Type or Print CLEARLY Full Name	y Labranche	W	ork Address:			
Primary Occupation	Eudent	E-mail	ony @ ton	y labranche, con	ካ_Work Phone	
Name the office, position, be directors, etc. or employment you. NO ACRONYMS.	oard or commission, committee, board on the state or county government held	of		-		
proprietor, or empl calendar year. Sou	e, address, and type of any profession, boyee, or served in any other professionances of retirement benefits other than fee	ll or advisory capacity, an deral retirement and/or di	d from which an	y income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
	Home Loans, 3 Execut		Bod od,	NH 03110;	Loan troc	708801
2. Sulponey	Drywall, Peppere	((MA, C	ocpenter	<u>`</u>		
If you have no qualifying in	come indicate by writing your initials no	ext to the following stater	nent.	My incor	ne does not qualify	
reportable special discipline a license financial effect on 1. Any profession occupation, or care	ether you or a family member has a spenterest in any item on this list if a change or permittee, or other decision by goveyou or a family member than it would on, occupation, or business licensed or certiegory of business: 4. Real Estate	ge in law, a change in adn ernment affecting the listen on the general public:	ninistrative rule, and business, professional professions. List each ampshire. List each and	a decision whether or no ession, occupation, grou h such profession,	t to award a contrac p, or matter would p	t, grant a license or permit.
2. Health Care 7. N.H. Retirement	3. Insurance agent, develo	opers, and landlords 9. Restaurants	services	10. Sale and distribution	municipal emp	ployment 11. Practice of
System	assessment program	lodging	<u> </u>	beverages		law
12. Any business regu Utilities Commission		Horse or dog racing, or oth bling		14. Education	15. Water R	esources
16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	ecify any other area in interest	which you have a
I have read RSA 15-A a Penalty. Any person w	and hereby swear or affirm that the for the hold knowingly fails to comply with the	oregoing information is he provisions of this ch	true and compl apter or knowin	ete to the best of my lingly files a false stater	knowledge and be nent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date $\frac{\sqrt{3}}{207}$	0		Tany T	ature of Reporting Indiv	vidual	RECEIVED
•			,	·		JUN 0 4 2020
	Return to: Office of Secretary	of State, 107 North Main	Street, State Hou	use Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Sype or Print CLEARLY Full Name Michael P Labrecque Work Address: 26 Bapt 15T 191) CANTER	bury NH
Primary Occupation POLICE Officer E-mail mlabrecque @ Canterbury-NHarg Work Phone 60	03.783.0433
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, 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 do calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	during the preceding
1. Store of NH Rethrement	
2. Town of Contendury part time / University of NH Police	Depurtment
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 mat reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perform the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	et, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New municipal employers	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Re	esources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest	n 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	elief. RSA 15-A:9 ty of a misdemeanor.
Date 6/4/2020 Muchul Signature of Reporting Individual F	RECEIVED
	JUN 0 \$ 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEF	NEW HAMPSHIRE PARTMENT OF STATE

Type or F Full Name	Print CLEA	RLY	LaBrie			Work Address:	331 winch	str st	Keene	NH 0343
	Occupation _				E-mail	SMCVT	331 winch	Cor Work Phone	603-49	4-8752
directors,	office, posi etc. or emp NO ACRON	loymer	oard or commissiont with state or cou	n, committee, board onty government held	of					
t	proprietor, o	r empl	oyee, or served in	any other professiona	l or advisory capacity	, and from which a	you or a family member ny income in excess o a shall be included. (U	f \$10,000 was der	rived during the p	e, partner, preceding
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2.						······································				
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	discipline a financial eff 1. Any poccupation	license ect on rofession, or cat	e or permittee, or or you or a family me on, occupation, or be egory of business:	other decision by government than it would on a siness licensed or certi	ge in law, a change in ernment affecting the on the general public: fied by the State of New, including brokers,	listed business, pro	, a decision whether or fession, occupation, g ach such profession, king or financial	roup, or matter w	ontract, grant a lic ould potentially h	have a greater
	2. Health Car		3. Insurance	agent, devel	opers, and landlords	service	es 10. Sale and distribu		al employment	1. Practice of
	7. N.H. Retii System	ement	9 1	Current use land sment program	9. Restaur lodging	ants/	beverages	tion of alcoholic	lav	
	2. Any busine		lated by the Public	- I L	Horse or dog racing, or bling	other legal forms of	f 14. Education	15. W	ater Resources	
	16. Agricult		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		Specify any other cial interest	area in which you	havea
I have	read RSA y. Any pe	15-A a	and hereby swear tho knowingly fa	or affirm that the following the comply with the comply with the comply with the comply with the complex compl	oregoing information he provisions of this	n is true and com s chapter or know	plete to the best of n ingly files a false sta	ny knowledge an atement shall be	nd belief. RSA	15-A:9
	6-				• .	PK	gnature of Reporting In	M-	-	- 8 20 20
						·			NEW H	AMBOURN
			Return to	Office of Secretary	of State, 107 North M	Iain Street, State H	ouse Room 204, Conc	ord, NH 03301	DEPART NE	NT OF STATE

Full Name PAUL Donald LACASSE SA.	Work Address: Retired 478 JARIS HILL Rel.
Primary Occupation Refired	E-mail PdL 03743@ Yahao Com Work Phone 5 603-542
Name the office, position, board or commission, committee, board of	E-mail PdL 03743@ Yahon Com Work Phone 5 603-542 E-mail PdL 03743@ Yahon Com Work Phone 5 603-542
proprietor, or employee, or served in any other professional or advisory	her 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 at and/or disability benefits shall be included. (Use additional sheets as necessary)
1. NOVE	
2.	
If you have no qualifying income indicate by writing your initials next to the follows:	wing statement. My income does not qualify PdL.
reportable special interest in any item on this list if a change in law, a ch	
2. Health Care 3. Insurance 4. Real Estate, including broagent, developers, and land	
7. N.H. Retirement System 8. Current use land assessment program 9. lodge	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 regambling	cing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise	Tax Interest and Dividends Tax Is. Optional: Specify any other area in which you have a special interest
Penalty . Any person who knowingly fails to comply with the provision	rmation 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 <u>C/3/2020</u>	Signature of Reporting Individual RECEIVED
	IIINI O 8 2020

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

Type or Print CLEARLY JOSEPH LACHANCE		Mammoth Rd L	
Primary Occupation Tellen	E-mail JALUCHUNGE	gmal.com Work Phor	ue 603-623-8863
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government held by you. NO ACRONYMS.	of 130 and of School U	ommittee - Manche	Her
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than fe	al or advisory capacity, and from which any	y income in excess of \$10,000 was d	erived during the preceding
2. If you have no qualifying income indicate by writing your initials r	next to the following statement.	My income does not q	ualify
B. Indicate below whether you or a family member has a spereportable special interest in any item on this list if a chan discipline a licensee or permittee, or other decision by got financial effect on you or a family member than it would on the control of the	ge in law, a change in administrative rule, a vernment affecting the listed business, profeson the general public:	a decision whether or not to award a dession, occupation, group, or matter v	contract, grant a license or permit,
	e, including brokers, 5. Bank opers, and landlords services	· 11	of New Hampshire, county, or oal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages	11. Practice of law
1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	Horse or dog racing, or other legal forms of bling	14. Education 15. V	ater Resources
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I have read RSA 15-A and hereby swear or affirm that the Penalty. Any person who knowingly fails to comply with Date Date	the provisions of this chapter or knowing	agly files a false statement shall be a false shall be	
Return to: Office of Secretary	of State, 107 North Main Street, State Ho	use Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY ull Name Sava Lachance W	Vork Address: 157 Amon St.
	Slachance 526@ Work Phone 603 591-124
lame the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organizer proprietor, or employee, or served in any other professional or advisory capacity, an calendar year. Sources of retirement benefits other than federal retirement and/or discovered to the contract of the contract	d from which any income in excess of \$10,000 was derived during the preceding
1. Convenient 40 urgent care	3 Nashva Rd. Bedford, NH 03110
2. Ledgeview Commercial Partn	ers, LLC 157 amory St. W. mandeste
f you have no qualifying income indicate by writing your initials next to the following states	y
	ninistrative rule, a decision whether or not to award a contract, grant a license or permit, ed business, profession, occupation, group, or matter would potentially have a greater
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or oth gambling	er legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is Penalty . Any person who knowingly fails to comply with the provisions of this character than the provision of the provision of the character than the provision of the provision	

2020 NEW HAMIPSHIRE STATEMI	ent of financial interests – RSA 15-A	
Type or Print CLEARLY Rick Ladd Tr Tull NameRick Ladd	P.O. BOX 67	Haverbul
Tull Name Rick Ladd	Work Address: 372 Darlmaeth College	tuny 0376
rimary Occupation Retired Principal E-m	Work Address: 398 Dartmoeth College nail rick. mang. halde charterwork Phone 6 4. Representative, Confton 4	603 9893268
Name the office, position, board or commission, committee, board of	1. Representative, Gratton 4	
irectors, etc. or employment with state or county government held y you. NO ACRONYMS.		
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capa calendar year. Sources of retirement benefits other than federal retirement and	acity, and from which any income in excess of \$10,000 was derived	during the preceding
1. Alaska Teacher Retirement	2 System - Retired	
2.	•	
f you have no qualifying income indicate by writing your initials next to the followin	ng statement. My income does not qualify	
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 financial effect on you or a family member than it would on the general publ 1. Any profession, occupation, or business licensed or certified by the State of occupation, or category of business:	the listed business, profession, occupation, group, or matter would lic:	
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord		ew Hampshire, county, or aployment
7. N.H. Retirement System 8. Current use land assessment program 9. Rest lodging	staurants/ 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 gambling	g, or other legal forms of 14. Education 15. Water F	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax Interest and Dividends Tax Interest and Special interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information	ation is true and complete to the best of my knowledge and be	elief. RSA 15-A:9
Penalty. Any person who knowingly fails to comply with the provisions of Date	this chapter or knowingly files a false statement shall be guil	RECEIVED
Date Vune 5, 2020	Signature of Reporting Individual	JUN 15 2020
		NEW HAMPSHIRE

