<b>Гуре or Print CLEA</b> Full Name	RLY	7411	ESANDRO			3000	4011CE	/ / · · ·	0 21	4.14
Full Name					Work Address: 5					
Primary Occupation _	STAT	IE SE	WATOR	E-mail	1, dallesan	dro e		Work Phone	603	-271-260
	oyment with		on, committee, board of unty government held	STATE SE	NATOR		net			
proprietor, o	r employee,	or served in	be of any profession, but any other professional of the benefits other than feder	or advisory capacity	, and from which an	y income ir	n excess of \$1	0,000 was deriv	ved during	the preceding
1.										
2.										
f you have no qualify	ing income	indicate by	writing your initials nex	t to the following st	atement.		My incon	ne does not qual	ify 🗡	<u> </u>
discipline a financial efform	icensee or pect on you of ofession, occor category	ermittee, or r a family m		mment affecting the the general public:  In the general public:  In the state of New accordance with the state of New accordance win	w Hampshire. List eac	eh such profe	ession,	p, or matter wou	Ild potentia	ally have a greater
7. N.H. Retire	<u>'</u>		agent, develope	ers, and landlords  9. Restaur	ants/ services		nd distribution	municipal of alcoholic	employme	11. Practice of
System		11	sment program	lodging		beverages				law
12. Any busines Utilities Comm		y the Public	13. Ho gambli		other legal forms of	☐ 14.	Education	15. Wate	er Resource	es
16. Agricultu	re	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	T 18.		ecify any other ar interest	ea in which	you have a
		•	or affirm that the fore	•	•		•	•		
Date 5	-29-0	20			_ fou		llesand		A Real Property of the Parket	
					Sign	iature of Ke	eporting Indiv	ludal		UN 1 2 2020
		Return to	: Office of Secretary of	State, 107 North N	Main Street, State Ho	use Room 2	204, Concord	, NH 03301	PERM	y nampenere - Milet of State

Type or Print CLEARL	m: chae	D'Ange	elo	Work Address:	401 And	lover S	t. Andorec MA
	Clark		E-mail	mdon gela	990 hotmalica	7 Work Phone	1, Andore MA 978 340 5316
fame the office, position irectors, etc. or employs y you. NO ACRONYM	nent with state or coun		of				
proprietor, or en calendar year. So	nployee, or served in ar ources of retirement be	y other professions nefits other than fed	al or advisory capacity, a deral retirement and/or	and from which an disability benefits	ou or a family member very income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding
1. <u>Stoph-</u>	en D'Hngel	0, 901	Anderer St	/m/cm 1/1/4	Lawyer	, <u>, , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·
you have no qualifying	income indicate by wr	iting your initials n	ext to the following stat	ement.	My incon	ne does not qualify	
financial effect of	on you or a family men	ness licensed or certi		Hampshire. List eac	th such profession,		potentially have a greater  ew Hampshire, county, or aployment
7. N.H. Retireme		rent use land ent program	9. Restauran	ts/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business re Utilities Commiss	gulated by the Public	11	Horse or dog racing, or o	ther legal forms of	14. Education	15. Water R	Resources
☐ 16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area i	in which you have a
I have read RSA 15-A Penalty. Any person	who knowingly fails	r affirm that the for to comply with t	oregoing information he provisions of this o	is true and comp hapter or knowing	lete to the best of my length files a false staten	mowledge and be nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Date		<del></del>	-	Sign	nature of Reporting Indiv	idual	FACTORIA VI SAL
•	Return to:	Office of Secretary	of State, 107 North Ma	in Street, State Ho	use Room 204, Concord,	NH 03301	אַטן 9 פֿאַטן 9 פֿאַטן 9 פֿאַטן

Type or Print CLEARLY Full Name Stephen	Augalo	Wor	k Address: 461	Andover St	North A	endover, MACIS
Primary Occupation A Houn.	2			luccates. com		
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.	commission, committee, board of	f Budget Comm. 1	the town of	f chester town of ches	2008 - 2117	
proprietor, or employee, o	ess, and type of any profession, be r served in any other professional retirement benefits other than fed	or advisory capacity, and f	from which any inco	ome in excess of \$10,0	000 was derived di	uring the preceding
1. D'Angalo a	aw Group LCC				- A- 20 A- A- A	
2.		All of the second secon				
If you have no qualifying income in	ndicate by writing your initials ne	ext to the following statement	nt.	My income of	does not qualify _	
reportable special interest discipline a licensee or pe	ou or a family member has a spec in any item on this list if a chang rmittee, or other decision by gove a family member than it would or	e in law, a change in admin ernment affecting the listed	istrative rule, a dec	ision whether or not to	award a contract,	, grant a license or permit,
1. Any profession, occur occupation, or category o	pation, or business licensed or certification business:	fied by the State of New Hamp	pshire. List each suc	h profession,	44.11-8.114.1-	
2. Health Care 3. In		including brokers, opers, and landlords	5. Banking of services	r financial	6. State of New municipal empl	Hampshire, county, or oyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/		Sale and distribution of erages	falcoholic	11. Practice of law
12. Any business regulated by Utilities Commission	the Public 13.	Horse or dog racing, or other bling	legal forms of	14. Education	15. Water Res	sources
16. Agriculture	17. N.H. Business taxes: Profits Tax		nterest and Dividends Tax	. 18. Optional: Speci special in	fy any other area in terest	which you have a
I have read RSA 15-A and her Penalty. Any person who kno						

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

Signature of Reporting Individual

Date 6-10-2026

**RECEIVED** 

JUN 1 1 2020

Full Name Work Address: 8 Fox wood Circle, Monchester N	1H 03104
Primary Occupation Educator E-mail misterlearn@yahoo-com Work Phone (818) 599-	<u>75</u> 64
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partners 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. Latitude Learning Resources (Education 5010) 2013 Elm Street, Manchester M	14,03104
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license of discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	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 Hampshire, county municipal employment	y, or
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	ice of
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resources	
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:  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 misdemean	
Date June 1, 2020  Recel  Signature of Reporting Individual  RECEI	VED

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

JUN 03 2020

Type or Print CLEARL Full Name		Work Address:	127 Whitten Roo	d, Milford NH
Primary Occupation	Insurance Agent	E-mail gldanuls	@ gmail-com Work Ph	one_603-860-4482
Name the office, position	, board or commission, committee, board of _ nent with state or county government held	State Senati	, •	
proprietor, or en	ame, address, and type of any profession, busingloyee, or served in any other professional or cources of retirement benefits other than federal	advisory capacity, and from which a	ny income in excess of \$10,000 was	derived during the preceding
1. Banke	ns Life, 6 Loadon Rd.	Concad NH 03	301 Insula	nco
2.				·
If you have no qualifying	income indicate by writing your initials next	to the following statement.	My income does not	qualify
financial effect of	see or permittee, or other decision by government you or a family member than it would on the sion, occupation, or business licensed or certified category of business:	by the State of New Hampshire. List ea	ch such profession,	
2. Health Care	3. Insurance 4. Real Estate, incapent, developer	- 11		te of New Hampshire, county, or ipal employment
7. N.H. Retireme System	nt 8. Current use land assessment program	9. Restaurants/	<ol> <li>Sale and distribution of alcohol beverages</li> </ol>	c 11. Practice of law
12. Any business re Utilities Commissi	, , , , , , , , , , , , , , , , , , ,	se or dog racing, or other legal forms of g	14. Education   15.	Water Resources
16. Agriculture	17. N.H. Business Profits Tax	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any oth special interest	er area in which you have a
I have read RSA 15-A Penalty. Any person	and hereby swear or affirm that the foreg who knowingly fails to comply with the p	going information is true and comporovisions of this chapter or knowi	lete to the best of my knowledge ngly files a false statement shall l	and belief. RSA 15-A:9 be guilty of a misdemeanor.
1/2	7020	Lanu	Daniels	RECEIVED
Date $6/3$		Sign	ature of Reporting Individual	JUN - 3 2020
	Return to: Office of Secretary of S	state, 107 North Main Street, State Ho	use Room 204, Concord, NH 03301	NEW HAMPSHIRE

<b>Type or Print CLEAR</b> Full Name	LY // Ac	10 0	DANIELSO	0.0	Work Addres	ss: <u>&amp;</u>	DARBYE	Ane Boo	George ARV
Primary Occupation	Tench			E-mail_	d.da	nesch	COMME.	Work Phone	605 7145430
Name the office, position of the control of the con	yment with st			of STATE	Repres	enta-h	/E		Just 7145430
proprietor, or	employee, or	served in a	ny-other professiona	ousiness, or other orga il or advisory capacity deral retirement and/o	, and from whi	ch any incom	e in excess of \$1	0,000 was derived	etor, associate, partner, during the preceding necessary)
1. <b>Vepr</b>	<u>rez gen</u>	X-y 2	Bafeley						
f you have no qualifying	ng income inc	licate by w	riting your initials no	ext to the following st	atement.		My incom	ne does not qualify	
reportable spe discipline a lic financial effec	cial interest in censee or perre t on you or a	n any item on ittee, or of family mer	on this list if a chang ther decision by goven ther than it would o	ge in law, a change in	administrative listed business	rule, a decision, or profession, o	on whether or no occupation, group	t to award a contra	natters. A person has a ct, grant a license or permit, potentially have a greater
2. Health Care	☐ 3. Insu	rance		, including brokers, opers, and landlords	11	. Banking or fir	nancial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retiren	nent [		urrent use land ment program	9. Restaura	ants/	_ 10. Sal bevera	e and distribution	ofalcoholic	11. Practice of law
12. Any business Utilities Commi		he Public	☐ 13. gaml	Horse or dog racing, or bling	other legal forn	ns of	14. Education	15. Water F	Resources
16. Agriculture		7. N.H. ixes:	Business Profits Tax	Business Enterprise Tax	Interest an Dividends	- 11	18. Optional: Special	ecify any other area interest	n which you have a
I have read RSA 15 Penalty. Any person	A and here on who know	by swear ovingly fail	or affirm that the for s to comply with the	oregoing information he provisions of this	n is true and o	complete to the	the best of my less a false statem	knowledge and be nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Date	1.20				- ufil	Signature of	Reporting Indiv	ridual	RECEIVED
					L				IIIN 0 5 2020

