
	,		JUN 1 4 2022
Return to: Office of Secretary of Sta	ate, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Mary E, Frambach Work Address NA
Primary Occupation Wetired teacher e-mail metrambacke hotmail Work Phone NA
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.)
State of NH (teacher) JUN 13 2022 NEW HAMPSHIRE
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and control of taxes: Business Business Interest and 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 of a misdemeanor.
Date 6/10/22 Signature of Filer Mary E. Frambach

Type or Print Clearly		and the same of th			,	
Full Name JON A. FRABER		Work Address	3 COUNTRY	CLUB F	DR#205 M	
Primary Occupation REAL ESTATE	e-mail		Wo	ork Phone		NH 0310
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS						
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	al or advisory capac	ity, and from which	any income in excess of	f \$10,000 was d	derived during the p	
1.						
2.						
If you have no qualifying income indicate by writing your initia	als next to the follov	ving statement.	My income does	not qualify	JAF	
B. Indicate below whether you or a family member has a spe reportable special Interest in an Item on this list if a change in discipline a licensee or permittee, or other decision by governinancial effect on you or a family member than it would on the special sp	n law, a change in ad nment affecting the the general public:	lministrative rule, a c listed business, prof	ecision whether or not to ession, occupation, group	award a contrac	ct, grant a license or p	permit,
	tate, including broke evelopers, and landle		anking or financial ces	11 1	f New Hampshire, co employment	inty, or
7. N.H. Retirement 8. Current use land assessment program	9. Rest	aurants/	10. Sale and distribut beverages	ion of alcoholic	11. Pract	ice of
	Horse or dog raci gambling	ng, or other legal for	ms 14. Education	15. Wate	er Resources	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any other I interest —	area in which you ha	ve a
I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of	going information is this chapter or know	true and complete to vingly files a false sta	o the best of my knowledge tement shall be guilty of a	ge and belief. misdemeanor.	RSA 15-A:9 Penalty.	Any
Date 6-10-2022	Signatu	ire of Filer	Jon A. 7	Fusse	RE	CEIVED
			V		JUI	V 13 2022
Return to: Office of Secretary of St	tate, 107 North Main	Street, State House	Room 204, Concord, NH 0	3301	DEPART	HAMPSHIRE

Type or Print Clearly
Full Name David G. Fredette Work Address
Primary Occupation Refire & e-mail Frede He1C Comcast. netWork Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. City of Nashia, NH
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Business Business Business Business Business Business Business Business Busi
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 5/31/2027 Signature of Filer Daul 6 Fredu R
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			
Full Name Ian B Freeman	Work Address 73	Leverett St.	
Primary Occupation Minister	e-mail ian of ree talk live	Com Work Phone	603-573-2449
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Board Member, United Preci	tous Metals Associ	ination
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 feder	nal or advisory capacity, and from which any in	come in excess of \$10,000 w	as derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your ini	itials next to the following statement.	My income does not qualify	97
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business licenses.	in law, a change in administrative rule, a decision ernment affecting the listed business, profession, the general public:	whether or not to award a con occupation, group, or matter w	tract, grant a license or permit,
I I / Health (are II IX Inclirance II I	Estate, including brokers, 5. Banking developers, and landlords services		te of New Hampshire, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10.	Sale and distribution of alcohorerages	
	13. Horse or dog racing, or other legal forms of gambling	14. Education 15. V	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any of special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions			
Date 6/1/22	Signature of Filer	-8	RECEIVED
		NASARA AND AND AND AND AND AND AND AND AND AN	JUN 0 I 2022