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

Type or Print CLEARLY Full Name LARRY L. LAFLAMME	Work Address: 474 SECOND AVE. BERLIN, NH 03570
Primary Occupation PETIRED E-mail	LAFLAMME @ NE. RR. COM Work Phone N/A
Name the office, position, board or commission, committee, board of STATE REdirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	•
calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$10,000 was derived during the preceding
1. Community College System of Nit.	
2. WH, RETIPEMENT SYSTEM	
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession, 5. Banking or financial 6. State of New Hampshire, county, or
agent, developers, and landlords	services municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	beverages law
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I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this Date	
Return to: Office of Secretary of State, 107 North M	JUN 0 9 2020 Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Full Name Lauren LaMas	34	Wo	rk Address: _3	8 Overledge	Drive, D	erry, NH 03038
Primary Occupation Home make		E-mail La	ren For D	erry@gnail.co	Work Phone 3	erry, NH 03038 03 818 2507
Name the office, position, board or com directors, etc. or employment with state by you. NO ACRONYMS.						
	and type of any profession, business, yed in any other professional or advi ment benefits other than federal reti	isory capacity, and	from which any	income in excess of \$1	0,000 was derived	during the preceding
1.	<u></u>	. '	· · · · · · · · · · · · · · · · · · ·			
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1. Any profession, occupation occupation, or category of busing 2. Health Care 3. Insuran	4. Real Estate, including	ng brokers,	5. Bankin	such profession,		w Hampshire, county, or
7. N.H. Retirement System	agent, developers, and 8. Current use land assessment program	9. Restaurants/	11	10. Sale and distribution beverages	municipal emp of alcoholic	11. Practice of
12. Any business regulated by the F Utilities Commission	<u> </u>	dog racing, or other		14. Education	15. Water R	
16. Agriculture 17. N taxes		_	nterest and lividends Tax		cify any other area in interest	n which you have a
I have read RSA 15-A and hereby s Penalty. Any person who knowing	wear or affirm that the foregoing ly fails to comply with the provi	g information is to sions of this chap	ue and comple ter or knowing	te to the best of my k gly files a false statem	nowledge and be ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date			Signal	ture of Reporting Indiv	idual	RECEIVED
		•	<u>-</u>			JUN 0 5 2020
Reti	ırn to: Office of Secretary of State,	107 North Main S	reet, State Hous	e Room 204, Concord,	NH 03301	TTE OF COORSESSEE

Type or Print CLEARLY Full Name + a Tricia C Conway	Lam Work Address	Rte 125 - Bre	ntugad -	man Caust
Primary Occupation	E-mail	KK 125 - Gra Rockinghar way-acaogman	Work Phone 603	642-4249
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	- Rockingham	County (tom Horrey	
A. List below the name, address, and type of any profession, bu proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than federal compositions of the composition of the compositi	or advisory capacity, and from which ral retirement and/or disability bene	any income in excess of \$ fits shall be included. (Use	0,000 was derived during the	ne preceding
2. Pat Convey Lamb - LOCKIN			-Rockings	um Count,
If you have no qualifying income indicate by writing your initials nex	/		ne does not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on a compation, or category of business licensed or certification occupation, or category of business:	in law, a change in administrative runment affecting the listed business, puthe general public: ed by the State of New Hampshire. List	le, a decision whether or no rofession, occupation, grou each such profession,	t to award a contract, grant a p, or matter would potential	a license or permit, ly have a greater
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7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	 Sale and distribution beverages 	n of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Ho	orse or dog racing, or other legal forms ing	of 14. Education	15. Water Resources	
16. Agriculture 17. N.H. Business Profits Tax	Business — Interest and Enterprise Tax Dividends Ta		ecify any other area in which y interest	ou have a
I have read RSA 15-A and hereby swear or affirm that the fore Penalty. Any person who knowingly fails to comply with the	egoing information is true and con provisions of this chapter or kno	mplete to the best of my liwingly files a false staten	cnowledge and belief. RS nent shall be guilty of a m	A 15-A:9 isdemeanor.
Date <u>6/4/2</u> 0	Jala	Signature of Reporting Indiv	idual	JUN 0 4 2020
Return to: Office of Secretary of	State, 107 North Main Street, State	House Room 204, Concord,	NH 03301	NEW HAMPSHIRE EPARTMENT OF STATE

Type or Print CLEARLY Full Name EDREE Lambert	Work Address: _	3 Lydsten	Lane L, tch hold	NH
Primary Occupation Software Architect	E-mail March CM	egmarlion w	ork Phone 6 3-635-	4910
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Stephica LL JERAE LL	·C ~	27 Haber Crypt	
A. List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirement	isory capacity, and from which a	ny income in excess of \$10,0	00 was derived during the preceding	er, g
1. Stephica LLC 2. VERAE LLC				
2. VERAE LLC				
If you have no qualifying income indicate by writing your initials next to the	e following statement.	My income d	oes not qualify	
	he State of New Hampshire. List ea LYPTO GNAPNIC I	Data Storage a		
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and		king or financial	State of New Hampshire, county, municipal employment	, o r
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	 Sale and distribution of beverages 	alcoholic 11. Practic	e of
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14 A contact trues	iness Interest and pividends Tax	18. Optional: Specifi special into	vany other area in which you have a rest I dentily Centre	ristes
I have read RSA 15-A and hereby swear or affirm that the foregoing Penalty . Any person who knowingly fails to comply with the provi				
Date	Sig	gnature of Reporting Individu	al RECEI	VED

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

JUN 09 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	r Print CLEARL	Connie	Boyles	Lane		Work Address: 45	55 Hain St	t, 50,7e 400	Concord NH 0330
Primary	Occupation	Horney	············		E-mail	clanead	r-reno.com	Work Phone	223-9129
11100101	he office, position rs, etc. or employn NO ACRONYM	ione with state of	ission, committ r county govern	ee, board of ment held	State Re Merrionac	presentat	ive of NH	represe	nting District
A,	proprietor, or em	ployee, or serve	d in any other p	rofessional or a	dvisory capacity, a	nd from which any	or a family member wincome in excess of \$1 all be included. (Use a	0,000 was derived	during the preceding
1.	orr+ Rer	o, PA, PC	B3500,	Concord,	NN 033	08-3550			
2.					9 12 SOU				
lf you h		•			the following state		My incom	ne does not qualify	1
В.	reportable special discipline a licer financial effect of	al interest in any usee or permittee on you or a famil	item on this list, or other decision member than or business licentess:	t if a change in lion by government it would on the used or certified be	law, a change in adent affecting the list general public: by the State of New 1	ministrative rule, a sted business, profes Hampshire. List each	decision whether or no sion, occupation, group such profession,	t to award a contra p, or matter would	natters. A person has a act, grant a license or permit, potentially have a greater
Γ	2. Health Care	3. Insurance		. Real Estate, inclu gent, developers,		5. Bankir services	g or financial	municipal en	ew Hampshire, county, or uployment
Γ	7. N.H. Retireme System	. 11	8. Current use l assessment progr		9. Restauran	11	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business re Utilities Commiss		ıblic	13. Horse gambling	or dog racing, or of	ther legal forms of	14. Education	15. Water 1	Resources
Γ	16. Agriculture	17. N.J taxes:			Business Interprise Tax	 Interest and Dividends Tax 	— 18. Optional: Special	ecify any other area interest	in which you have a
I hav Pena	Alty. Any person	A and hereby so who knowing	wear or affirm ly fails to com	that the forego	oing information rovisions of this o	chapter or knowing	ete to the best of my legly files a false statem boyles Lane ture of Reporting Indiv	nent shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor. RECEIVED JUN - 8 2020
		Retu	urn to: Office of	f Secretary of St	ate, 107 North Ma	in Street, State Hou	se Room 204, Concord		NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEA l Full Name	In thy	Long	X	Work Ac	dress: 14	10 ypper Smi	the Rd	Sanba	HM who
Primary Occupation	IT Manua	8	C-ma	il Han	804	10 ypper Smithe langs us	_ Work Phone _	603-51	66-980
	on, board or commission yment with state or cour MS.			e Zepr	esent	ù			
proprietor, or	name, address, and type employee, or served in a Sources of retirement b	ny other profession	al or advisory capac	ity, and from	which any	income in excess of \$1	0,000 was deriv	ed during th	e preceding
1. Liver	totion, Be	very Hills	, CA						
2.									
If you have no qualify	ng income indicate by w	riting your initials n	ext to the following	statement.		My incom	ne does not qual	ify	
reportable spe discipline a li financial effective.	w whether you or a famicial interest in any item sensee or permittee, or out on you or a family me fession, occupation, or but or category of business:	on this list if a chang ther decision by government than it would compare than it would compare than it would compare the compare than it would compare the compare than it would compare the compare	ge in law, a change rernment affecting the on the general public	in administra he listed busin c:	ive rule, a ness, profes e. List each	decision whether or no ssion, occupation, group such profession,	t to award a con	tract, grant a	a license or permit, y have a greater
2. Health Care	3. Insurance		, including brokers, opers, and landlords		5. Bankir services	ng or financial	l municipal	New Hampsh employment	nire, county, or
7. N.H. Retire System	assess	urrent use land ment program	9. Resta			10. Sale and distribution beverages	of alcoholic		11. Practice of law
12. Any business Utilities Comm		16 :	Horse or dog racing, bling	or other legal	forms of	14. Education	•	r Resources	
16. Agricultur	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax		st and nds Tax	18. Optional: Special	ecify any other ar interest	ea in which y	ou have a
	i-A and hereby swear on who knowingly fai								
Date UH 20)			H	Signa	ature of Reporting Indiv	vidual		