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

JUN 0 5 2020

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Full Na	r Print CLEARL	* Robe	ct D'	Arcy			Work Address	79 Po	ark A	ive Keene	e NH	03431
rimary	Occupation	Cu	stodia	<u>ı</u>		E-mail				Work Phone _	209	-9593
lirector	he office, position s, etc. or employn NO ACRONYM	, board or con	nmission, o	committee,	board of						-	
A,	List below the na proprietor, or em calendar year. So	ployee, or se ources of retir	rved in any rement ben	other prof	fessional or a than federal	dvisory capacity retirement and/o	, and from which	any income in e	xcess of \$1	10,000 was deriv	ed during	the preceding
1.			SAU_	29	empl	oyee						
2.		<del></del>						·				
f you h	ave no qualifying	income indic	ate by writ	ing your in	itials next to	the following st	atement.		My incom	ne does not qual	ify	1
Г 	financial effect of	on you or a fai	mily memb on, or busin siness:	ess licensed 4. Rea	or certified b	general public:	w Hampshire. List	each such profession	ion,		New Ham	ally have a greater  pshire, county, or
Г	7. N.H. Retireme	nt		ent use land ent program	<u></u>	9. Restaur			distribution	n of alcoholic		11. Practice of
	System  12. Any business reputilities Commissi			Г			other legal forms	of	lucation	15. Wate	r Resourc	**************************************
Γ	16. Agriculture	17. l taxe	N.H. es:	Busines		Business nterprise Tax	Interest and Dividends Ta		ptional: Spe special	ecify any other are	ea in which	you have a
I have	e read RSA 15-A lty. Any person	and hereby who knowir	swear or	affirm tha	t the forego	ing information	n is true and con chapter or kno	nplete to the be wingly files a fa	st of my lalse staten	knowledge and nent shall be gr	belief. I	RSA 15-A:9 misdemeanor.
Date	Jun	e 9, 9	2020	)			<u>.</u>	ignature of Repo	but orting Indiv	D frew	\ [	RECEIVED
										(		JUN 1 0 2020
		Re	eturn to: O	office of Sec	cretary of Sta	ate, 107 North M	Iain Street, State	House Room 204	, Concord,	, NH 03301		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Both Dott no - RVV Work Address:
Primary Occupation Retired E-mail dateouns & Verico n. net Work Phone
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Teachers' Retirement system of the City & NewYork 35 water Street, New York, My 102. Etz Hayim Synagogue Wa Hood Road, Darry NH 03038
2. Etz Hayim Synagogue Wa Hood Road, Darry NH 03038
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
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 of gambling 14. Education 15. Water Resources
16. Agriculture    17. N.H.   Business   Business   Interest and   Interest and   Interest and   Interest and   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

RECEIVED

JUN 17 2020

Type or Print CLEAR! Full Name	LY Donna Davi	4		Work Address:	not applica	uble	
Primary Occupation	Retired		E-mail_	daveydel	7 @ yahoo. com	_ Work Phone _	not applicable
Name the office, positio directors, etc. or employ by you. NO ACRONYN	ment with state or cour						
proprietor, or e	mployee, or served in a	ny other professional or	advisory capacity	, and from which ar	ou or a family member way income in excess of \$1 shall be included. (Use a	0,000 was derive	ed during the preceding
1.							
2.							
If you have no qualifyin	g income indicate by w	riting your initials next	to the following st	atement.	My incon	ne does not quali	fy DD
	ession, occupation, or bus r category of business:	iness licensed or certified	l by the State of Nev	v Hampshire. List ea	ch such profession,	A SECTION ALTERNATION AND ALTE	
2. Health Care	3. Insurance	4. Real Estate, inc	luding brokers, rs, and landlords	5. Bank service	king or financial		New Hampshire, county, or employment
7. N.H. Retirem	assess	urrent use land ment program	79. Restauri		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
T 12. Any business r Utilities Commis	regulated by the Public	☐ 13. Hor gamblin		other legal forms of	14. Education	15. Water	r Resources
16. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: Special	ecify any other are interest	ea in which you have a
I have read RSA 15- Penalty. Any perso	A and hereby swear on who knowingly fail	or affirm that the forest to comply with the	going informatio	n is true and comp s chapter or knowi	plete to the best of my langly files a false stater	knowledge and nent shall be go	belief. RSA 15-A:9 ailty of a misdemeanor.
Date6/	112/20	Letter			Downa C	avey	RECEIVE
				Sig	nature of Reporting Indiv	dual '	IUN 16 2020

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

3014 1 0 2020

	TLBERT	DAVIS		Work Address:	SELF EN	MPLOYED	
imary Occupation LANDS	APE CON	TRACTOR	E-mail _	arnidavi	3@gmai	。 CO MWork Phone	(603) 723-2929
ame the office, position, board of rectors, etc. or employment with you. NO ACRONYMS.	or commission, constant or county	ommittee, board of _ government held	NONE				
A. List below the name, add proprietor, or employee, calendar year. Sources of	or served in any	other professional or	advisory capacity	, and from which a	ny income in exc	ess of \$10,000 was derive	ed during the preceding
1. DAVIS TREE	EXPERT C	0 P.O. BOX	478 BERI	-IN, NH. 03	570	· · · · · · · · · · · · · · · · · · ·	
2. QUALITY HOM	ie inspec	110NS - P.C.	BOX 478	BERLIN, N	H 03570		
you have no qualifying income						ly income does not qualif	îv .
						•	
1. Any profession, occupation, or category	of business:	A Pool Estate inc			ch such profession	6. State of N	New Hampshire, county, or
occupation, or category of 2. Health Care 3. In	of business:	4. Real Estate, inc agent, developer	luding brokers, s, and landlords	5. Ban service	king or financial	6. State of Municipal e	mployment
occupation, or category	of business:	4. Real Estate, inc	luding brokers,	5. Ban service	king or financial	6. State of N	
occupation, or category of 2. Health Care 3. In 7. N.H. Retirement	nsurance  8. Currer assessmen	4. Real Estate, inc agent, developer at use land t program	luding brokers, s, and landlords 9. Restaura lodging se or dog racing, or	5. Ban service	king or financial es 10. Sale and dis beverages	6. State of N municipal entribution of alcoholic	mployment 11. Practice of
occupation, or category of 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated b Utilities Commission	nsurance  8. Currer assessmen  by the Public	4. Real Estate, inc agent, developer at use land t program  13. Hors gambling Business	luding brokers, s, and landlords 9. Restaura lodging se or dog racing, or	5. Ban service	king or financial es  10. Sale and dis beverages  14. Educ	6. State of N municipal entribution of alcoholic	mployment  11. Practice of law  Resources
occupation, or category of 2. Health Care 3. In  7. N.H. Retirement System  12. Any business regulated by Utilities Commission	8. Currer assessment by the Public 17. N.H. taxes:	4. Real Estate, inc agent, developer at use land t program  13. Hors gambling Business Profits Tax  ffirm that the foreg	luding brokers, s, and landlords 9. Restaura lodging se or dog racing, or g Business Enterprise Tax going information	other legal forms of Dividends Tax is true and com	king or financial ts  10. Sale and dis beverages  14. Educ	ation   15. Water of Manager of M	Resources a in which you have a belief. RSA 15-A:9
occupation, or category of 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated butilities Commission 16. Agriculture  I have read RSA 15-A and he	8. Currer assessment by the Public 17. N.H. taxes:	4. Real Estate, inc agent, developer at use land t program  13. Hors gambling Business Profits Tax  ffirm that the foreg	luding brokers, s, and landlords 9. Restaura lodging se or dog racing, or g Business Enterprise Tax going information	other legal forms of Dividends Tax is true and complete or know	king or financial ts  10. Sale and dis beverages  14. Educ	ation   15. Water of Market of Marke	Resources a in which you have a belief. RSA 15-A:9