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

NEW HAMPSHIRE DEPARTMENT OF STATE

	<i></i>				_	_				
John	Frechette				Work Addr	ess 7	Burns H	ill Road W	ilton, NI	H 03086
cupation	Police Lieute	nant	e-	mail jfreche	tte@wiltor	nhpd.o	com	Work	Phone	(603) 654-9452
tc. or e	mployment with	state or co								
or emplo	yee, or served in	any other pro	ofessional or a	dvisory capacit	y, and from	which a	ny income	in excess of	10,000 w	as derived during the precedi
/ilton P	olice Departme	ent 7 Burr	ns Hill Road	Wilton, NH	03086					
no qualify	ring income indica	te by writing	your initials ne	xt to the follow	ing statemen	t.	My ir	ncome does n	ot qualify	
special in licensee fect on yo . Any pr	or permittee, or of our permittee, or of ou or a family mem ofession, occupation	n this list if a c her decision l ber than it wo on, or busines	change in law, a by government ould on the ge s licensed or ce	a change in adn t affecting the li neral public:	ninistrative rusted busines	ule, a dec s, profess	cision wheth sion, occupa	er or not to a ation, group, o	ward a cor	ntract, grant a license or permit
alth Care	3. Insurance						_	ncial		te of New Hampshire, county, c ipal employment
em		ssessment pr	ogram	lodging			beverages		n of alcoh	olic 11. Practice of law
		Public		_	g, or other le	gal forms	14.	Education	15.	Water Resources
gricultur	e 17. N.F taxes:		fits Tax	Business Enterprise Tax		st and nds Tax	18.	Optional: Spe special i	cify any or nterest	ther area in which you have a
							L - L 6	av knowledge		ef. RSA 15-A:9 Penalty Any
fitt voe	ffice, positic. or each held by with a nation of the control of th	ffice, position, board or come to the content of the position, board or content or employment with the held by you. We the name, address, and the premployee, or served in the position of th	ffice, position, board or commission, boat tc. or employment with state or control held by you. NO ACRONYMS we the name, address, and type of any property of the property o	ffice, position, board or commission, board of tc. or employment with state or county held by you. NO ACRONYMS we the name, address, and type of any profession, busing the professional or a fair. Sources of retirement benefits other than federal retires to the state of the professional or a fair. Sources of retirement benefits other than federal retires to the state of the profession of	ffice, position, board or commission, board of tc. or employment with state or county held by you. NO ACRONYMS we the name, address, and type of any profession, business, or other or employee, or served in any other professional or advisory capacitar. Sources of retirement benefits other than federal retirement and/or distriction. Sources of retirement Part of Burns Hill Road Wilton, NH to qualifying income indicate by writing your initials next to the following below whether you or a family member has a special interest in any of special interest in an item on this list if a change in law, a change in adrilicensee or permittee, or other decision by government affecting the lifect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the Stofession, occupation, or category of business: alth Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlored assessment program y business regulated by the Public 5. Commission 13. Horse or dog racin of gambling	ffice, position, board or commission, board of tc. or employment with state or county held by you. NO ACRONYMS we the name, address, and type of any profession, business, or other organization for employee, or served in any other professional or advisory capacity, and from fair. Sources of retirement benefits other than federal retirement and/or disability benefit filton Police Department 7 Burns Hill Road Wilton, NH 03086 The qualifying income indicate by writing your initials next to the following statement below whether you or a family member has a special interest in any of the following special interest in an item on this list if a change in law, a change in administrative rulicensee or permittee, or other decision by government affecting the listed business fect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Foression, occupation, or category of business: alth Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords H. Retirement 8. Current use land assessment program y business regulated by the Public 13. Horse or dog racing, or other legations of gambling	ffice, position, board or commission, board of tc. or employment with state or county held by you. NO ACRONYMS we then ame, address, and type of any profession, business, or other organization in which or employee, or served in any other professional or advisory capacity, and from which a far. Sources of retirement benefits other than federal retirement and/or disability benefits shall be filten Police Department 7 Burns Hill Road Wilton, NH 03086 The qualifying income indicate by writing your initials next to the following statement. The below whether you or a family member has a special interest in any of the following business special interest in an item on this list if a change in law, a change in administrative rule, a decilicensee or permittee, or other decision by government affecting the listed business, profess fect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshir of State of New Hampshir o	ffice, position, board or commission, board of tc. or employment with state or county it held by you. NO ACRONYMS we then ame, address, and type of any profession, business, or other organization in which you or a far or employee, or served in any other professional or advisory capacity, and from which any income are. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (In the profession of the following benefits shall be included.) We profession or a family member has a special interest in any of the following businesses, profess special interest in an item on this list if a change in law, a change in administrative rule, a decision wheth licensee or permittee, or other decision by government affecting the listed business, profession, occupated on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each offession, occupation, or category of business: 4. Real Estate, including brokers, agent, developers, and landlords 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or final services H. Retirement 8. Current use land assessment program 9. Restaurants/ 9. Restaurants/ 10. Sale and beverages by business regulated by the Public of gambling	ffice, position, board or commission, board of tc. or employment with state or county held by you. NO ACRONYMS we then arme, address, and type of any profession, business, or other organization in which you or a family member or employee, or served in any other professional or advisory capacity, and from which any income in excess of star. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional full to Police Department or Burns Hill Road Wilton, NH 03086 In qualifying income indicate by writing your initials next to the following statement. My income does not below whether you or a family member has a special interest in any of the following businesses, professions, occupations special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to an ilicensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of fect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such offession, occupation, or category of business: alth Care 3. Insurance 4. Real Estate, including brokers, and landlords services 4. Real Estate, including brokers, and landlords services 4. Real Estate, including brokers, and landlords services 10. Sale and distribution beverages y business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education	ffice, position, board or commission, board of tc. or employment with state or county tc. or employment with state or county with state or county to held by you. NO ACRONYMS we then ame, address, and type of any profession, business, or other organization in which you or a family member was an organization or advisory capacity, and from which any income in excess of \$10,000 we are. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a filtron Police Department or a family member has a special interest in any of the following statement. My income does not qualify below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group 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 collicensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter vect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such ofession, occupation, or category of business: 4. Real Estate, including brokers, agent, developers, and landlords 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 10. Sale and distribution of alcohologing 11. Horse or dog racing, or other legal forms 12. Education 13. Horse or dog racing, or other legal forms 14. Education 15.