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

T ype o Full Na	or Print CLEARL	Vine LZ	naley	v	Vork Address:			
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lirecto	the office, position ors, etc. or employr i. NO ACRONYM	, board or commission ment with state or counts. IS.	n, committee, board nty government held	of				
Α.	proprietor, or en	iployee, or served in a	any other profession:	business, or other organiz al or advisory capacity, ar deral retirement and/or a	nd from which any	income in excess of \$1	0,000 was derived	during the preceding
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	2. Health Care	☐ 3. Insurance		e, including brokers, lopers, and landlords	5. Banki services	ng or financial	6. State of New	w Hampshire, county, or oloyment
K	7. N.H. Retireme System	11	urrent use land	9. Restaurant lodging	l I	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Г	12. Any business re Utilities Commiss	egulated by the Public	1 I	Horse or dog racing, or oth	ner legal forms of	14. Education	☐ 15. Water R	esources
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I hav	ve read RSA 15-Aalty. Any person	A and hereby swear who knowingly fai	or affirm that the list to comply with	foregoing information i the provisions of this cl	s true and compl	ete to the best of my light gly files a false stater	knowledge and be nent shall be guilt	elief. RSA 15-A:9 by of a misdemeanor.
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204. Concord, NH 03301

Signature of Reporting Individual

KECEIVED

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Work Address: 1 Ell. of Way Manch	oster NH 0310
rimary Occupation Registered Nurse E-mail anzfama egmail. com Work Phone 603	-663-2158
Vame 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, as proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	g the preceding
1. Freedom Express-200 Gay St Manchester, NH 03103-Juseph Lanza	
2. Elliot Hospital = 1 Elliot Way Mancloster NH 03101	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. 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, grandiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire.	ant a license or permit, tially have a greater mpshire, county, or
agent, developers, and landlords services municipal employm	11. Practice of
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	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	rces
16. Agriculture Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax Profits Tax Enterprise Tax Dividends Tax Special interest	ch you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a	RSA 15-A:9 a misdemeanor.
Date 6/4/20 Signature of Reporting Individual	RECEVED
	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	

Type or Print CLE Full Name	ARLY THOMAS	EDWA	NO) CON	IZARA	v	/ork Address	70	EAST	HOCCIS	STREET.	NASHUA NH
										(603)594-364	
Primary Occupation	FIL	EFIGHTER			E-mail	10,410	n zarace	granicor	Work Phone_	(BOS 1-1- 26)	77
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			Return to:	Office	of Secre	etary of State, 107 l	North Mair	Street,	State Hor	use Ro	oom 204,	Concord,	NH 033			MPSINRE VY OE ST/	

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			Return to:	Office of Secre	etary of Sta	ate, 107 North Ma						MEW	N 1 2 2020 HAMPSHIRE IMENT OF STATE

Type or Print CLEARLY		ROPP ANY
Full Name RICHARD W. LASCELLES	Work Address: LISCHFIEL	D, NH 03052
Primary Occupation <u> </u>	E-mail RUASCELLESHOME PRODICY	Work Phone 6034325-552
Name the office, position, board or commission, committee, board of _	STATE REPRESENSATI	VE (GENERAL COURT
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	HILLSBORDUCH ZO - L.	ITCH FIELD
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 during the preceding
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If you have no qualifying income indicate by writing your initials next t	o the following statement. My inco	ome does not qualify <u>Lu</u>
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the like the cocupation, or category of business licensed or certified occupation, or category of business:	law, a change in administrative rule, a decision whether or a nent affecting the listed business, profession, occupation, groes general public:	not to award a contract, grant a license or permit, oup, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including agent, developer	<u> </u>	6. State of New Hampshire, county, or municipal employment
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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	oing information is true and complete to the best of my rovisions of this chapter or knowingly files a false state	knowledge and belief. RSA 15-A:9 ement shall be guilty of a misdemeanor.
Date 6/3/20	Signature of Reporting Ind	IVIL RECEIVED
/ / /		u.u. o o 2020

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

JUN 0 8 2020

T ype or Full Nan	Print CLEARL'	Y Lin	DA Ì). LAUE	R		Work Addre	ess: 38	55 Dartmouth	College Hu	y, N.H	laverhill NH
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 08 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY C-Marie Laughter Work Address: 80 Elm St. # 1	
Primary Occupation News Media, DJ E-mail / nuy hton 4 Repudodo & Work Phone 6	3 275 COM
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. Selectman Wardl wash	TS reera
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 decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	ring the preceding
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12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Reference 15. Water Re	cources
16. Agriculture 17. N.H. taxes: Business Business Interest and 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 be	ef. RSA 15-A:9
Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt Date () () () () () () () () () (of a misdemeanor.
Date 6 Signature of Reporting Individual	RECEIVED
	JUN 15 2020

Type or Print CLEARLY Full Name	Work Address: GIB Mill Rd Kingston NH 03848
Primary Occupation Entrepreneur E-mail	James p LaValley & GMAil (COM) Work Phone 998 853 3061
Name the office, position, board or commission, committee, board of	Work Address: 618 Mill Rd Kingston NH 03848 James p LaValley & GMAil. Work Phone 998 853 2061 Ton Budget Committee
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	
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If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify
financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
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16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax - 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date $6-5-20$	s chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Reporting Individual RECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STAT

Full Name Margaret Lavender (Meg) Work Address:
Primary Occupation retired E-mail meglavender omsn. com Work Phone
Name the office, position, board or commission, committee, board of Register of Probate. 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)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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
The second of the Public Utilities Commission and I an
16. Agriculture 17. N.H. Business Business Enterprise Tax Interest and Dividends Tax Interest and Dividends Tax Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

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

Signature of Reporting Individual

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JUN 1 2 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Exico Layon		Work Address:	
Primary Occupation Nomemaker	E-mail <u></u>	ericalayoneme.com	Work Phone
Name the office, position, board or commission directors, etc. or employment with state or coun by you. NO ACRONYMS.			
proprietor, or employee, or served in a	of any profession, business, or other organi ny other professional or advisory capacity, a unefits other than federal retirement and/or of	nd from which any income in excess of \$	10,000 was derived during the preceding
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16. Agriculture 17. N.H. taxes:	Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Special	ecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or Penalty. Any person who knowingly fails	r affirm that the foregoing information is to comply with the provisions of this cl	s true and complete to the best of my napter or knowingly files a false state	knowledge and belief. RSA 15-A:9 ment shall be guilty of a misdemeanor.
Date		Signature of Reporting Indi	vidual RECEIVED
		Street State House Boom 204 Commen	JUN 0 9 2020
Return to:	Office of Secretary of State, 107 North Main	i Street, State House Room 204, Concord	, NH 03301

Type or Print CLEARLY Full Name Mack Leathurby	Work A	ddress: 7 Charmaran	d Row
Primary Occupation Writer, Real Estate	E-mail Mas	eath of @ gmailcom	Work Phone 603 401 - 2028
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, busines proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal re	lvisory capacity, and from	which any income in excess of \$	0,000 was derived during the preceding
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I have read RSA 15-A and hereby swear or affirm that the foregoing	ng information is true a	nd complete to the best of my	cnowledge and belief. RSA 15-A:9
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-	visions of this chapter o	or knowingly files a false stater	nent shall be guilty of a misdem WED
Date June 5, 2020	Tha	Signature of Reporting Indiv	ridual JUN - 8 2020
Return to: Office of Secretary of Stat	te, 107 North Main Street	State House Room 204. Concord	NEW HAMPSHIRE DEPARTMENT OF STATE

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Г	2. Health Care	3. Insurance		te, including brokers, elopers, and landlords	Г	5. Banki services	ng or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
Г	7. N.H. Retiremer System		nrent use land ment program	9. Restau lodging	rants/		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	2. Any business reg tilities Commission	ulated by the Public	11	3. Horse or dog racing, o nbling	or other legal	forms of	14. Education	15. Water R	Resources
Γ	16. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax		est and ends Tax	18. Optional: Sp special	ecify any other area i	n which you have a
I have Penal	read RSA 15-A ty. Any person	and hereby swear owno knowingly fail	or affirm that the s to comply with	foregoing informati the provisions of th	on is true a	nd compl or knowin	ete to the best of my l	knowledge and be nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Date	6-/(1-70				Sign	ature of Reporting Indiv	ridual	RECEIVED
									IUN 2 3 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 Shari Lynn Lebreche Primary Occupation Truck Driver - Chass A e-mail *optional Work Address Work Phone 455-6186 Name of office, appointment, or employment with government 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. 1. 2. 3. My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. SL B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care ☐ 3. Insurance municipal employment agent, developers, and landlords services 8. Current use land 10. Sale and distribution of alcoholic 7. N.H. Retirement 9. Restaurants/ 11. Practice of assessment program lodaina beverages law System 13. Horse or dog racing, or other legal forms 12. Any business regulated by the Public 14. Education 15. Water Resources Utilities Commission of gambling 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture Dividends Tax special interest --taxes: **Profits Tax** Enterprise Tax I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty Sharil - Lebuche Signature of Reporting Individual of a misdemeanor.