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

JUN 0 8 2020

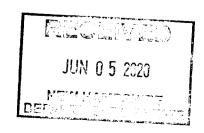
NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Full Nar	Print CLEAR	Eric	دم کن	can I	د نهه (		Work Add	ress:	22 Bridge	25+1	Ini+15 concord
	Occupation	Off	ce M	ar eger		E-mail _	erics.	× 2,	Davis & far	Work Phon	· (0>-225-042
director	ne office, positions, etc. or employ NO ACRONY	yment with	commission state or coun	, committee, l	ooard of t held					r 61 oc X	
A.	proprietor, or	employee, o	r served in an	ny other profe	ssional or a	dvisory capacity,	and from w	hich an		\$10,000 was de	director, associate, partner, rived during the preceding ets as necessary)
1.											
2.											
If you h	ave no qualifyi	ng income i	ndicate by w	riting your ini	tials next to	the following sta	tement.		My inco	ome does not qu	nalify
в.	reportable spe discipline a lic financial effec	cial interest ensee or pe t on you or fession, occur	in any item or rmittee, or ot a family men pation, or bus	on this list if a her decision t nber than it w	change in loy governme ould on the	aw, a change in a ent affecting the l general public:	dministrativ isted busine	ve rule, ess, prof	a decision whether or r	not to award a c	s or matters. A person has a ontract, grant a license or permit, would potentially have a greater
Γ	2. Health Care	3. In	surance			ding brokers, and landlords		5. Bank services	ring or financial		of New Hampshire, county, or al employment
	7. N.H. Retirer System	nent	11	rrent use land nent program		9. Restaura	nts/	_	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
	12. Any business Itilities Commi		the Public		13. Horse gambling	or dog racing, or o	other legal fo	orms of	14. Education	☐ 15. W	ater Resources
Γ	16. Agriculture		17. N.H. taxes:	Busines		Business nterprise Tax	_ Interest Dividen			pecify any other al interest	area in which you have a
Pena	e read RSA 15 lty. Any perso	on who kno	wingly fails	s to comply	the forego	ing information	is true and chapter or	d comp knowi	elete to the best of my	knowledge a	nd belief. RSA 15-A:9 guilty of a misdemeanor. RECEIVED
Date								Sign	nature of Reporting Ind	ividual	JUN 1 2 2020
			Return to:	Office of Sec	retary of St	ate, 107 North M	ain Street, S	state Ho	use Room 204, Concor	rd, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or ull Nai	r Print CLEARLY	FREO E	DAVIS	JR w	ork Address:			
rimary	Occupation	DISABLE		E-mail _	laristr	184001	Work Phone	03)820984
irector		ent with state or cour	n, committee, board of nty government held	STATE	- REPR	ESENTATIV	E	03)820-984
A.	proprietor, or em	ployee, or served in a	any other professional o	r advisory capacity, an	d from which an	ou or a family member wy income in excess of \$1 shall be included. (Use a	0,000 was derived of	luring the preceding
1.	N/	4	and the second s					F. 18 (1)
2.				- Indiana - Indi				
f you h	nave no qualifying	income indicate by w	vriting your initials next	to the following stater	nent.	My incom	e does not qualify	FED
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Γ	16. Agriculture	17. N.H. taxes:	Profits Tax	Enterprise Tax	Dividends Tax	special specia	interest	DEC

ype or Print CLEAF ull Name	GAEGORY	DAVIS	Worl	Address:	78 None FORNHEGMI	vool Rd	SALEM A	VHO
rimary Occupation	BETIREN		E-mail	EG DA VIS	FOR NHE GMI	Work Phone	603 458-118	80
	on, board or commission, on yment with state or county on the county of			NE				_
proprietor, or	employee, or served in any	f any profession, business, o other professional or advisc efits other than federal retire	ory capacity, and fr	om which any	income in excess of \$1	0,000 was derived o	Juring the preceding	
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reportable spe discipline a lic financial effect	cial interest in any item on censee or permittee, or other t on you or a family memb	member has a special interest this list if a change in law, a er decision by government af er than it would on the gene ess licensed or certified by the	a change in admini- ffecting the listed beral public:	strative rule, a ousiness, profe	decision whether or not ssion, occupation, group	to award a contrac	t, grant a license or perm	
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16. Agriculture	17. N.H. taxes:	Business Busin Profits Tax Enterp		nterest and widends Tax		cify any other area in interest —	which you have a	
		affirm that the foregoing to comply with the provise						
	03/20	—		Bu	gry files a faise state.  Autor of Reporting Indiv	Davis	y or a misucincation.	

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



<b>Fype or</b> Full Nar	Print CLEARLY me	Tohnra	Davis	<u></u>	Work Address: 1	s Aurport	- Rd 611	ford
Primary	Occupation	stomer	Service	E-mail _	) davis @	2 metrocast. ne	2+Work Phone _	03-578-0001
director	ne office, position, board s, etc. or employment wit NO ACRONYMS.							
A.	List below the name, ad proprietor, or employee, calendar year. Sources of	or served in any	other professional or	advisory capacity,	and from which any	income in excess of \$	10,000 was derive	d during the preceding
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lf you h	ave no qualifying income	indicate by writing	ng your initials next	to the following sta	atement.	My inco	me does not qualif	y
в.	reportable special intere	st in any item on to bermittee, or other or a family member cupation, or busine	this list if a change in decision by governate than it would on the	n law, a change in a ment affecting the de general public:	administrative rule, a listed business, profe	decision whether or n ession, occupation, gro	ot to award a contr	matters. A person has a ract, grant a license or permi d potentially have a greater
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Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: S speci	pecify any other are al interest	a in which you have a
I hav Pena	e read RSA 15-A and halty. Any person who k	ereby swear or a nowingly fails to	affirm that the fore o comply with the	going information provisions of this	chapter or knowing	lete to the best of my ngly files a false state lature of Reporting Ind	ement shall be gu	belief. RSA 15-A:9  HIV OF a misdemeanor.  RECEIVED  JUN 17 2020  NEW HAMPSHIRE PARTMENT OF STATE

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

Type or Print CLEARLY Full Name Lohin Alisan Davis	> Wa	ork Address: Merrimac Y Cl-	- Alta Chica	4 Covet St.
Primary Occupation Howay	E-mail v de	20050873-109Wart	( (	Concerd WITOSS
Name the office, position, board or commission, committee, directors, etc. or employment with state or county governme by you. NO ACRONYMS.	, board of	iaus & moab. ne (-	Horney	ws.228-0529
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	fessional or advisory capacity, and	from which any income in excess	s of \$10,000 was derive	ed during the preceding
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2.  If you have no qualifying income indicate by writing your in	nitials next to the following stateme	ent. My	income does not qualif	fy <b>#16</b>
) / Healin Care II & Inclirance II	by government affecting the listed would on the general public:  or certified by the State of New Ham al Estate, including brokers,	npshire. List each such profession,  5. Banking or financial	, group, or matter would	d potentially have a greater
7. N.H. Retirement 8. Current use land	• 11	II .	municipal er	11. Practice of
System assessment program  12. Any business regulated by the Public Utilities Commission	l lodging  13. Horse or dog racing, or other gambling	legal forms of 14. Educati	ion   15. Water	Resources
16. Agriculture 17. N.H. Busines				
taxes: Profits T			al: Specify any other area special interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that Penalty. Any person who knowingly fails to comply	Tax Enterprise Tax Enterprise Tax Enterprise Tax	Dividends Tax srue and complete to the best of	my knowledge and b	pelief. RSA 15-A:9
I have read RSA 15-A and hereby swear or affirm tha	Tax Enterprise Tax Enterprise Tax Enterprise Tax	Dividends Tax srue and complete to the best of	my knowledge and be statement shall be gui	pelief. RSA 15-A:9

		2020 NEW HAMPS	HIRE STATEMEN	T OF FINANCIAL	L INTERESTS – RSA 1	5-A	. / \/
Type or Print CLEARL	*Robert A	Darden s	<b>√</b>	_ Work Address: _	y coth	S Shie	1 Porkenuth N 603-703-3000
rimary Occupation	Beer	Merchenell	E-mail	boldank	in & croff boargu	Work Phone	603-703-3000
Name the office, position irectors, etc. or employn y you. NO ACRONYM	nent with state or co			1//4			
proprietor, or en	ployee, or served i	n any other profession	al or advisory capacit	y, and from which a	you or a family member v ny income in excess of \$ s shall be included. (Use	0,000 was derived	during the preceding
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2.						· · · · · · · · · · · · · · · · · · ·	
f you have no qualifying	income indicate by	writing your initials r	ext to the following	statement.	My incon	ne does not qualify	NO
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2. Health Care	3. Insurance	14	e, including brokers, lopers, and landlords	5. Bar service	king or financial	6. State of N municipal en	ew Hampshire, county, or aployment
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12. Any business reg Utilities Commissi	gulated by the Publi		Horse or dog racing, o	r other legal forms of	14. Education	15. Water 1	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area interest	in which you have a
					olete to the best of my lingly files a false statem		
- 1/11	<u> </u>			Sig	nature of Reporting Indiv	idual	JUN 1 1 2020
	Datum (	o. Office of Secretary	of State 107 North	Main Street State Ho	ouse Room 204 Concord	NH 03301	MEN HAMPSHIRE

Full Name KATHERINE DAY (KATE)	Work Address: —	
Primary Occupation VOLUNTEER E-ma	ail Katelday @MS1. COM Work Ph	none
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and	city, and from which any income in excess of \$10,000 was	derived during the preceding
1		
f you have no qualifying income indicate by writing your initials next to the following	g statement. My income does not	qualify K
<ul> <li>B. Indicate below whether you or a family member has a special interest in any or reportable special interest in any item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.</li> <li>1. Any profession, occupation, or business licensed or certified by the State of Noccupation, or category of business:</li> </ul>	in administrative rule, a decision whether or not to award he listed business, profession, occupation, group, or matter c:	a contract, grant a license or permit.
2. Health Care   3. Insurance   4. Real Estate, including brokers, agent, developers, and landlords		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Resta lodging		<u> </u>
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, gambling	or other legal forms of 14. Education 15.	Water Resources
To 16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax	Interest and Dividends Tax   - 18. Optional: Specify any other special interest	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing informative Penalty. Any person who knowingly fails to comply with the provisions of the Date		
	Signature of Reporting Individual	