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

Type or Print Clearly				
Full Name Mary Freitas	Work Address			
Primary Occupation Rep.	e-mail infreitas2790	comcastinet w	ork Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Dist. 14		
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professional salendar year. Sources of retirement benefits other than fed	onal or advisory capacity, and from whi	ch any income in excess	of \$10,000 was deri	ved during the preceding
1. None				
2.				
If you have no qualifying income indicate by writing your i	nitials next to the following statement.	My income doe	es not qualify	
reportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would on the company of the company of the profession, occupation, or category of business:	vernment affecting the listed business, pronthe general public:	ofession, occupation, grou		
1) Hoalth (are II IX Inclirance II I		Banking or financial vices	6. State of Nemunicipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program		10. Sale and distribution beverages	ition of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal of gambling	forms 14. Education	15. Water R	esources
16. Agriculture 17. N.H. Business taxes: Profits Tax			ial interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the formation who knowingly fails to comply with the provisions	oregoing information is true and complet of this chapter or knowingly files a false s Signature of Filer	tatement shall be guilty of		RECEIVED
Date June 2, 2022		Mary treit		NEW HAMPSHIRE DEPARTMENT OF STA
Return to: Office of Secretary of	of State, 107 North Main Street, State Hou	se Room 204, Concord, NH	03301	