Type o Full Na	or Print-GLEARI	iel (Mrs 31	on Le	Clair		Work A	Address: _/	126 Monas	dnock Hi	WY Swanzey N
Primar	y Occupation $\overline{\mathcal{S}}$	usings	deve	Copment		E-m	ail <u>del c</u>	ustom	I agmail con	1 Work Phor	e 603-852-8500
directo	the office, position rs, etc. or employed NO ACRONYN	ment with s				Stat	Sein	ate '	District,	10	
, A .	proprietor, or er	nployee, or	r served in a	ny other prof	fessional or	advisory capa	city, and from	n which an		\$10,000 was de	director, associate, partner, rived during the preceding ets as necessary)
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	12. Any business re Itilities Commiss		the Public	Г	. 13. Hon gambling	se or dog racing g	, or other lega	l forms of	14. Education	∫ 15. W	ater Resources
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I have	e read RSA 15-A	and here	by swear owingly fail	or affirm that s to comply	t the foreg	oing informa provisions of t	tion is true : his chapter	and compl or knowin	ete to the best of my	knowledge a	nd belief. RSA 15-A:9 guilty of a misdemeanor.
Date	6/4/2	020					6	Un	Shill	<u>/</u> ,	RECEIVED
							٠.	Sign	ature of Reporting Inc	ividual	JUN 0 4 2020
			Return to:	Office of Sec	cretary of S	tate, 107 Norti	n Main Street	, State Hou	ise Room 204, Conco	rd, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	Print CLEARLY	PON EVANS	LEEMAN		Work Address:	10 BOYSENBE	any Lu	ROCHESTER, NH
	Occupation	Emi-RE	TIRED	E-mail	DLEEMAN	DD9EHOTMAIL CON	Work Phone	
directors	ne office, position, bo s, etc. or employment NO ACRONYMS.				IONE			
Α.	proprietor, or employ	yee, or served in any	other professional o	or advisory capacity	, and from which	you or a family member vany income in excess of \$ ts shall be included. (Use	10,000 was derive	d during the preceding
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	2. Any business regulat tilities Commission		☐ 13. Ho gamblin	orse or dog racing, or ng	other legal forms o	f 14. Education	15. Water 1	Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	11/ /	ecify any other area interest	in which you have a
I have	read RSA 15-A and	d hereby swear or a	ffirm that the fore	going information	n is true and com	pleto to the best of my l	cnowledge and b	elief. RSA 15-A:9
Penalt			comply with the	provisions of this	chapter or know	files a false staten	nent shall be gui	RECEIVED
Date	6-3-0	2020			1	prature of Reporting Indiv	ridual	JUN = 8 2020
				2				NEW HAMPSHIRE

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

Type or Print CLEARLY Full Name	R. L	eishwan	Wo	ork Address:	62 E/m	Street	
Primary Occupation	w/necs	Owner	E-mail M	BRX N4	11 Daol.com	Work Phone 653	3-365-064
Name the office, position, bodirectors, etc. or employment by you. NO ACRONYMS.			1111 01		epresenta		
calendar year. Sourc	yee, or served in any es of retirement ben	other professional or efits other than federal	advisory capacity, and retirement and/or dis	from which any ability benefits :	y income in excess of \$ shall be included. (Use	10,000 was derived du	ring the preceding
1. Milford	Benning	ton Rail	road Co.	Inc	<u> </u>	-	· ·
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16. Agriculture	17. N.H. taxes:	/ - /		Interest and Dividends Tax		ecify any other area in w interest	hich you have a
I have read RSA 15-A and Penalty. Any person who							
Date			 	Sign	ature of Reporting Indi	vidual	
	Return to: O	ffice of Secretary of Si	ate, 107 North Main S	treet, State Hou	se Room 204, Concord	, NH 03301	JUN 0 5 2320

Type or Print CLEARLY Full Name Alicia Denise Lekas	Work Address: None	
Primary Occupation Retired	E-mail repralicia, le kasegmail	Work Phone 603-881-8960
Name the office, position, board or commission, committee, board of	State Rep Hillsborough 37	- LOM
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 retirements.	lvisory capacity, and from which any income in excess of \$10	0,000 was derived during the preceding
1. Oracle USA, 1 Oracle Dr. Nashua, Nt	t Computer Co.	
2. Midland National, One Sammons Plaza, Sice	ux Fall, SD/Lekas Investments LLC, 30 Barr	etts Hill Rd, Hudson, NH
If you have no qualifying income indicate by writing your initials next to t	/	e does not qualify
discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the graduate of the second of the graduate of the second of the graduate of th	y the State of New Hampshire. List each such profession, ding brokers, 5. Banking or financial	or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution beverages	***************************************
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I have read RSA 15-A and hereby swear or affirm that the foregoing	ing information is true and complete to the best of my king in factor of this charter on the puringly files a false statem	nowledge and belief. RSA 15-A:9
Penalty. Any person who knowingly fails to comply with the pro	ovisions of this chapter of knowingly files a false statem	RECEIVED
Date <u>6/3/2020</u>	Signature of Reporting Indivi	dual JUN - 8 2020
Deturn to Office of Secretary of Sta	to 107 North Main Street State House Poom 204 Concord	NEW HAMPSHIRE DEPARTMENT OF STATE

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

rimary Occupation RETIRES	LEKAS	Work Address:	
rimary Occupation RETIRE	2 E-ma		M Work Phone 603-305-5 726
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proprietor, or employee, or serv	nd type of any profession, business, or other or yed in any other professional or advisory capac ment benefits other than federal retirement an	city, and from which any income in excess of S	\$10,000 was derived during the preceding
1. ORACLE US	A, LORACLE DR, NASHUT	+, NH COMPHTER CO.	
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	te by writing your initials next to the following		ome does not qualify
1. Any profession, occupation occupation, or category of busing 2. Health Care	4. Real Estate, including brokers,	5. Banking or financial	6. State of New Hampshire, county, or municipal employment
_ 7. N.H. Retirement System	8. Current use land assessment program agent, developers, and landlords		
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16. Agriculture taxes			Specify any other area in which you have a al interest
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Date 6/3/2020	13	Tanh	RECEIVED
		Signature of Reporting Ind	lividual JUN - 8 2020
Day	urn to: Office of Secretary of State 107 North	h Main Street, State House Room 204, Conso	NEW HAMPSHIRE DEPARTMENT OF STA

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

Type or Print CLI Full Name	EARLY 4RY J	·Lem	144		Wor	k Address:	390LD H	ACKETT.	HiLL . 120)-APT:1
Primary Occupation	/		<u>, </u>	E-	mail <u>Ø</u>	40Die	390LD H	Work Phone	782-58	35
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Type or Print CLEARLY Full Name Ry Aw M LEW Work Address: 135 MIROLA RS F	PORTSMOUTH . NI
Full Name RYAN W LENT Work Address: 135 MIRONA ROS Frimary Occupation RETAIL ON NEW E-mail RYANCENTURE (9MA)L. (0M Work Phone	603 373 865
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, disproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ed during the preceding
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12. Any business regulated by the Public 13. Horse or dog racing or other legal forms of	r Resources
16. Agriculture Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gu	
Date G 4 AO 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 P Full Name	Print CLEARL	N n M. 1	lem	ard		Worl	k Address:			
	Occupation	,			E-m	ail <u>e//</u>	inlea	navde gma	Work Phone	
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p	proprietor, or em	nployee, or serv	ed in any	y other profession	ional or advisory capa	city, and fr	rom which an	ou or a family member on income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
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	. N.H. Retirement ystem	nt		rent use land ent program	- 9. Resta	aurants/		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	. Any business reg lities Commissi		ublic		13. Horse or dog racing ambling	, or other le	gal forms of	14. Education	15. Water R	esources
T 16	6. Agriculture	17. N. taxes:		Business Profits Tax	Business Enterprise Tax		nterest and ividends Tax		pecify any other area in I interest	n which you have a
I have re Penalty	ead RSA 15-A . Any person	and hereby s who knowing	wear or ly fails	affirm that the	e foregoing informa h the provisions of t	tion is tru	ter or knowin	lete to the best of my ngly files a false stater	ment shall be guitt	RECEIVED JUN - 8 2020
		Reti	ırn to: C	Office of Secreta	ary of State, 107 Nort	h Main Str	eet, State Ho	use Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly			
Full Name Joseph W. Lessard, Jr.	Work Address	295 N. Main St. Salem, NH 03079	
Primary Occupation Assessor	e-mail jlessard@mrigov.com	Work Phone	603-898-5440
lame the office, position, board or commission, board or irectors, etc. or employment with state or count overnment held by you. NO ACRONYMS			
List below the name, address, and type of any proferoprietor, or employee, or served in any other profestalendar year. Sources of retirement benefits other than fe	sional or advisory capacity, and from whic	th any income in excess of \$10,000 w	as derived during the preceding
Municipal Resources Inc. 120 D.W. Highway, N	leredith, NH 03253		RECEIVED
		A	JUN 1 5 2020
you have no qualifying income indicate by writing you	initials next to the following statement.	My income does not qualify	NEW HAMPSHIRE DEPARTMENT OF STATE
Indicate below whether you or a family member has a portable special interest in an item on this list if a chang scipline a licensee or permittee, or other decision by go nancial effect on you or a family member than it would	ge in law, a change in administrative rule, a overnment affecting the listed business, pro	decision whether or not to award a con	tract, grant a license or permit,
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7. N.H. Retirement 8. Current use lar assessment progra	16 16	 Sale and distribution of alcoh beverages 	olic 11. Practice of law
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16. Agriculture 17. N.H. Busine taxes: Profits			ther area in which you have a
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Oate 6-12-2020	fourt	nature of Reporting Individual	D, fri