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

Type o Full Na	r Print CLEARLY me 日はいいら	on de Bra	ee			Work Address:	255	Rt 109		
Primary	Occupation	Speciali	5+		E-mail _	m debre	e4rc	p@outloo	Work Phone	036921853
director	he office, position, bes, etc. or employme NO ACRONYMS	nt with state or co			· · · · · · · · · · · · · · · · · · ·					
Α,.	List below the nan proprietor, or emp calendar year. Sou	loyee, or served in	n any other profe	ssional or adv	visory capacity, a	nd from which	any incom	ne in excess of \$1	0,000 was derive	ector, associate, partner, d during the preceding is necessary)
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If you h	ave no qualifying in	ncome indicate by	writing your init	tials next to th	e following stat	ement.		My incom	ne does not qualif	y
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IC/	2. Health Care	3. Insurance	agent,	Estate, includi developers, ar		servi			municipal er	ew Hampshire, county, or nployment
Γ	7. N.H. Retirement System	• !!	Current use land		<ul><li>9. Restauran lodging</li></ul>	ts/	10. Sa bevera	le and distributior ges	of alcoholic	11. Practice of law
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Γ	16. Agriculture	17. N.H. taxes:	Business Profits Ta		siness erprise Tax	Interest and Dividends Ta	<sub>х</sub> Г	18. Optional: Special	ecify any other area interest	in which you have a
										pelief. RSA 15-A:9 lty of a misdemeanor.
	[ //L/-	-070 -				H (a)	1 .	deta	1 /	
Date	61910	70 JU				() Wh	ignature of	f Reporting India	idual	
Date	01410	<del>,</del>				() Was	ignature of	f Reporting Indiv	idual	NIN 0 5 2023

Type or Full Nat	Print CLEARL	ard Jan	mes De	catur w	ork Address: <u> </u>	11 DANIEL	Webster	Highway N
Primary	Occupation	Sales Ad	Juison	E-mail ed	amos S	egmail.com	Work Phone 6	03-897-110
director		board or commission, and with state or count S.		/A				
Α.	proprietor, or em	ployee, or served in an	y other professional o	siness, or other organiza or advisory capacity, and al retirement and/or dis	from which any	income in excess of \$1	0,000 was derived of	turing the preceding
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I have	e read RSA 15-A	and hereby swear o who knowingly fails	or affirm that the forest to comply with the	egoing information is provisions of this ch	true and compl apter or knowin	ete to the best of my lagly files a false stater	knowledge and bel	ief. RSA 15-A:9 of a misdemeanor.
Date	9-14-	2020			Sign	ature of Reporting India	cidual	

Type or Print CLEARLY  Full Name Susan Delemus	Work Address: 200 Henry Land Dover, NH
Primary Occupation Gardener/Landscaper E-mail	Work Address: 200 Henry Jaw Dover, NH Sueleech Cyahoo, com Work Phone 603 834 1949
Name the office, position, board or commission, committee, board of	
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. N/A	
2. N/A	
If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur lodging	rants/ 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling	rother legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	

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

Signature of Reporting Individual

RECEIVED

JUN 15 2020

rimary Occupation Paralegal E-mail & Saltino Cymail, Compork Phone 1978	St. Merrimo
rimary Occupation Paralegal E-mail & Selfino @gmail, compork Phone 978	319-4006MA
Tame the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived duri calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ing the preceding
1. SalesCyle, LLC-13 WOOD DI, Athinson, NH 03811	
2.	
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
2. Health Care agent, developers, and landlords services municipal employ	empshire, county, or
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resource.	urces
16. Agriculture    17. N.H.   Business   Business   Interest and   Dividends Tax     18. Optional: Specify any other area in when the special interest	nich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of	RSA 15-A:9 f a misdemeanor.
Date 6-3-/2 Signature of Reporting Individual	RECEIVED
	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	WERN RAID TOOLS

Type or Print CLEARLY Full Name Are Del Fuoco	Work A	ddress: 62 Posts	nouth Ave	Stratham NH
Primary Occupation L. M.A	E-mail			3-782-4590
Name the office, position, board or commission, committee, board ofdirectors, etc. or employment with state or county government held by you. NO ACRONYMS	Sonate			,
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from	which any income in excess of	\$10,000 was derived	luring the preceding
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discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the second of	e general public:	•		
2. Health Care 3. Insurance 4. Real Estate, inc		5. Banking or financial services	6. State of New municipal emp	Hampshire, county, or loyment
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		est and rends Tax 18. Optional: spec	Specify any other area in ial interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foreg Penalty. Any person who knowingly fails to comply with the p	oring information is true a provisions of this chapter of	nd complete to the best of my or knowingly files a false stat	knowledge and bel ement shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
Date 6/10/2020	7	Signature of Reporting Inc	lividual	RECEIVED

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

JUN 1 0 2020

Type or Full Nam	Print CLEAR ne <u>Alexa</u>	LY LANDS	Del	/cus			Work	Address:	152	(Ja	M S	State	Street
	Occupation	Sul				E-mai	1				Work P	hone Go	Street 3-224-0941
Name the	e office, position, etc. or employ	ment with											
	proprietor, or e	mployee, o	r served in a	any other pro	fessional or a	ess, or other or advisory capaci retirement and	ty, and fro	om which an	y income in	excess of \$1	10,000 wa	s derived dur	associate, partner, ing the preceding essary)
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If you ha	ave no qualifyir	income in	ndicate by v	vriting your i	nitials next to	the following	statement			My incom	ne does no	ot qualify	
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			Return to	o: Office of S	Secretary of S	State, 107 North	n Main Str	eet, State Ho	ouse Room 2	04, Concord	d, NH 033	01	

<b>Type o</b> Full Na	or Print CLEARLY ame USS De Mile	W	ork Address: 70 Bonnies	Way Hampstead HH
Primar	y Occupation Self-Employed	E-mail <b>d</b>	emidlisa@gmail.co	Way Hampstead HH Work Phone 603.776.5338
directo	the office, position, board or commission, commons, etc. or employment with state or county gove. NO ACRONYMS.	ittee, board of		
A.	List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits of	r professional or advisory capacity, an	d from which any income in excess of \$	10,000 was derived during the preceding
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Г	2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
Γ	7. N.H. Retirement System  8. Current use assessment pro	• 11	10. Sale and distribution beverages	n of alcoholic 11. Practice of law
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Γ		usiness Business ofits Tax Enterprise Tax	Interest and Dividends Tax    18. Optional: Special sp	pecify any other area in which you have a l interest
I have	e read RSA 15-A and hereby swear or affirm		true and complete to the heat of my	

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

JUN 0 8 2020

Full Na	r Print CLEARLY	seph DePal	ma, TI		Work Address	: 1091	Meadou	u sa. Lint	leton, NH
Primary	Occupation	Stude	·nt	E-mail	jd 1785	ع بالمرسوام و	الم	Work Phone	603)-444-7076
director		board or commission ont with state or cou			en River	District	Comwo	ulon Membe	
A.	proprietor, or emp	loyee, or served in	any other professio	n, business, or other organal or advisory capacity federal retirement and/o	, and from which	h any income in e	xcess of \$10	0,000 was derived	during the preceding
1.	Meadon	Leasing, 1	nc. 1091	Meadow.	54. L,++11	tin, NH			
2.									
If you h	ave no qualifying i	ncome indicate by v	vriting your initials	next to the following st	tatement.		My income	e does not qualify	<u> </u>
в. <b>Г</b>	reportable special discipline a licens financial effect or l. Any professi	interest in any item ee or permittee, or on a you or a family me	on this list if a cha other decision by go mber than it would		administrative ru listed business, p w Hampshire. Lis	ule, a decision wh profession, occup	ether or not ation, group	to award a contract	atters. A person has a ct, grant a license or permit, potentially have a greater
Γ	2. Health Care	3. Insurance		ate, including brokers, relopers, and landlords		Banking or financi	al	6. State of Ne municipal em	w Hampshire, county, or ployment
Γ	7. N.H. Retiremen System	1 1	furrent use land sment program	9. Restaur lodging	rants/	. 10. Sale and beverages	distribution	ofalcoholic	11. Practice of law
	12. Any business regulations of the state of	ulated by the Public		<ol> <li>Horse or dog racing, or mbling</li> </ol>	r other legal forms	s of 14. E	ducation	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		Optional: Spe special	cify any other area interest	n which you have a
Pena	lty. Any person	who knowingly fa		foregoing information the provisions of this					
Date	w/3/L	V ( //			- G	Signature of Rep	orting Indiv	idual	

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

JUN 0 8 2020

NEW HAMPSHIRE
DEFACT: ENT OF STAT

Type or	<b>Print Clearly</b>	'										
Full Nam	ne Brodie	Scott Des	shaies			w	ork Addre/	ess 10	00 Saint Anselm D	r, Manchester	, NH 03102	
Primary	Occupation	Student	/ Researche	r	— e-mail	brodiedesha	aies2017@	@gmail.d	com	Work Phone	(603) 387-4	<del>1</del> 210
directors	•	mploymer	d or commiss nt with state NO ACRO	or county								
proprieto	or, or emplo	yee, or se	rved in any o	ther professio	nal or adviso	ory capacity, a	nd from v	vhich an	you or a family me y income in exces <i>included.</i> (Use add	s of \$10,000 w	as derived dui	
1.	Jane Desh	aies, 6 Fr	ank Goodwii	n Rd, Wolfebo	oro, NH 0389	4, Account Ex	xecutive, 1	Proofpo	int Inc., Sunnyvale	e, California		
2.	Brian S. De	eshaies,	102 S. <b>M</b> ain S	St, Wolfeboro,	NH 03894,	Math Special	ist / Procto	or, Gove	ernor Wentworth F	egional Schoo	ol District	
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I have re person w	ad RSA 15-A a	and hereb ly fails to c	y swear or affi omply with th	rm that the for ne provisions of	regoing infor of this chapte	mation is true r or knowingly	and comp files a fals	lete to the statem	ne best of my know nent shall be guilty	ledge and belie of a misdemea		
Date	6/3	12021	3					Signatur	re of Reporting Indi		NEW HA	4 2020 MPSHIRE NT OF STATE