Type or Print Clearly			
Full Name HAROLD F. FRENCH	Work Address	118 West RQ (Auto	erbury NH 03004/
Primary Occupation Sell Employed	e-mail HFF123@AOL	. Com Work Phone	603-848-8588
Name the office, position, board or commission, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profest proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than fe	ional or advisory capacity, and from which a	iny income in excess of \$10,000 w	as derived during the preceding
1. White Water RE			
2.			
If you have no qualifying income indicate by writing your	initials next to the following statement.	My income does not qualify	
reportable special interest in an item on this list if a chan discipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would 1. Any profession, occupation, or business lice profession, occupation, or category of business.	overnment affecting the listed business, profes on the general public: onsed or certified by the State of New Hampshi	sion, occupation, group, or matter v	
/ Hoalth (are Insurance		-	te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use lar assessment progra		Sale and distribution of alcoholeverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal form of gambling	14. Education 15.	Water Resources
16. Agriculture 17. N.H. taxes: Profits 7			ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision:	oregoing information is true and complete to of this chapter or knowingly files a false state	the best of my knowledge and belie ment shall be guilty of a misdemear	ef. RSA 15-A:9 Penalty. Any nor.
Date 4/2/22	Signature of Filer	Maller	JUN 0 2 2022
Return to: Office of Secretary	of State, 107 North Main Street, State House Ro	oom 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				
Full Name Andrew Fromuth	Work Address			lanenest NG
Primary Occupation Small business owner	e-mail afromution M.	ndsight Solutions wor	kPhone 603	785 7497
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, be proprietor, or employee, or served in any other professional coalendar year. Sources of retirement benefits other than federal recommendary	or advisory capacity, and from whi	ch any income in excess of	\$10,000 was derived of	during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials	next to the following statement.	My income does r	not qualify	
B. Indicate below whether you or a family member has a special reportable special Interest in an item on this list if a change in la discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the profession, occupation, or business licensed or profession, occupation, or category of business:	aw, a change in administrative rule, a nent affecting the listed business, pr e general public: or certified by the State of New Ham	a decision whether or not to a ofession, occupation, group, o pshire. List each such	ward a contract, grant or matter would potent	a license or permit, tially have a greater
/ Health (are 13 Inclirance		Banking or financial vices	6. State of New Ha municipal employr	ampshire, county, or ment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
120110	Horse or dog racing, or other legal fambling	orms 14. Education	15. Water Resou	rces
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest at Enterprise Tax Dividends	11 1 1 1 1 1 1 1 1	ecify any other area in v interest —	vhich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoi person who knowingly fails to comply with the provisions of thi	ing information is true and complete is chapter or knowingly files a false s	to the best of my knowledge tatement shall be guilty of a r	e and belief. RSA 15- nisdemeanor.	A:9 Penalty. Any
Date 6/10/22	Signature of Filer	Order Frank		RECEIVED
				JUN 13 2022
Return to: Office of Secretary of State	e, 107 North Main Street, State Hous	e Room 204, Concord, NH 03	301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
Full Name AUGUST G. (Gus) FLOMUTH Work Address 5 DARTMOUTH I	Or AUBURN NH03032
Primary Occupation ENERGY SAMES KONSU Hyge-mail ENERGY 496 COMCAST. North Phone	603 625 2244
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS MANCHESTER AIRPURT AUTHORITY	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an eproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 versions calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets and other than federal retirement and/or disability benefits shall be included.	was derived during the preceding
Freedom LogsTics LLC, HASC, Power NE, LLC RESSENG	TENT POWER LIC
	3032
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, group 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 condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter 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: Freedom Los Forces LLE Resident Power LLE Resident P	ontract, grant a license or permit,
4. Real Estate, including brokers, 5. Banking or financial 6. St	ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcohology beverages	holic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15.	. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Special interest —	other area 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 beli person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any anor.
Date June 10 2022 Signature of Filer Jugus Afferras	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 13 2022 NEW HAMPSHIRE

Type or Print Clearly	,
Full Name Joyce May FULWEILER Work Address 102 Court St. Laconia NH	0322
	524-5939
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS W/A	
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 talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
new Hampshire Retirement System	JUN 13 2022
	NEW HAMPSHIRE PARTMENT OF STATE
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 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 lic 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: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Some Total Decision of the following businesses, professions, occupations, occupations, or category of business:	ense or permit, y have a greater
profession, occupation, or category of business: Soon I will Be Certified by the state of New Hamp 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamp	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which special interest — Worth Field	th you have a Planning Board
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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	Penalty. Any
Date 6/10/2022 Signature of Filer July May Relivelle	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	