Type or Print CLEARLY Stewart Ira Levenson MD Work Address:
Primary Occupation PHYSICIAN E-mail DRSIL® AOL. COM Work Phone (603) 695-2550
Name the office, position, board or commission, committee, board of No gov't positions, 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. Dartmouth Hitchcock Clinic 253 Pleasant St. Concord NH 03301, Staff Physic
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greatefinancial 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: Physiciam
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
The second of the Public Utilities Commission The second of the Public In the second of the second of the Public In the second of the second o
16. Agriculture 17. N.H. The Business Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be milty of a misdemeanor. RECEIVED Signature of Reporting Individual JUN - 3 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name (1550) YOU (CVESCOUR	Work Address:	on a brea	ak for som	<i>r</i> oer
Primary OccupationE-mai	il		Work Phone	
Name the office, position, board or commission, committee, board oflirectors, 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 or proprietor, or employee, or served in any other professional or advisory capacicalendar year. Sources of retirement benefits other than federal retirement and	ity, and from which ar	ny income in excess of \$1	0,000 was derived dur	ring the preceding
1. Jafrance Hospitality				
2. Horizon travel				
f you have no qualifying income indicate by writing your initials next to the following	statement.	My incom	ne does not qualify	
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 in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public 1. Any profession, occupation, or business licensed or certified by the State of Noncocupation, or category of business:	n administrative rule, ne listed business, pro ::	a decision whether or no fession, occupation, grou	t to award a contract, g	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banl service	king or financial	6. State of New H	lampshire, county, or yment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaution lodging	urants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	or other legal forms of	14. Education	15. Water Reso	eurces
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I have read RSA 15-A and hereby swear or affirm that the foregoing informati Penalty. Any person who knowingly fails to comply with the provisions of the	ion is true and comp nis chapter or knowi	olete to the best of my length files a false staten	cnowledge and believe ment shall be guilty o	f. RSA 15-A:9 If a misdemeanor.
Date 61312020	Sig	MM MMA nature of Reporting Indiv	fidual	RECEIVE

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

RECEIVED

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

y <mark>pe or Print CLEAR</mark> ıll Name	LY Melanie	Ann Levesque		Work Address:	2 McDaniels Dr, Br	ookline, NH 03033	i .
imary Occupation	Consultant, TCS of	America Ent. LLC	E-mail	melanie4nhs	senate@charter.net	Work Phone	(603) 930-9951
	on, board or commission ment with state or cour MS.			New Ha	mpshire State Senator		
proprietor, or e	employee, or served in a	e of any profession, busines ny other professional or ad- enefits other than federal re	visory capacity, a	nd from which an	y income in excess of \$	310,000 was derived	d during the preceding
1TCS or	f America Ent. LLC, 2 I	McDaniels Dr, Brookline, 1	NH 03033, Teleco	ommunications			
2. The Pa	arker Store, 880 Candia	Rd, Manchester, NH 03109	9, Hydraulic Sales	s			
ou have no qualifyir	ng income indicate by w	riting your initials next to t	he following state	ement.	My inco	me does not qualify	·
financial effect 1. Any prof	t on you or a family men	ther decision by governmer mber than it would on the g siness licensed or certified by 4. Real Estate, includagent, developers, a	the State of New H	Hampshire. List each	ch such profession,		ew Hampshire, county, or
7. N.H. Retiren	11	urrent use land	9. Restaurant	services	10. Sale and distribution		11. Practice of
System 12. Any business Utilities Commis	regulated by the Public	ment program 13. Horse of gambling	lodging or dog racing, or ot	her legal forms of	beverages 14. Education	15. Water	law Resources
16. Agriculture	17. N.H. taxes:	I I	usiness terprise Tax	Interest and Dividends Tax		pecify any other area al interest	in which you have a
enalty. Any perso	on who knowingly fai	or affirm that the foregoils to comply with the pro		hapter or knowi		ement shall be gui	
	Return to:	Office of Secretary of Sta	te. 107 North Mai	in Street. State Ho	ouse Room 204. Concor	rd. NH 03301	JUN 1 2 2020

MEW HAMPSHIRE DEPARTMENT OF STATE

	TOAN A LEWICKE Work Address:	
Primary	y Occupation RETIREP E-mail LEW ; CKEWYA 1/100 Work Phone 6	038782610
director	the office, position, board or commission, committee, board of	
A,	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	during the preceding
1.		
2.		
If you h	nave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	Just L
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or m 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 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:	ct, grant a license or permit,
Γ	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal empty 6. State of New municipal empty 6. State of New Management, developers, and landlords 8. State of New Management, developers, d	w Hampshire, county, or ployment
Г	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 R	esources
Γ	16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in Special interest	n which you have a
Penal	e read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be lity. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt 3 JUNC 2020	lief. RSA 15-A:9 y of a misdemeanor.
Date	Signature of Reporting Individual	RECEIVED
		11111 0 0 2020

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

JUN 08 2020

NEW HAMPSHIRE

Full Name	SEAN MC	BRIDE 18	EWIS v	Work Address:			
Primary Occupation	<u> </u>		E-mail _	eanmobrid	delevis @	_ Work Phone _	(978) 846-0063
Name the office, position, directors, etc. or employm by you. NO ACRONYM!	ent with state or count		Member, S	Salem M	gua, 1. com Unicipal Bu	idget	Comus
proprietor, or em	ployee, or served in an	ny other professional	usiness, or other organiz or advisory capacity, ar leral retirement and/or d	nd from which any	income in excess of \$1	0,000 was derive	
1. N/A				·			
2. If you have no qualifying	income indicate by wr	iting your initials ne	xt to the following state	ment.	My incom	e does not quali	fy SL
reportable specia	l interest in any item o	on this list if a change	e in law, a change in adr	ministrative rule, a	decision whether or no	t to award a cont	matters. A person has a tract, grant a license or permit,
financial effect of	n you or a family men	nber than it would on				o, or matter woul	ld potentially have a greater
financial effect of	n you or a family men sion, occupation, or bus	iness licensed or certif	n the general public:	Iampshire. List each		6. State of	Id potentially have a greater New Hampshire, county, or employment
financial effect of the financ	sion, occupation, or bus category of business: 3. Insurance 8. Cu	iness licensed or certif	n the general public: fied by the State of New H including brokers,	Jampshire. List each	n such profession,	6. State of municipal e	New Hampshire, county, or
1. Any profess occupation, or c 2. Health Care 7. N.H. Retirement System	sion, occupation, or busicategory of business: 3. Insurance assessingulated by the Public	iness licensed or certifue 4. Real Estate, agent, develorment use landment program	including brokers, opers, and landlords 9. Restaurant lodging Horse or dog racing, or other.	Iampshire. List each	n such profession, ng or financial 10. Sale and distribution	6. State of municipal en of alcoholic	New Hampshire, county, or employment
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1. Any profess occupation, or comparison occ	n you or a family mension, occupation, or business: 3. Insurance 8. Cu assessingulated by the Public ion 17. N.H. taxes:	4. Real Estate, agent, develorment use land ment program Business Profits Tax a Real Estate, agent, develorment use land ment program	in the general public: fied by the State of New H including brokers, opers, and landlords 9. Restaurant lodging Horse or dog racing, or otholing Business Enterprise Tax oregoing information is	Solution of the legal forms of t	ng or financial 10. Sale and distribution beverages 14. Education 18. Optional: Special spe	6. State of municipal en of alcoholic 15. Water ceify any other are interest	New Hampshire, county, or employment 11. Practice of law r Resources a in which you have a
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Type or Print CLEARLY Full Name Douglas A. Leg	w	ork Address:	rentlin Pierce U.,	HOUnivesify)	rive, Rivolge 101403461 603)831-3661
Primary Occupation professor	E-mail _ @	lartley 580	29mei/ (om	Work Phone (603) 831-3661
Name the office, position, board or commission, committee, board of _directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Representa	ikie-NH	Horse		
A. List below the name, address, and type of any profession, busi 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 o	luring the preceding
1. Frenklin Pierce University, 40 Un	iverifilmer Ri	DCNHC3	161		
2 AFT-104 785 B4 30 10 +111	1 RI DHO	アスタルチ			
2. AFT-NH 785 Rtc. 3A Unit 103 City of Keene Public Works Money If you have no qualifying income indicate by writing your initials next	heroth A Statement to the following statement	hent.	WH 03431 My income	does not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change ir discipline a licensee or permittee, or other decision by governing financial effect on you or a family member than it would on the occupation, or category of business licensed or certified occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, incompared to the control of the contro	n law, a change in adminent affecting the listente general public: I by the State of New Hard the listente of New Hard the liuding brokers,	inistrative rule, a d business, profes mpshire. List each	decision whether or not sion, occupation, group	to award a contract, or matter would p	t, grant a license or permit, otentially have a greater Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/		10. Sale and distribution beverages		11. Practice of law
	se or dog racing, or othe	r legal forms of	14. Education	15. Water Re	sources
T 16 A ami au léuma	Business Enterprise Tax	Interest and Dividends Tax		cify any other area in nterest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregreenalty. Any person who knowingly fails to comply with the page 15 page	going information is provisions of this cha	upter of knowing	te to the best of my kr y files a false statement ture of Reporting Indivi	ent shall be guilty	of a misdemeanor.
		,			JUN 0 5 2020
Return to: Office of Secretary of S	State, 107 North Main	Street, State Hous	se Room 204, Concord, I	NH 03301	MEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Primary Occupation Name the office, position, board directors, etc. or employment with by you. NO ACRONYMS.	or commission, committee	E-mail_	Work Address:a jingfire of the Ch	213 High St D@yahoo.com ecklist, Berlin	, Berlin A Work Phone 60	14 03570 13-512-9977
A. List below the name, ad proprietor, or employee,	or served in any other pro	fession, business, or other organ ofessional or advisory capacity, r than federal retirement and/or	and from which any	income in excess of \$1	0,000 was derived d	uring the preceding
1. Single Digit 2.	ts Inc - 4	Bedford Farms Dr	-, Bedford	NH 03110 -	- Computer	Networking
If you have no qualifying income	indicate by writing your	initials next to the following star	tement.	My incom	e does not qualify	
reportable special intere discipline a licensee or p financial effect on you c	st in any item on this list in permittee, or other decisions a family member than it cupation, or business license	has a special interest in any of the facture of the facture of the facture of the facture of the line of the line of the line of the facture of the line of the facture of the line of the facture of the line of	dministrative rule, a sted business, profe	decision whether or not ssion, occupation, group	to award a contract	, grant a license or permit,
2. Health Care 3.		leal Estate, including brokers, ent, developers, and landlords	5. Banki services	ng or financial	6. State of New municipal emp	Hampshire, county, or loyment
7. N.H. Retirement System	8. Current use lan assessment program	m lodging		10. Sale and distribution beverages	of alcoholic	11. Practice of law
Lack Tiles 12. Any business regulated Utilities Commission	by the Public	 13. Horse or dog racing, or o gambling 	ther legal forms of	14. Education	15. Water Re	sources
16. Agriculture	17. N.H. Busir taxes: Profits		Interest and Dividends Tax		cify any other area in interest	which you have a
I have read RSA 15-A and he Penalty. Any person who ke Date 05 JUN 2	nowingly fails to comp				nent shall be guilty	

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

JUN 09 2020 MINITED SHIRE

ype or Print CLE ull Name	David Bernard	Lisle		Vork Address:	68 Bluestone Dr	, Nashua, NH 03060	
imary Occupation	n Partner/Producer		E-mail _d	isle@doubledave	ent, com	Work Phone _6	603-556-0485
	osition, board or commission ployment with state or con NYMS.						
proprietor,	or employee, or served in	ne of any profession, business, any other professional or advi benefits other than federal reti	sory capacity, a	nd from which an	y income in excess	of \$10,000 was derive	d during the preceding
1.					<u> </u>		
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you have no qual	ifying income indicate by	writing your initials next to the	following state	ment.	My i	ncome does not qualif	yDt
` 1. Any		ember than it would on the ger usiness licensed or certified by th	-	ampshire. List eac	h such profession,		· · ·
2. Health Co	are 3. Insurance	4. Real Estate, includin	-	5. Bank services	ing or financial	6. State of N	lew Hampshire, county, or mployment
7. N.H. Ret System		Current use land sment program	9 Restaurant	·	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
12. Any busin	ness regulated by the Public mmission	13. Horse or gambling	dog racing, or oth	er legal forms of	14. Educatio	<u>'</u>	Resources
16. Agricul	lture 17. N.H. taxes:		iness Prise Tax	Interest and Dividends Tax	- 18. Optional sp	Specify any other area ecial interest —	in which you have a
		or affirm that the foregoing					
Date6/12/	/2020 ··		_		vid Lisle	ndividual	RECEIVE
				5161	or responding a		U.N. 4.2 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	IE H LINDER	UBERG WO	ork Address: RETIRED		
Primary Occupation		E-mail		Work Phone	
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.					
proprietor, or employee,	or served in any other profession	onal or advisory capacity, and	ion in which you or a family member from which any income in excess of sability benefits shall be included. (Use	10,000 was derived	d during the preceding
2.					2.0
If you have no qualifying income	indicate by writing your initials	s next to the following statement	ent. My inco	me does not qualify	y_JS
reportable special interest discipline a licensee or pe financial effect on you or	t in any item on this list if a char ermittee, or other decision by go a family member than it would apation, or business licensed or ce	ange in law, a change in admin overnment affecting the listed on the general public:	ellowing businesses, professions, occur nistrative rule, a decision whether or n business, profession, occupation, gro apshire. List each such profession,	ot to award a contra	act, grant a license or permit;
2. Health Care 3. In		ate, including brokers, relopers, and landlords	5. Banking or financial services	6. State of Normanicipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution	n of alcoholic	11. Practice of law
12. Any business regulated by Utilities Commission	, ,,	3. Horse or dog racing, or other mbling	legal forms of 14. Education	15. Water I	Resources
16. Agriculture	17. N.H. Business Profits Tax		Interest and Pividends Tax 18. Optional: Special speci	pecify any other area l interest	in which you have a
I have read RSA 15-A and her Penalty. Any person who kno	eby swear or affirm that the owingly fails to comply with	foregoing information is to the provisions of this chap	rue and complete to the best of my oter or knowingly files a false state	knowledge and b	elief. RSA 15-A:9 Ity of a misdemeanor.
Date June 2 de	<i>100</i>	_0	Signature of Reporting Indi	vidual	RECEIVED
	Return to: Office of Secretar	ry of State, 107 North Main S	treet, State House Room 204, Concord	, NH 03301	JUN 0 9 2020

Type or Full Na	r Print CLEARLY /,	sa. A.	Litchfil	ild	Work A	idress: <u> </u>	6 E/100	or's la	y Bantwa
	Occupation			E-ma	iil/ <u>Ne/i</u> s	salit	chfildace	Workshone 14	#
director	he office, position, board rs, etc. or employment w NO ACRONYMS.				-				052
A.	List below the name, a proprietor, or employe calendar year. Sources	e, or served in an	y other professi	onal or advisory capac	ity, and from	which any	income in excess of \$	0,000 was derived	during the preceding
1.									
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If you h	nave no qualifying incom	e indicate by wr	iting your initial	s next to the following	statement.		My incom	ne does not qualify	
Г 	Any profession, o occupation, or categor	or a family men	ness licensed or c	ertified by the State of latte, including brokers, evelopers, and landlords	c: New Hampshir	e. List each			w Hampshire, county, or
Г	7. N.H. Retirement System		rent use land nent program	9. Resta			10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulated Itilities Commission			13. Horse or dog racing, ambling	or other legal	forms of	14. Education	15. Water R	esources
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax		st and ands Tax		ecify any other area in interest	n which you have a
I have	e read RSA 15-A and lty. Any person who l	knowingly fails	r affirm that the to comply wit	e foregoing informath the provisions of t	tion is true a	nd comple or knowing	te to the best of my larger states	knowledge and be ment shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	JUNE 5	<u>, 202 (</u>	<u>5</u>			Signar	ture of Reporting India	ridual	
		Datum to	Office of Secret	ary of State 107 North	Main Street	State House	e Room 204 Concord	NH 03301	JUN 0 9 2020

Full Name	ichard li	Hlefie	14		Work Address:			
Primary Occup	pation D'Sa	oled		E-mail	· · · · · · · · · · · · · · · · · · ·		Work Phone	
	or employment with		committee, board of government held					
propr	ietor, or employee,	or served in any	other professional o	or advisory capacity	, and from which a	ou or a family member ny income in excess of \$ shall be included. (Use	10,000 was derived of	during the preceding
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2			ing your initials nex	t to the following st	atement.	My inco	me does not qualify	Ren
report discip finance	table special interest pline a licensee or p cial effect on you o	et in any item on ermittee, or other a family memb upation, or busin	this list if a change	in law, a change in nment affecting the the general public:	administrative rule, listed business, pro	fession, occupation, grou	ot to award a contract	tters. A person has a t, grant a license or permit, otentially have a greater
2. Hea	lth Care 3. I	nsurance		ncluding brokers, ers, and landlords	5. Ban service	king or financial	6. State of New municipal emp	Hampshire, county, or loyment
7. N.F System	I. Retirement	! !	ent use land nt program	9. Restaur	ants/	10. Sale and distribution beverages	<u> </u>	11. Practice of
	business regulated b Commission	y the Public	13. Ho	orse or dog racing, or ng	other legal forms of	14. Education	15. Water Re	sources
☐ 16. Ag	griculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia	pecify any other area in	which you have a
Penalty. A	ny person who kr					plete to the best of my		
Date <u></u>	13/20				Sig	nature of Reporting Indi	vidual	The second second second second

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

JUN 0 5 2020 MEW MARCPORTUGE DEPARTMENT OF LOCAL

Full Name Livernois Work Address: 64 Court Street, L	aconia NH UZZ
Primary Occupation County Attorney Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. E-mail alivernois@beknapcounty Work Phone Organization of the property of the	603-527-544
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, d proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deriv calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ved during the preceding
1	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qual	lify <u>ABL</u>
T 7 Health (are 11 1 Incurance 11	uld potentially have a greater
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	employment 11. Practice of
System assessment program lodging beverages 12. Any business regulated by the Public Tax Specify any other against taxes: Tax Specify any other against taxes Specify any other a	er Resources rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be g	d belief. RSA 15-A:9 guilty of a misdemeanor.
Date 6/9/2020 Signature of Reporting Individual	RECEIVED
	JUN 0 9 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 Lexander Llow	Vork Address: 26 whipe	de St Nashva NH 0306
		Work Phone (603) 5.79-9335
Name the office, position, board or commission, committee, board of New Hamp directors, etc. or employment with state or county government held by you. NO ACRONYMS.		& Human Services
A. List below the name, address, and type of any profession, business, or other organize 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 design.	nd from which any income in excess of \$ isability benefits shall be included. (Use	10,000 was derived during the preceding additional sheets as necessary)
1. New Hampshire Job Corps Center 2. (& Primary Occupation)	- Residential Assist	Part Per Diem 943 Numberton R
2. (&Primary Occupation)		Manchisher, 03/02
If you have no qualifying income indicate by writing your initials next to the following state		ne does not qualify
reportable special interest in any item on this list if a change in law, a change in addiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hoccupation, or category of business:	ed business, profession, occupation, grou	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land 9. Restaurants lodging	beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or oth gambling	er legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is Penalty . Any person who knowingly fails to comply with the provisions of this character by the provision of the character by the provision of the character by the provision of t	true and complete to the best of my lapter or knowingly files a false staten	cnowledge and belief. RSA 15-A:9 nent shall be guilty of a misdemeanor.
Date 6/1/2020	Signature of Reporting Indiv	idual RECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE

Type o i Full Na	r Print CLEARLY Ric	CHARD A	VDREW LOBE	BAN, JR	Work Ac	idress: 7	10 Diek	Brown	ROAD	
Primary	Occupation PROFE	SSOR		E-mail	rLobb	an@ri	ic.edu	w	ork Phone 603	3-744-6484
director	he office, position, board ors, etc. or employment with NO ACRONYMS.			^	VONE					
A.	List below the name, add proprietor, or employee, calendar year. Sources of	or served in an	y other professional	or advisory capacity ral retirement and/	y, and from or disability	which any benefits sl	income in exce hall be included	ess of \$10,00 d. (Use addi	00 was derived o	during the preceding necessary)
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2.	Retired	Professon	of Anthropol	084		1			War Colli	,
lf you h	nave no qualifying income				tatement.		M	Iy income d	oes not qualify	RAS
В. ГУ		st in any item of ermittee, or other a family mem supation, or busing	n this list if a change her decision by gover ber than it would on	in law, a change in nment affecting the the general public: ed by the State of Ne	administra listed busi	tive rule, a ness, profes	decision wheth	er or not to on, group, or	award a contract r matter would p	t, grant a license or permit,
V	2. Health Care 3. I	nsurance	1	ncluding brokers, ers, and landlords		5. Bankir services	ng or financial		6. State of New municipal emp	Hampshire, county, or loyment
<u></u>	7. N.H. Retirement System	11	rent use land ent program	9. Restaur	rants/	11	10. Sale and dis beverages	tribution of	alcoholic	11. Practice of law
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N	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax		est and ends Tax	[18. Opti	onal: Specify special inte	any other area in	which you have a Terrior & FRAIRS - SECURITY
	e read RSA 15-A and he lty. Any person who kn	nowingly fails				or knowing		e statemen	t shall be guilty	

ype or Print CLEAR	ch.	T. Lo	NG		Work Address:	N/A		
rimary Occupation		ned		E-mail		Courst. NET	Work Phone	N/A
ame the office, position	n, board or	commission	, committee, boar	d of marches	tea Aldeni	MAN, MKNCHES	tea Plania	& BOHRD, marches
rectors, etc. or employ vyou. NO ACRONYN	ment with	state or coun	ty government he	Commun.	ty Resour	ce Center		of Borned, marches
proprietor, or en	mployee, o	r scrved in a	ny other professio	n, business, or other orga onal or advisory capacity federal retirement and/o	, and from which an	y income in excess of \$	10,000 was derived	d during the preceding
1. ARC 11	VC_	Bunk	ed Hill	ROAD,	Auburn,	NH		
2.								
you have no qualifying	g income in	ndicate by w	iting your initials	next to the following st	atcıncııt.	My incom	ne does not qualify	
financial effect	on you or a	a family men	nber than it would iness licensed or ce	ton the general public:	v Hampshire. List eac	h such profession,	_ 6. State of N	potentially have a greater
7. N.H. Retireme			rent use land	relopers, and landlords 9. Restaura	services	10. Sale and distributio	municipal en n of alcoholic	Il. Practice of
System		1	ent program	lodging		beverages		law
 12. Any business re Utilities Commiss 		the Public	11	3. Horse or dog racing, or mbling	other legal forms of	14. Education	15. Water I	Resources
16. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp specia	ecify any other area l interest	in which you have a
have read RSA 15-A Penalty. Any person	A and here who kno	eby swear o wingly fails	r affirm that the to comply with	foregoing information the provisions of this	n is true and comple chapter or knowing	lete to the best of my ngly files a false state	knowledge and be nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Date June	3,0	2020	·		pato		<u> </u>	RECEIVED
V					Sign	ature of Reporting Indi	viduai	JUN 0 4 2020
		Return to:	Office of Secretar	y of State, 107 North M	ain Street, State Hou	ise Room 204, Concord		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Donar Loronger	Work Address: 28 Play Comp Rd Sofer WH down loranger would work Phone WA
Primary Occupation Refived E-mail	don brangers concust, nework Phone WA
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$10,000 was derived during the preceding
1. N/A	
2. If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
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 w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land sssessment program 9. Restaura	ants/ 10. Sale and distribution of alcoholic beverages
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 information Penalty. Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	Signature of Reporting Individual RECEIVED
	JUN 0 8 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Prin Full Name	nt CLEARL DIAN	E LOT	HROP		Work Address:	10 ALTHE	A LANE	NASHUA NH 030
Primary Occu	upation	RETIRED		E-mail _	dilothn	peyahoo. co	M Work Phone	603-864-9287
	. or employn	nent with state or co	on, committee, board of _ ounty government held	N/A				
prop	orietor, or em	iployee, or served in	rpe of any profession, busi n any other professional or benefits other than federa	advisory capacity, a	ınd from which a	ny income in excess o	f \$10,000 was derive	d during the preceding
1		// A			:	·		
2.								
If you have no	o qualifying	income indicate by	writing your initials next t	to the following state	ement.	My inc	come does not qualif	y
finar	ncial effect of	on you or a family n	nember than it would on the outiness licensed or certified	by the State of New I	Hampshire. List ea	ch such profession,		d potentially have a greater
Γ 7. N.I. Syste	H. Retireme	. 11	Current use land	9. Restaurant		10. Sale and distribute beverages		11. Practice of
12. An		gulated by the Public		se or dog racing, or ot	her legal forms of	14. Education	15. Water	Resources
☐ 16. A	griculture	17. N.H. taxes:		Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: spec	Specify any other area	in which you have a
I have read Penalty. A	RSA 15-A Any person	and hereby swea who knowingly fa	r or affirm that the foreguils to comply with the p	going information in provisions of this c	s true and comp hapter or knowi	elete to the best of mingly files a false sta	y knowledge and b tement shall be gui	belief. RSA 15-A:9 Ity of a misdemeanor.
Date	6/4	1/20			<u>Dian</u>	e 2019 nature of Reporting In	dividual	RECEIVED
		Return to	o: Office of Secretary of S	tate, 107 North Mai	n Street, State Ho	use Room 204, Conco	ord, NH 03301	JUN 0 5 2020

Type or Print CLEARLY Full Name Thomas John Loughman Work Address: 12 Maple wood Dr. Haryton NH
Full Name Thomas John Loughman Work Address: 12 Maffewood Dr. Haryton NH Primary Occupation VP, Enconnect, Health, Safet & E-mail Tome Tom Loughman. Com Work Phone
Name the office, position, board or commission, committee, board of Swfety Council, Trusted directors, etc. or employment with state or county government held by you. NO ACRONYMS.
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in 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 lodging 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a mis RECEIVED.
Date 6/3/2020 Signature of Reporting Individual JUN - 4 2020
Signature of Reporting Individual NEW HAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Work Address: 4 MAPIR ST # 3
Primary Occupation HANDY MAN E-mail	david love 4 repair Work Phone 603 275985)
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Work Address: 4 MAPLE ST # 3 DEVICTOR A repos Work Phone 603 275985) Represent ATIVE
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	nnization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. Worle	
2.	
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify DC L
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	Hampshire. List each such profession,
agent, developers, and landlords 7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this Date $\mathcal{L} - \mathcal{L} - \mathcal{Z} \circ \mathcal{Z}$	chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North M	ain Street, State House Room 204, Concord, NH 03301

Type or Full Na	r Print CLEA me	RLY P	2/14	Loveloy			_ Work Ad		21	Coach	Road	Strather	1 NH
Primary	Occupation _	RAYIV	1/	J./		E-mai	PJ	oveloy	, 1	Comcast "	Work Phone	643-661	8277
director	· .	oyment with		n, committee, inty governmen		EXEC	active	1.//	ncij	<u></u>			
, A .	proprietor, or	employee,	or served in a	any other profe	essional o	siness, or other orgor advisory capacit ral retirement and	ty, and from	which any	income	in excess of \$1	0,000 was derive	ector, associate, pared during the precedus necessary)	rtner, ling
1.						-	·						
2.												·	
If you h	ave no qualify	ing income	indicate by v	vriting your in	itials next	t to the following:	statement.			My incom	e does not qualif	iy 9 f.	-
Г Г	1. Any pro	ofession, occu	ipation, or bu	siness licensed	or certifie ll Estate, in	ed by the State of No		List each s 5. Banking services	<u> </u>		6. State of 1 municipal e	New Hampshire, cour	ity, or
Γ	7. N.H. Retire System	ment	11	urrent use land ment program		9. Restau	rants/	r 1	0. Sale a	and distribution es		11. Prac	tice of
	2. Any business tilities Comm		y the Public	Г	13. Ho gamblir	orse or dog racing, o	r other legal f	orms of	<u> </u>	4. Education	15. Water	Resources	
Г	16. Agricultur	e	17. N.H. taxes:	Busines		Business Enterprise Tax	Interest Dividen		Г ¹		cify any other area nterest	in which you have	ı
I have Penal	read RSA 15 ty. Any pers	5-A and her	eby swear o	or affirm that	the fore	going information provisions of the	on is true an is chapter or	d complet	te to the	a false statem	nowledge and lent shall be gui	pelief. RSA 15-A lity of a misdemen	:9 inor.
Date	6	110/20	20					ak	1	Lory a		RECEIV	/ED
							6	Signate	ure/of R	eporting Indivi	dual	JUN 102	.020
	• .		Return to:	Office of Sec	retary of	State, 107 North N	Main Street, S	tate House	Room	204, Concord,	NH 03301	NEW HAMPS	

Type o Full Na	r Print CLEARLY	Lozito		Wor	k Address: 5	9 <eda pk,<="" th=""><th>Charlestow,</th><th>, NH 0360</th></eda>	Charlestow,	, NH 0360
Primary	Occupation	emble/		E-mail pat	1021009	parl. com	Work Phone 60	~, x/+/ 03602 03-542-5306
director	he office, position, board ors, etc. or employment with NO ACRONYMS.			of				
A.	proprietor, or employee,	or served in any oth	er profession	business, or other organizational or advisory capacity, and the derail retirement and/or disa	from which any	income in excess of \$10	0,000 was derived o	during the preceding
1.		· · · · · · · · · · · · · · · · · · ·						
2.								
If you h	nave no qualifying income	indicate by writing	your initials	next to the following stateme	nt.	My income	e does not qualify	
	Any profession, occoccupation, or category	upation, or business	icensed or cer	tified by the State of New Ham	-			
	2. Health Care 3. I	nsurance		e, including brokers, Plopers, and landlords	5. Bankır services	ng or financial	municipal emp	v Hampshire, county, or bloyment
	7. N.H. Retirement System	8. Current assessment p	rogram	9. Restaurants/ lodging		Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulated Utilities Commission	by the Public	1 1	. Horse or dog racing, or other nbling	legal forms of	14. Education	15. Water Re	esources
:	16. Agriculture	1	Business Profits Tax		nterest and Dividends Tax		cify any other area ir nterest	n which you have a
l hav Pena	(-15-		irm that the comply with	foregoing information is to the provisions of this char		ete to the best of my k gly the a false statem ature of Reporting Indiv	idual	JUN 1 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 THOMAS J. LUKACZ Work Address: 414 LESUE DRIVE
Full Name Work Address: 414 LESUE DRUKE Primary Occupation FIELD SERVICE REPRENENTATION IN THIS TONK (2097 CGM2) CONGRE Phone 603 - 498-1937
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)
1N/A
2. N/A
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in 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 Business Interest and Inte
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6.12. 7525 Signature of Reporting Individual HING 5. 2026
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A Type or Print CLEARLY Work Address: E-mail Primary Occupation . Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify 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: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial 2. Health Care 3. Insurance services municipal employment agent, developers, and landlords 10. Sale and distribution of alcoholic 8. Current use land 9. Restaurants/ 11. Practice of 7. N.H. Retirement lodging beverages law assessment program System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 18. Optional: Specify any other area in which you have a 17. N.H. **Business** Interest and Business 16. Agriculture

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Enterprise Tax

Dividends Tax

Profits Tax

taxes:

6-3-20 Date

Signature of Reporting Individual

special interest ---

JUN 0 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

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

Fype or Print CLF Full Name	EARЫ	DAU		LUX	EAT)		W	ork Ado	dress:	21	1 Po.	TVZ	U	Hu	B	٠.	HOPKIN	70.
Primary Occupation			GIN	5EV			E	WE-mail D	<u> </u>	EAT	UB	6MAL	L.(a	∕(∕(Wor	k Phone _	603		NA	
Name the office, po directors, etc. or em by you. NO ACRO	ploym	ent with						TATE	: Z	EP,		STATE	e or	E,	NH		76	6484	
A. List below proprietor, calendar yo	or em	ployee, or	served in	any othe	r professi	onal or a	advisory c	apacity, and	d from v	vhich an	y inco	ome in exc	ess of \$1	000,01	was deriv	ved during	the p		
1	UT	146	n E	PRAM	vcH	_5	TATE	8F	Nt	/									
f you have no qual	ifying	income ir	dicate by	writing y	our initial	s next to	the follo	wing staten	nent.			N	Ay incon	ne does	s not qual	ify			
	on, orc		`business:		4. Real Es	tate, inclu	by the State LAC uding brok and landle	ters,	mpshire.		ting or	h profession	1,	X °	5. State of	New Ham	pshire	county, or	_
7. N.H. Ret System	iremer	nt	į.	Urrent us Ssment pro	se land	veropers.	1	Restaurants	,	T	10.	Sale and dis	stribution	n of alc	oholie	× imployment	lav	. Practice of	-
12. Any busir Utilities Con			the Public		1 4	13. Horse ambling	-	cing, or othe	r legal f	orms of		14. Educ	cation		15. Wate	er Resourc	es		-
☐ 16. Agricul	ture		17. N.H. taxes:	B Pr	usiness ofits Tax		Business Enterprise T	ax	Interes Divider			l8. Opti		ecify an		ea in which	ı you	have a	-
I have read RSA Penalty. Any po	erson	who kno	wingly fa																-
_ =====================================										Sigr	nature	of Report	ing Indiv	vidual		R	Street Var)
			Return to	o: Office	of Secret	ary of St	tate, 107 N	North Main	Street,	State Ho	ouse R	oom 204, 0	Concord	, NH 0	3301		JUN	0 9 2020	

Type o	or Print CLEARLY	arold 1	Vern Lynd	fr	_ Work Addr	ess:	Va refi	121	603.635.921		
Primar	y Occupation	inter		E-mai	he/c	(dc/	ket mel!	Work Phone _	603-635-921	5	
Name directo	the office, position, board ors, etc. or employment with NO ACRONYMS.	or commission	, committee, board of								
A.	List below the name, add proprietor, or employee, calendar year. Sources of	or served in a	ny other professional o	r advisory capaci	ty, and from wh	ich any inco	ome in excess of \$10	0,000 was deriv	ed during the preceding		
1.	1/4										
2.								· · · · · · · · · · · · · · · · · · ·		•	
If you	have no qualifying income	indicate by w	riting your initials next	to the following	statement.		My incom	e does not quali	fy		
В.	reportable special interes discipline a licensee or p financial effect on you of	st in any item of ermittee, or ot r a family men supation, or bus	on this list if a change ther decision by govern the than it would on the change than it would on the change than it would on the change that	in law, a change in nment affecting the he general publicated d by the State of No	n administrative e listed busines ew Hampshire.	e rule, a deci s, profession List each such	ision whether or not in, occupation, group th profession,	to award a com , or matter wou	matters. A person has a tract, grant a license or permi ld potentially have a greater	t,	
Γ	2. Health Care 3. I	nsurance		cluding brokers, ers, and landlords	1.1	5. Banking or ervices	r financial	6. State of New Hampshire, county, or municipal employment			
Γ	7. N.H. Retirement System	11	rrent use land nent program	9. Restau	rants/	1	Sale and distribution crages	of alcoholic	11. Practice of law		
Г	12. Any business regulated butilities Commission	by the Public	13. Ho	orse or dog racing, ong	or other legal for	ms of	14. Education	15. Wate	r Resources		
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a			cify any other are nterest	a in which you have a		
Pena	re read RSA 15-A and he alty. Any person who kn	ereby swear o	or affirm that the forest to comply with the	egoing informati provisions of th	on is true and is chapter or k	complete to	o the best of my kifiles a false statem	nowledge and ent shall be gu	belief. RSA 15-A:9 nilty of a misdemeanor.		
Date	4, 3, 20					Signature	of Reporting Indivi	dual	RECEIVED		
		Return to:	Office of Secretary of	State, 107 North	Main Street, Sta	ate House Ro	oom 204, Concord,	NH 03301	JUN 0 9 2020		

Type or Full Na	Print CLEARLY John ("Bob") Lynn		Hame Work Address: 6	Dublin Rd.	Windham 1	NH 03587
Primary	Occupation Retired	E-mail _	rylynn 4@gm	nail.com	Home 62 Work Phone 62	VH 03587 03-598-1899
director	ne office, position, board or commission, committee, board or s, etc. or employment with state or county government held NO ACRONYMS.	Gandida te	for State	Representati	, e	
A.	List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than feet	l or advisory capacity, leral retirement and/o	, and from which any	income in excess of \$1	0,000 was derived of	during the preceding
1.	NH Judicial Retirement System	7				
2.						
If you h	ave no qualifying income indicate by writing your initials no	ext to the following sta	atement.	My incom	e does not qualify	
卢	discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on the second of the se	n the general public: fied by the State of New			o, or matter would p	ootentially have a greater
Г		including brokers, opers, and landlords	5. Bankir services	ng or financial	6. State of New municipal emp	v Hampshire, county, or sloyment
严	7. N.H. Retirement Judicity 8. Current use land assessment program	9. Restaura	11	10. Sale and distribution beverages	ofalcoholic	11. Practice of law
	12. Any business regulated by the Public Litilities Commission 13.	Horse or dog racing, or oling	other legal forms of	14. Education	15. Water Re	esources
Г	16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		ecify any other area ir interest	n which you have a
Pena	e read RSA 15-A and hereby swear or affirm that the follow. Any person who knowingly fails to comply with the following state of the st					
Date	112)00000		Signa	ntyre of Reporting andiv	ridual	RECEIVE

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

	r Print CLEARL	*Laura:	T. Lynch		_ Work Add	lress:	N/D		
Primary	Occupation	/H	/	E-ma	il			_ Work Phone	
director		nent with state or cour	n, committee, board of nty government held			,			
A,	proprietor, or en	ployee, or served in a	ny other professional	or advisory capaci	ity, and from v	which any	or a family member wincome in excess of \$1 all be included. (Use a	0,000 was derived	during the preceding
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2.				,					
If you h	ave no qualifying	income indicate by w	riting your initials nex	t to the following	statement.		My incom	e does not qualify	
в.	reportable special discipline a licer financial effect of 1. Any profes	al interest in any item usee or permittee, or o on you or a family me	on this list if a change	in law, a change in nment affecting the the general public	in administrati ne listed busine ::	ve rule, a dess, profes	sion, occupation, 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		ncluding brokers, ers, and landlords		5. Banking services	g or financial	6. State of New municipal emp	w Hampshire, county, or bloyment
Γ	7. N.H. Retireme System		urrent use land ment program	9. Resta	urants/	11	10. Sale and distribution everages	of alcoholic	11. Practice of law
Г	12. Any business re Itilities Commiss	gulated by the Public	☐ 13. Ho gambli	orse or dog racing,	or other legal fo	orms of	14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividen		18. Optional: Spe special	cify any other area in	n which you have a
I have Penal	Ity. Any person $\sqrt{2/2}$	and hereby swear of who knowingly fail	or affirm that the forest to comply with the	egoing informat provisions of th	ion is true and is chapter or	knowing	te to the best of my kely files a false statem	ent shall be guilt	y of a misdemeanor.

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

JUN 0 5 2020

MENT HAMPSHIRE
DEPORTMENT OF STATE