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

	r Print CLEARL		L De	Esimon	)E		Work Address	s: <u>21</u>	ACADE	MY A	UC ATKINSON
Primary	Occupation 1	<del>-</del>	- 11	CTOR		E-mail	ddesimo	onell	D'ATKINSON	Work Phone	0033625357
director	he office, position s, etc. or employn NO ACRONYM	nent with			ard ofA	X C	ollecto	)R		- <b>д</b> н.дог	
A.	proprietor, or em	iployee,	or served in a	ny other professi	onal or advisory	capacity, a	and from whic	h any inc		0,000 was derived	ctor, associate, partner, d during the preceding s necessary)
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Date	6-5-	202	10			_	Deli	Signatur	Melimon re of Reporting Indiv	<u>O</u>	RECEIVED
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			Return to:	Office of Secret	tary of State, 107	North Ma	in Street, State	e House	Room 204, Concord,	NH 03301	NEW PARKETINE DEPARK INTO PARE

Type or Print CLEARLY Full Name 50: Ann Delito	Work Address: 12 Isabolle Long, Rocheste NHC38
Primary Occupation Sciller played (D) attist E-mail	Work Address: 12 Isabole - Je Richeste NHC38 Devito 4NHSep @ ground Car Work Phone 603-833-0363
Name the office, position, board or commission, committee, board of	v o
	ganization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
1. Libary Mutual Tragep-refired 235	St James Pl. Boston, MA
2. Empour Rtikenut Shattuck Wa	y Andover MA - Retirement Specialist
If you have no qualifying income indicate by writing your initials next to the following st	· / / · · · · · · · · · · · · · · · · ·
financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including brokers,	w Hampshire. List each such profession,  5. Banking or financial  6. State of New Hampshire, county, or
agent, developers, and landlords  7. N.H. Retirement 8. Current use land 9. Restaur	rants/
System assessment program lodging	beverages law
The second state of the Public Utilities Commission 12. Any business regulated by the Public gambling 13. Horse or dog racing, or gambling	r other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    18. Optional: Specify any other area in which you have a special interest
Penalty. Any person who knowingly fails to comply with the provisions of this	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Penalty. Any person who knowingly fails to comply with the provisions of this  Date	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED  Signature of Reporting Individual
Penalty. Any person who knowingly fails to comply with the provisions of this  Date 63700	is chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Type or Print CLEARLY Full Name Davo D. Devojt	Work Address: 1400 Lakeshore Rd
Primary Occupation Retai	-mail of devo 20 Mon. Com Work Phone 603-455-8408
	te Serante
proprietor, or employee, or served in any other professional or advisory ca calendar year. Sources of retirement benefits other than federal retirement	er organization in which you or a family member was an officer, director, associate, partner, apacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Bo Reaty LLC, Dynam Realty LI	Sanbornton, NH 03269
2. Sugar Muttin Inc P.a 280	Sanbornton, NH 03269
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general put.  1. Any profession, occupation, or business licensed or certified by the State occupation, or category of business:	of New Hampshire. List each such profession,
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	mation is true and complete to the best of my knowledge and belief. RSA 15-A:9 of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/12/20	RECEIVED
	Signature of Reporting Individual  JUN 1 2 2020

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

Type or Print CLEARLY Full Name ANGELO DAVID DIBERNARDO WO	ork Address: 33 WINTER ST. KEENE NH							
• •	= Ke76@ ne. rr. com Work Phone 757-7033							
Name the office, position, board or commission, committee, board of Balleff Court directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Security Good Cheshire County Sheriff Office							
A. List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or discountered in the contract of the con	from which any income in excess of \$10,000 was derived during the preceding							
1. Cheshine County Sheriff Office 121	Court St Keene NH Ø3431							
2.								
If you have no qualifying income indicate by writing your initials next to the following stateme	ent. My income does not qualify							
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>								
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 of lodging 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 gambling	legal forms of 14. Education 15. Water Resources							
	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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chap								
is Times								
Date 10 JUNE 2020	Angelo D. DiBernardo Signature of Reporting Individual RECEIVED							

Type or Print CLEARLY Full Name Work Address: 106 State St. Conc	cord NH
Primary Occupation NH School E-mail jeanwer dictsch@log state ml 119Work Phone 6	203-27[-415]
directors, etc. or employment with state or county government neid	
Primary Occupation NH Scrottor E-mail recurrence the office, position, board or commission, committee, board of State Sena factors, 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, par 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 precede 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 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licenseed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Approfession, occupation, or business licenseed 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  6. State of New Hampshire, cour municipal employment	during the preceding
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 12 2020

<b>Fype or P</b> Full Name	Print CLEARLY  E Frances	ca G.	Diggs		Work Address:			
Primary O	Occupation	tined		E-mail	fdiggs6	3@gmail.co	Work Phone	
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Date	5/27/	2026			J-	IAM CA D Signature of Reporting Ind	eggs vidual	RECEIVED
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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Primary Occupat	tion Land	losel		E-mai	ı psdii.	aliaa	comcast. Net	_ Work Phone	603-	738-9460
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I have read R	SA 15-A and her	reby swear o	r affirm that the f	oregoing informat	ion is true an	d comple	ete to the best of my k	cnowledge ar	d belief. R	SA 15-A:9
		owingly fails	to comply with t	the provisions of th	his chapter or	knowing	gly files a false staten	nent shall be	guil REC	EVED
Date Cel	3/2020				100	ا ا	Si Juli	• • •	JUN	0 4 2020
						Signai	ture of Reporting Indiv			AMPSHIRE

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

Type or Print CLEARLY Full Name SOUL DillingNUM	Work Address: 287 Columbus Av	e Boston, MA UZII6
Primary Occupation Admissions / Social Work	E-mail Sdillinghame cityyear org	Work Phone 617 - 927 - 24 26
Name the office, position, board or commission, committee, board of No directors, etc. or employment with state or county government held by you. NO ACRONYMS.	w Hampshire State Representative	
A. List below the name, address, and type of any profession, busines proprietor, or employee, or served in any other professional or ad- calendar year. Sources of retirement benefits other than federal re	visory capacity, and from which any income in excess of \$	10,000 was derived during the preceding
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	nd landlords services  9. Restaurants/ 10. Sale and distribution	municipal employment on of alcoholic
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	usiness Interest and Dividends Tax 18. Optional: Speci	pecify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the foregoing Penalty. Any person who knowingly fails to comply with the proposed bate	visions of this chapter or knowingly files a false state	ement shall be guity of mide to VED
	Signature of Reporting Ind	NEW HAMPSHITE

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

<b>Type o</b> Full Na	TO Print CLEARLY Work Address: 5 Chennell Dr. Concold NH
Primary	Occupation telephone Survey worker E-mail Clod 10 senzage Comagns, Work Phone
Name t director by you.	the office, position, board or commission, committee, board of UNIVENSIFY SYSTEM of New Harm PShire rs, etc. or employment with state or county government held
Α.	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)
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Г 	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
<u>.</u>	agent, developers, and landlords services municipal employment
Γ	System assessment program lodging beverages law
Γ	16. Agriculture   17. N.H.   Business   Business   Business   Interest and   Inte
Name the office, position, board or commission, committee, board of VAVASTES System of New Hump PSNIFE  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. 1. 2. 1. 2. 1. 3. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matters 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 businesss:  1. Any pusual content of the profession of the state of New Hampshire and profession, occupation, or category of business:  1. Any business regulated by the Public gambling for a profession of the regulation of lacknowledge and belief. RSA 15-A:9  1. Agriculture 17. N.H. Business Business Business Bus	
Date	6/3/2020 Characte Di haren RECEIVED
	JUN 0 8 2020

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

pe or Print CLEARI	"Anthony D	ipaolo		Work Address:	25	eastern	Ave M	nriden,	MA	02148
imary Occupation	arametic	······································	E-mail	A. DIPAOL	0 1981	8@Yahoo.com	✓ Work Pho	ne 781	873	4301
rectors, etc. or employ	the office, position, board or commission, committee, board of tors, etc. or employment with state or county government held up. 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, asse 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 to calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary to a law on qualifying income indicate by writing your initials next to the following statement.  My income does not qualify the included of the included of the included of the included. (Use additional sheets as necessary to a law on qualifying income indicate by writing your initials next to the following statement.  My income does not qualify the included of t									
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Penalty. Any person	n who knowingly fai									
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	Datum ta	Office of Secretary of	F State 107 North M	lain Straat State L	Jourge P.	oom 204 Concor	4 NH 02201	¥		

	Work Address:			
Primary Occupation Petinal E-ma	il Kdepentima	Egmailien Wo	ork Phone	1
Name the office, position, board or commission, committee, board of	<u> </u>			
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capaci calendar year. Sources of retirement benefits other than federal retirement and	ity, and from which any i	ncome in excess of \$10,000	was derived during the	preceding
1.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
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If you have no qualifying income indicate by writing your initials next to the following	statement.	My income do	es not qualify	·
reportable special interest in any item on this list if a change in law, a change i discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.  1. Any profession, occupation, or business licensed or certified by the State of Noccupation, or category of business:  4. Real Estate, including brokers,	he listed business, profess e: New Hampshire. List each s	uch profession,		have a greater
2. Health Care 3. Insurance agent, developers, and landlords		0. Sale and distribution of al	municipal employment	11 D
7. N.H. Retirement System 8. Current use land assessment program 9. Restar		everages	l I	11. Practice of w
T 12. Any business regulated by the Public Utilities Commission T 13. Horse or dog racing, a gambling	or other legal forms of	14. Education	15. Water Resources	
16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify a special interes	ny other area in which you	u have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of the Date	ion is true and complet his chapter or knowing	e to the best of my know y files a false statement	shall be gullty of a m	<b>DEIVED</b>
Date	Signati	ure of Reporting Individual	NEW I	HAMPSHIRE

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

Type or Print CLEARLY	4			
Full Name Acia Celes DiMezzo	Work Address	s: 659 Mariboro St		
Primary Occupation High Priestess	E-mail <u>aria@reforr</u>	nedsatanic church com	Work Phone 60	03-803- 242B
Name the office, position, board or commission, committee, board of Silirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	nerrif of Cheshire Cou	nty		
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal re	lvisory capacity, and from whic	h any income in excess of \$10	,000 was derived du	ring the preceding
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discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the gas a licensed or certified by occupation, or category of business:	general public:		or matter would pot	entially have a greater
2. Health Care 3. Insurance 4. Real Estate, includagent, developers, a		Banking or financial vices	6. State of New I municipal emplo	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution o beverages	falcoholic [	_ 11. Practice of law
12. Any business regulated by the Public Utilities Commission ambling	or dog racing, or other legal forms	of 14. Education	15. Water Reso	ources
16 Aii	isiness Interest and terprise Tax Dividends T		fy any other area in w terest	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin Penalty. Any person who knowingly fails to comply with the pro-				
Date 6-10-20	Dru C	20		RECEIVE
	— <u>—</u>	Signature of Reporting Individ	nal	TALVEI V L

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

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JUN 10 2020

Type or Print CLEAR Full Name	DARRYL	A. Dion	Wor	k Address:			
Primary Occupation	RETIRE	<i>\( \)</i>	E-mail			Work Phone	
	on, board or commission yment with state or coun MS.		STATE	RE	D		
proprietor, or e	employee, or served in a	ny other professional or	advisory capacity, and f	from which any	income in excess of \$1	ras an officer, director, as 0,000 was derived during dditional sheets as neces	g the preceding
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reportable spec discipline a lic financial effect	cial interest in any item of	on this list if a change in her decision by governmenter than it would on the iness licensed or certified	law, a change in admin nent affecting the listed e general public: by the State of New Ham	istrative rule, a business, profe pshire. List each	decision whether or no sssion, occupation, group a such profession,	ations, groups or matters. t to award a contract, gra p, or matter would potent	nt a license or permit, tially have a greater
2. Health Care	3. Insurance	4. Real Estate, incl agent, developers	_	5. Banki services	ng or financial	6. State of New Han municipal employm	_
7. N.H. Retirent System	11	rrent use land nent program	9. Restaurants/		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Utilities Commis	regulated by the Public	13. Hors gambling	e or dog racing, or other	legal forms of	14. Education	15. Water Resour	ces
16. Agriculture	17. N.H. taxes:	1 1	•	nterest and pividends Tax	18. Optional: Special	ecify any other area in which interest	h you have a
Penalty. Any perso	n who knowingly fail:		rovisions of this chap	ster or knowing	gly files a false staten	h NEW	

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

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Type or Print CLEARLY Full Name Michael DiTommaso	Work Address: 36 Depot RJ, Kingston. NH 03848
Primary Occupation Administrative Assistant	E-mail michael. J. Jitomasso @gmail.com Work Phone 603-642-8275
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Improvement Plane Committee. Chair of Raymond Capital
proprietor, or employee, or served in any other professional of	usiness, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding trail retirement and or disability benefits shall be included. (Use additional sheets as necessary)
1. Northland Forest Padvets 36 Depot Rd	1. Kingston NH 03848 kiln dried specially hardwoods
2. Pell Air Systoms LLC 21 Dear Field RJ	. Raymond, NIT 03077, HVAC installation
If you have no qualifying income indicate by writing your initials nex	·
	rament 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  1. Any profession, occupation, or business licensed or certific occupation, or category of business:  2. Health Care	the general public:  ied by the State of New Hampshire. List each such profession,  including brokers, 5. Banking or financial 6. State of New Hampshire, county, or
financial effect on you or a family member than it would on  1. Any profession, occupation, or business licensed or certific occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, in agent, develop  7. N.H. Retirement  8. Current use land	ied by the State of New Hampshire. List each such profession,  including brokers,
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financial effect on you or a family member than it would on  1. Any profession, occupation, or business licensed or certific occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, in agent, develop  7. N.H. Retirement System  12. Any business regulated by the Public Utilities Commission  13. H Utilities Commission  17. N.H. Business Profits Tax  I have read RSA 15-A and hereby swear or affirm that the for	the general public:  ied by the State of New Hampshire. List each such profession,  including brokers,
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Γ <mark>ype o</mark> Full Na	r Print CLEARL	Y to Austre	- Dodge		Work Add	Iress: 6	Hunter	Dr. Rayno	nd NH 030	)))
		Enspector	J	E-mai	Dodge.	_Dustin	A hotasil.	Work Phone _	, D NH 030	
lirecto		nent with state or cou	on, committee, board o	. 1						
A.	proprietor, or em	ployee, or served in	be of any profession, be any other professional benefits other than fed	or advisory capaci	ity, and from w	vhich any in	ncome in excess of	\$10,000 was derive	ector, associate, partnered during the preceding as necessary)	r, ;
1.	Working	Dog Home I	-spection, LL	.C. 6 Hun	ter Dr.	Rayno	OND NH 6	77077		
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f you l	have no qualifying	income indicate by	writing your initials ne	xt to the following	statement.		My inc	ome does not qualif	·y	
下 下	discipline a licentinancial effect of the lic	nsee or permittee, or on you or a family me	other decision by gove ember than it would or usiness licensed or certif	rnment affecting the the general public	ne listed busine :: lew Hampshire.	List each su	on, occupation, grand	oup, or matter woul	ract, grant a license or p d potentially have a gre  New Hampshire, county,	eater
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Г	l6. Agriculture	17. N.H. taxes:	Γ Business Profits Tax	Business Enterprise Tax	Interest Dividen			Specify any other are cial interest	a in which you have a	
	Alty. Any person	who knowingly fa							belief. RSA 15-A:9 ilty of a misdemeand	
Dale						Signatu	ire of Reporting In	dividual	RECEIV	ED
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full isame	B Do	ubnt y		Work Address:	242	COVATA	Ranke	Ro.	PEMFROKE
Primary Occupation 5777	E REV	:	E-mail_	ddinerty	0846	Dgnail.	Work Phone	485-	L784
Name the office, position, board directors, etc. or employment wi by you. NO ACRONYMS.	or commission		STATE !	REY					
A. List below the name, ac proprietor, or employee calendar year. Sources	, or served in a	e of any profession, bus any other professional or enefits other than feder	r advisory capacity,	and from which a	iny income in	excess of \$10,	000 was derive	ed during the	preceding
1. NH CTAT	re Lat	ING MENT							
2. If you have no qualifying income	indicate by w	riting your initials next	to the following sta	tement.		My income	does not qualif	fy	
reportable special interediscipline a licensee or financial effect on you o	est in any item permittee, or o or a family men cupation, or but	ther decision by governs	n law, a change in a ment affecting the l ne general public:	dministrative rule isted business, pro	, a decision vofession, occu	whether or not to pation, group, o	award a control matter would	ract, grant a d potentially	license or permit, have a greater
2. Health Care 3.	Insurance		cluding brokers, rs, and landlords	5. Bar service	nking or finances	cial	6. State of N municipal en		re, county, or
7. N.H. Retirement System	1.1	urrent use land ment program	9. Restaura lodging	nts/	10. Sale an beverages	d distribution of	alcoholic	- 11 -	11. Practice of
12. Any business regulated Utilities Commission	by the Public	13. Hor	rse or dog racing, or o	other legal forms of	f   14.	Education	15. Water	Resources	
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	_ Interest and Dividends Tax		Optional: Special int	y any other area	in which yo	u have a
I have read RSA 15-A and he Penalty. Any person who keeps Date	nowingly fail								
Date			- '.	Sig	gnature of Re	porting Individu	ial [	REC	EIVED
	Return to	Office of Secretary of S	State, 107 North Ma	in Street, State Ho	ouse Room 2	04. Concord. N	H 03301	JUN	0 8 2020

Type or Tull Na	r Print CLEARLY me	Thomas Dolar	y III	Work Address:	NA		
		tived	E-ma	ail tond Øt	oun of L	Work Phone/	VA
lirector		or commission, committee h state or county governme		reilor, I	own of L	on don don	^ <i>y</i>
A.	proprietor, or employee,	or served in any other pro	ession, business, or other of fessional or advisory capac than federal retirement an	city, and from which an	y income in excess of \$1	10,000 was derived du	ring the preceding
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f you h	ave no qualifying income	indicate by writing your in	nitials next to the following	g statement.	My incon	ne does not qualify	TD
В. Г	reportable special interes discipline a licensee or p financial effect on you or	st in any item on this list if sermittee, or other decision r a family member than it supation, or business licensed	as a special interest in any a change in law, a change in by government affecting would on the general public or certified by the State of	in administrative rule, a the listed business, profe c:	a decision whether or no ession, occupation, grou	t to award a contract,	grant a license or permit;
Γ	2. Health Care 3. I		eal Estate, including brokers, nt, developers, and landlords		ing or financial	6. State of New I municipal emplo	Hampshire, county, or syment
<b>V</b>	7. N.H. Retirement System	8. Current use land assessment program	• 11	aurants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business regulated butilities Commission	y the Public	<ul> <li>13. Horse or dog racing gambling</li> </ul>	, or other legal forms of	14. Education	15. Water Res	ources
Γ	16. Agriculture	17. N.H. Busine Profits		Interest and Dividends Tax	18. Optional: Special	ecify any other area in v interest	vhich you have a
Pena	Ity. Any person who kn		at the foregoing information with the provisions of the state of the s				
Date	6/100			Sign	esture of Reporting India	uidual .	

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

Type of Full Na	r Print CLEARLY me	y Dan	nel	Dona			Work Address:			
Primary	Occupation		Stude			E-mail _	Sis20d	401@ icloud.	.com_Work Phone	
director	he office, position, s, etc. or employm NO ACRONYMS	ent with								
A.	proprietor, or em	ployee, o	r served in a	ny other profes	ssional or a	ivisory capacity	, and from which	any income in excess	aber was an officer, direct of \$10,000 was derived (Use additional sheets as	during the preceding
1.	Merak		ntegra	ited,	3000	III Tai	zi Road,	Shenzhen	Guangelong	China
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в.	reportable specia discipline a licens financial effect of	l interest see or pe n you or sion, occu	in any item or rmittee, or ot a family men pation, or bus	on this list if a her decision by aber than it wo	change in lay governments	aw, a change in ent affecting the general public:	administrative rullisted business, p	le, a decision whether	occupations, groups or m or not to award a contra group, or matter would	natters. A person has a ct, grant a license or permit potentially have a greater
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	7. N.H. Retiremer System	nt	1	rrent use land nent program		9. Restaur	ants/	<ol> <li>Sale and distribeverages</li> </ol>	bution of alcoholic	11. Practice of law
	12. Any business reg Itilities Commission		the Public		13. Horse gambling	or dog racing, or	other legal forms	of 14. Educati	ion [ 15. Water F	Resources
	16. Agriculture		17. N.H. taxes:	Business Profits Ta		usiness nterprise Tax	Interest and Dividends Ta	18. Options	al: Specify any other area repecial interest	in which you have a
			•		_	•		•	f my knowledge and be statement shall be guil	
Date	June	10+	202	.0_				Signature of Reporting	Individual	RECEIVED
									i	40 0000

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

JUN 1 2 2020

Type or Print Clearly	
Full Name Kathleen Gordon Donnelly Work Address	
Primary Occupation Retired e-mail Kathleen.donnelly921109 mail.com	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	was derived 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 qualifying income indicate by writing your initials next to the following statement.	Kad
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:	ntract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
	tate of New Hampshire, county, or icipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alco	holic 11. Practice of law
Tale Any business regulated by the Public Utilities Commission Tale Any business regulated by the Public of gambling Tale Any business regulated by the Public Tale Any business regulated by the Publ	5. Water Resources
To 16. Agriculture 17. N.H. Laxes: Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any 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 bel person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdement of the chapter	lief. RSA 15-A:9 Penalty. Any anor.
Date June 2, 2020 Kathleen Q Donnelly	RECEIVED
Date June 2, 2020 Kathleen Q Donnelly Signature of Reporting Individual	JUN 0 4 2020
	NEW HAMDSHIDE

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

ype or Print CLEARLY ull Name Tanya Danely	Work Address: 215 S. Broad way Salem 41 Hozor
rimary Occupation Business Consultant E-mail	Work Address: 215 S. Broad way, Satem NH0307° tange @ Canobick Work Phone 978-482-7434
ame the office, position, board or commission, committee, board of	
	ganization in which you or a family member was an officer, director, associate, partner, sy, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
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you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaur	rants/
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or gambling	or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Interest and Dividends Tax  Is. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/5/2820	Signature of Reporting Individual RECEIVED

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

JUN 08 2020

Type or Print CLEARLY Full Name Roger	Dayne Donton	ille Ho	me KAddress: 90	Lewin Ro	1 Enfield	DH 03748
Primary Occupation Retire	:d	E-mail rd	ontonville	egmail.com	Work Phone 603	632 7719
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.	or commission, committee, board h state or county government hele	of State Repr Public Water	esentati Access Ad	lvisory Bo	ild oord-me	mber
<ul> <li>A. List below the name, ade proprietor, or employee, calendar year. Sources of</li> </ul>	dress, and type of any profession, or served in any other profession fretirement benefits other than fe	business, or other organizati al or advisory capacity, and deral retirement and/or disa	on in which you or from which any incubility benefits shall	a family member was	s an officer, director ,000 was derived du	r, associate, partner, iring the preceding
1. New Ham	pshire Betirer	nent Syster	ν			
2.				www.		
If you have no qualifying income	indicate by writing your initials i	next to the following stateme	ent.	My income	does not qualify _	
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2. Health Care 3.	insurance 13	e, including brokers, lopers, and landlords	5. Banking of services	or financial	<ul> <li>6. State of New municipal emple</li> </ul>	Hampshire, county, or oyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	III	. Sale and distribution verages	of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	· 11	. Horse or dog racing, or other abling	legal forms of	14. Education	15. Water Res	sources
16. Agriculture	17. N.H. Business Profits Tax		Interest and Dividends Tax		cify any other area in the interest	which you have a
	ereby swear or affirm that the nowingly fails to comply with		pter or knowingly		ent shall be guilty	

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

ype or Print CL ull Name PA	EARLY ULC.	DOOLIT	いた		Work Address:	33 020	CHESTER	Derry 1844
rimary Occupation				E-ma	il poul - do	olittle og m	Work Phone _	Rd 03038 603 505 285
lame the office, p irectors, etc. or er y you. NO ACRO	nployment with				•			
proprieto	, or employee,	or served in any o	ther professional	l or advisory capac	ity, and from which	you or a family member any income in excess of s as shall be included. (Use	10,000 was deriv	ed during the preceding
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f you have no qua	lifying income	indicate by writin	g your initials ne	ext to the following	statement.	My inco	me does not quali	fy S
financial	profession, occion, or category	a family member	than it would or slicensed or certif	fied by the State of None including brokers,	New Hampshire. List o	ach such profession,	_ 6. State of	New Hampshire, county, or
7. N.H. Re	tirement	8. Curren	use land	ppers, and landlords		10. Sale and distributi		employment 11. Practice of
System  12. Any bus  Utilities Co	iness regulated b	y the Public			or other legal forms	beverages  of   14. Education	15. Water	r Resources
16. Agricu	lture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any other are al interest	ea in which you have a
		•				plete to the best of my	•	
Date June				ie provisions of t		C. Dooli	^	RECEIVED
					S	gnature of Reporting Ind	ividual	JUN 10 2020
								NEW HAMPSHIDE

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

Type or Print CLEARLY Donald Dostic	Work Address: 19815 OS Abute 3
Primary Occupation E-mail _	DADOSTICTIOCKING Medicom Work Phone 603-991-3478
Name the office, position, board or commission, committee, board of	
calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$10,000 was derived during the preceding
1. Haynes Trucking 2.	
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify 4/89/080
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater v Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaura	ants/
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Interest and Dividends Tax  Interest and 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 informatio <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	
Date	Signature of Reporting Individual RECEIVED
Return to: Office of Secretary of State, 107 North M	JUN 17 2020 Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

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I have	y. Any person	who knowin	swear or affirm gly fails to com	that the fore	going information provisions of this	n is true and copar chapter or knowi	lete to the best of my	knowledge and b	pelief. RSA 15-A:9 Ity of a misdemeanor RECEIVEL
Date		UNZO				Sig	nature of Reporting Ind	ividual	JUN 12 2020
		Re	turn to: Office o	f Secretary of	State, 107 North M	ain Street, State Ho	ouse Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF ST

	2020 NEW HA	MI SHINE STATEMENT	So	hool for the	Enviror	rment/21 Mass B
Sype or Print CLEARLY ull Name Ellen M	larie Doug	las	Work Address: 10	o Mornsse	4 Blud	, Boston, MA a
rimary Occupation Profes	SO/ASSOC. De	E-mail E	alen.doug	as @umb.eb	Work Phone 6	Boston, MA a
Tame the office, position, board of irectors, etc. or employment with y you. NO ACRONYMS.		oard of	·			
	or served in any other profes	sion, business, or other orgar ssional or advisory capacity, an federal retirement and/or	and from which any	income in excess of \$1	0,000 was derived	d during the preceding
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16. Agriculture	17. N.H. Business Profits Ta		<ul><li>Interest and Dividends Tax</li></ul>		ecify any other area interest	in which you have a
I have read RSA 15-A and he Penalty. Any person who kn	reby swear or affirm that owingly fails to comply v	the foregoing information with the provisions of this	chapter or knowin	ete to the best of my legly files a false staten	nent shall be gui	JUN 17 2020
						NEW HAMPSHIRE DEPARTMENT OF STATE

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Primary	Occupation 2d	cator	E-ma	il 1010 pesc	da ( fmath Dulwork Phone	403477483
director		or commission, committee, lastate or county governmen		/A		
A.	proprietor, or employee, calendar year. Sources of	or served in any other profe retirement benefits other to	essional or advisory capac	ity, and from which an	ou or a family member was an officer, dy income in excess of \$10,000 was deri- shall be included. (Use additional sheets	ved during the preceding
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√/	10. Agriculture	taxes: Profits Ta	ax Enterprise Tax	Dividends Tax	special interest	ea in which you have a

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

JUN 08 2020

NEW HAMPSHIRE

Type or Print CLEARLY Full Name Nargaret Dige	Work Addre	ess: //a		· .
Primary Occupation WHE Maker	E-mail M	. ( .	Work Phone	n/a
Name the office, position, board or commission, committee, board of	Cemetery Tru	stee Town of	Plainfield	
A. List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal in	dvisory capacity, and from wh	ich any income in excess of \$	10,000 was derived o	during the preceding
1. DHMC, I Medical Ctr Dr, Lebo	anon, NH			
If you have no qualifying income indicate by writing your initials next to	the following statement.	My incom	ne does not qualify	MMD
B. Indicate below whether you or a family member has a special in reportable special interest in any item on this list if a change in la discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the second or certified by occupation, or category of business:	aw, a change in administrative ent affecting the listed business general public:  y the State of New Hampshire. L	rule, a decision whether or no s, profession, occupation, grou	t to award a contract p, or matter would p	t, grant a license or permit, otentially have a greater
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16 A ami au léanna	usiness Interest ar nterprise Tax Dividends		ecify any other area in interest	which you havea
I have read RSA 15-A and hereby swear or affirm that the foregoneralty. Any person who knowingly fails to comply with the property of the second state.				
Date June 5, 2		Signature of Reporting Indiv	idual	RECEIVED
Return to: Office of Secretary of Sta	ate, 107 North Main Street, Sta	te House Room 204, Concord	NH 03301	JUN 0 9 2020

Type or Print CLEARLY. Full Name Vicainia Dive Work Address: 89 Machanic St	
Primary Occupation Shop Assistant E-mail NA Work Phone	NA
Name the office, position, board or commission, committee, board of plain (red Water Distilet 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 in	during the preceding
1. DHMC, I Medical Ctr Dr. Lebanon, NH	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	URD
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or ma reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would p 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, potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of Utilities Commission   14. Education   15. Water Research	esources
16. Agriculture Business Business Interest and Dividends Tax Profits Tax Business Enterprise Tax Dividends Tax Profits Tax Business Interest and Dividends Tax Special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and bel Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty  Date  (a) (05/2070	
Agnature of Reporting Individual	UN 0 0 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 9 2020 NEW HAMPSHIRE

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										nd belief. RSA 15-A:9 guilty of a misdemeanor.
Date	Jun	e 10,	2020					/ C. Dun		

Type or Print CLEARLY Full Name Shew C)	Mrstina Duncan	Work Add	lress:	
Primary Occupation Auden	c+	E-mail Sheng C	dunian Ziotogmailes	Work Phone
Name the office, position, board or directors, etc. or employment with s by you. NO ACRONYMS.				
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I have read RSA 15-A and here Penalty. Any person who know Date	by swear or affirm that the foregoing wingly fails to comply with the pro	ng information is true and visions of this chapter or	d complete to the best of my kind knowingly files a false statem  Signature of Reporting Indivi	nowledge and belief. RSA 15-A:9 nent shall be guilty of a misdemeanor. RECEIVED idual  JUN 15 2020
	Return to: Office of Secretary of Stat	e, 107 North Main Street, S	tate House Room 204, Concord,	NEW HAMPSHIRE

Type or Print CLEARLY Tull Name			<i>Jr.</i> w	Vork Address:	106 bibi	e hill Rd	Bund for
rimary Occupation	Ret.	· 	E-mail			Work Phone	
Tame the office, position, be irectors, etc. or employmer y you. NO ACRONYMS.			of <u>5+21</u>	Le Rep			
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have read RSA 15-A at Penalty. Any person wi	nd hereby swear or no knowingly fails	affirm that the fo	oregoing information is ne provisions of this ch	true and complete apter or knowingly	to the best of my ki	nowledge and belief. ent shall be guilty of a	RSA 15-A:9 misdemeanor.
Date June 9	2020		· · · · · · · · · · · · · · · · · · ·	Signatur	e of Reporting Indivi	dual	

Type or Print CLEARLY Carrie Duran Work Address: 719 N. Main St. Lo	aconia, NH
Primary Occupation Legis Cetive Liason E-mail Carrie, dura o los ogwork Phone 53	
Jame the office, position, board or commission, committee, board of Nothers Human Services board member / irectors, etc. or employment with state or county government held Developers, Board Member, N.H. Council of Developers, you. NO ACRONYMS.	Lakes Region Com Ciopnies to Disab
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, directo proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived du calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring the preceding
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f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify _	<u>05</u>
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pofinancial 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. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent, developers, and landlords 5. Banking or financial municipal employments agent for the first agent for the fi	Hampshire, county, or oyment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission  12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education   15. Water Res	sources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Specify any other area in Vertical Specify and Specify any other area in Vertical Specify and Specify any other area in Vertical Specify and	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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly false a false statement shall be guilty  Date  O  O  O  O  O  O  O  O  O  O  O  O  O	
Signature of Reporting Individual	RECEIVED

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

JUN 0 8 2020

Type or Print CLEA	RLY Dougl	as R. I	utile	<u>-</u>		Work	Address:	39 Slate Rig Hoverbill	(ge));ive)	3765
Primary Occupation		Ketire	<del>/</del>		E-ma	il <i>Aduit</i>	tile (ec	harter net	Work Phone	N/A
Name the office, posi directors, etc. or emp by you. NO ACRON	oyment with									/
proprietor, o calendar yea	r employee, o r. <i>Sources of</i>	or served in a	ny other p nefits oth	rofessional or er than federa	r advisory capac	ity, and fro d/or disabi	m which any lity benefits	income in excess of shall be included. (U		ctor, associate, partner, during the preceding necessary)
2. Sparse	Barbar	a D. Dur	He	11	Y	, , , , , , , , , , , , , , , , , , ,	γ, , , , , , , , , , , , , , , , , , ,	/(	11 NH K	Petrement-Group
If you have no qualify			riting you	r initials next	to the following	statement		My inc	come does not qualify	
reportable sp discipline a financial eff	pecial interest icensee or pe ect on you or	t in any item of ermittee, or ot a family men upation, or bus	on this list her decisi aber than	if a change is on by govern it would on the	n law, a change ment affecting the general public	in adminis he listed bu	trative rule, a siness, profe	decision whether or	not to award a contra	natters. A person has a act, grant a license or permit, potentially have a greater
2. Health Care	3. In	nsurance	11		cluding brokers, rs, and landlords	- 11	- 5. Banki services	ng or financial	6. State of Ne	ew Hampshire, county, or aployment
7. N.H. Retir System	ement	11	rrent use la		9. Resta	urants/		10. Sale and distribute beverages	tion of alcoholic	11. Practice of law
12. Any busine Utilities Comr		y the Public		☐ 13. Hor	rse or dog racing,	or other le	gal forms of	14. Education	15. Water F	Resources
16. Agricultu	re	17. N.H. taxes:		iness ts Tax	Business Enterprise Tax		erest and idends Tax	18. Optional:	Specify any other area i	in which you have a
Penalty. Any per		owingly fail				his chapte	r or knowir Tavslo	igly files a false sta	ile.	elief. RSA 15-A:9 ty of a misdemeanor.

Type or Print CLEARLY Full Name SHERRY LOREEN DUTZY Work A	Address:
Primary Occupation RETIRED E-mail Solut	znahufarpoint. Work Phone
Name the office, position, board or commission, committee, board of	00 00 met
A. List below the name, address, and type of any profession, business, or other organization in proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability	m which any income in excess of \$10,000 was derived during the preceding ity benefits shall be included. (Use additional sheets as necessary)
1. SAFETY IST FINANCIAL PLANNERS 33 Has	in Street 101 Meshua, NH 03064
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 follow reportable special interest in any item on this list if a change in law, a change in administry discipline a licensee or permittee, or other decision by government affecting the listed buse 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 Hampshin occupation, or category of business:	rative rule, a decision whether or not to award a contract, grant a license or permit, siness, profession, occupation, group, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System lodging	10. Sale and distribution of alcoholic Law 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal gambling	al forms of 14. Education 15. Water Resources
I IN A griculture	rest and dends 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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter	
Date 6/2/2020	Signature of Reporting Individual  NEW HAMPSHIRE
Paturn to: Office of Secretary of State 107 North Main Stres	

Type o Full Na	r Print CLEARI	FER	omt	DU	VAL		Work Addre	ess:			
Primary	y Occupation	Rec	185	rate	19	~ te-mail'	erou	2.9	LUVAL Q	Work Phone	
unccio	he office, position rs, etc. or employ NO ACRONYM	HCHE WILH	r commission state or cou	n, committee nty governm	e, board of nent held			19	luva L Q	·	
Α.	proprietor, or er	nployee, o	or served in	any other pro	ofessional or a	dvisory capacity, a	and from wh	ich any	or a family member income in excess of s hall be included. (Use	\$10,000 was deriv	rector, associate, partner, ed during the preceding as necessary)
1.						*****					
2.											
If you l	nave no qualifying	g income i	indicate by v	vriting your	initials next to	the following stat	tement.		My inco	me does not quali	fi
В.	reportable speci discipline a lice financial effect	ial interest nsee or pe on you or ssion, occu	t in any item ermittee, or o a family me apation, or bu	on this list in the decision of the decision o	if a change in n by government would on the	law, a change in ac ent affecting the li	dministrative sted busines Hampshire. I	e rule, a s, profes List each	decision whether or nassion, occupation, gro	ot to award a comup, or matter wou	rmatters. A person has a tract, grant a license or permit, ld potentially have a greater  New Hampshire, county, or
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Γ	7. N.H. Retiremo	ent	11	urrent use lar sment progra		☐ 9. Restaurar lodging	nts/	1	<ol> <li>Sale and distribution</li> <li>beverages</li> </ol>	on of alcoholic	11. Practice of law
	12. Any business re Utilities Commiss		y the Public	1	13. Horse	e or dog racing, or o	ther legal for	ms of	14. Education	15. Wate	r Resources
Г	16. Agriculture		17. N.H. taxes:	☐ Busin		Business Enterprise Tax	<ul><li>Interest a Dividend</li></ul>			pecify any other are al interest	ea in which you have a
I hav	ılty. Any persoi	n who kn	owingly fai	ls to compl	hat the foreg	oing information rovisions of this	is true and chapter or	comple	ete to the best of my gly files a false state	knowledge and ement shall be go	belief. RSA 15-A:9 Lity of a misdemeanor.
Date	- 4/1	2/	202			l		Signa	ture of Reporting Ind	ividual	RECEIVED
							V		or responding life		JUN 1 2 2020
			Return to	: Office of S	Secretary of S	tate, 107 North Ma	ain Street, St	ate Hous	se Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE