Type or P Full Name	rint CLEARLY	tory M	ACTIONS.	SRW	ork Address:	Retired		
Primary Oc	ccupation <u>Ret</u>	red PC	Nicc Detcc	HUC E-mail TON	y macane	oweg hotmaild	<u>دم</u> Work Phone	603-923-0486
			, committee, board of	Retired	Police	Detective		
	etc. or employment wi O ACRONYMS.	in state or coun	ry government held	Fornice	STRAFE	FORD COUNT	ty Dep	sty sharf
pr	oprietor, or employee	, or served in ar	y other professional o	iness, or other organizat r advisory capacity, and al retirement and/or disa	from which any	income in excess of \$	10.000 was derive	during the preceding
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B. Ir re di fir	ndicate below whether portable special intere scipline a licensee or p nancial effect on you c	you or a family st in any item o permittee, or oth or a family mem cupation, or busi	y member has a special n this list if a change in her decision by govern iber than it would on th ness licensed or certified	ment affecting the listed ne general public: I by the State of New Ham	Illowing busines nistrative rule, a business, profe npshire. List each	sses, professions, occup decision whether or no ssion, occupation, grou such profession,	ations, groups or r t to award a contra p, or matter would	act, grant a license or permit, potentially have a greater
- 2.1	Health Care 7.3	Insurance	4. Real Estate, inc agent, developer	cluding brokers, rs, and landlords	5. Bankin services	ng or financial	6. State of Normunicipal en	ew Hampshire, county, or ployment
1/	N.H. Retirement stem		rent use land ent program	9. Restaurants/ lodging		10. Sale and distribution beverages	of alcoholic	I1. Practice of law
	Any business regulated ties Commission	by the Public	☐ 13. Hor gamblin	se or dog racing, or other g	legal forms of	14. Education	15. Water H	Resources
F 16.	. Agriculture	17. N.H. taxes:	⊢ Business Profits Tax Г		Interest and Dividends Tax		cify any other area interest	n which you have a
				going information is tr provisions of this chap				
Date	JUNE, 1	bt, 20	220	· · · · · · · · · · · · · · · · · · ·	Signa	ture of Reporting Indiv	idual	JUN 1 0 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

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Type or Print CLEABLY Full Name Ohv J. MacDonAld w	Vork Address: P.O. Box 968, Wolfebono Falls NH 3896 Work Phone 603-387.525
Primary Occupation Refined E-mail	Work Phone (03-367-525)
Name the office, position, board or commission, committee, board of $\underline{T_{SWN}} of W$ directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NATive, CARNUK Distnict 6
 A. List below the name, address, and type of any profession, business, or other organiza 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 dis 1. ASS JNAWC, Glubal TINAWCIAL Senduces and Sol 	d from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary)
2. NH REFINOMENT SYSTEM, CHANNEL DA. CU WOLFEBOND FUN NO. MUN St. WOLFEBO If you have no qualifying income indicate by writing your initials next to the following statem LINCLA'S FLOWER Shop CLC CENTER STILLE	nu NH. My income does not qualify
 discipline a licensee or permittee, or other decision by government affecting the liste financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hat occupation, or category of business: 	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 ampshire. List each such profession,
2. Health Care 7 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System Image: system 10dging	10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or othe gambling	er legal forms of 14. Education 15. Water Resources
Image: Total and the second	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 cha Date $\frac{43/24}{}$ Return to: Office of Secretary of State, 107 North Main	apter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Reporting Individual JUN - 4 2020

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print CLEARLY & D. Ma Dohaldwork Address: Devry NH, 03038 Full NameNH, 03038 Primary OccupationE-mailE-mailE-mailWork PhoneWork Phone
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) 1
 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: 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 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program of lodging lodging lodging lodging lodging
12. Any business regulated by the Public Image: 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and 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 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
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Primary Occupation Executive Director NH FAPA Benail put Superblog and I. com Work Phone (Lost 717-52)? Name the office, position, board or commission, committee, board of A H STATE S and e 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, proprietion, 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, proprietion, or enployment 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, proprietion, or enployment if the proceeding datable included (Use additional sheets as necessary) 1. Vern's Are below 234 D VL N'gh wg memory and below whether or one to avail for more address and the prove family member bas a special interest in any off to following businesses, profession, occupation, group or matter, A person has a reportable special interest in any item and ministrative rule, a decision whether or not to award a contract, grant a license or permit, discipling a license or permit, discipling a license or permit, discipling a license or provide additional sheet or license or permit, discipling a license or permit, discingling a	Type or Print CLEARLY Full Name_Mariellin T_mackay Work Address: 9 V/c bstic ST	Nashue 03der
directors, etc. or employment with state or county government held 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 advor disability benefits shall be included. (Use additional sheets as necessary) 1. Vern's are below 234 DV High way, merch model, NHT 2. Ajthf APA LAND For a addepTity the factor TASS n - game As Abotte 11. My income does not qualifying income indicate by writing your initials next to the following statement. My income does not qualifying income indicate by writing your initials next to the following businesses, profession, 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 advinistrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a license or permite, 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 business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, services 5. Banking or financial 6. State of New Hampshire, c	Primary Occupation Executive Director NH FAPA E-mail pHSapae OC qmail con Work Phone (60	3 717-5819
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 proceeding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. Yern's are bely 734 D M M'gh mgr merri mack, NTH 2. MHFAPA LANK FEST as Addeptive Paum TASS n Some As Abott? 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, 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: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or a family member than it would on the general public: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or a family member than it would on the general public: S. State of New Hampshire, county, or municipal employment I. 2. Health Care 3. Insurance 9. Restaurants/ 10. Sale and distribution of alcohoolic 11. Practice of law I. 2. Any business regulated by the Public 9. Restaurants/ 10. Sale and distribution of alcohoolic 11. Practice of law	directors, etc. or employment with state or county government held	
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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	2. AHFAPA LAH FUSTER a Adaptive Parent ASSA - Some AS Aboxe	
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16. Agriculture taxes: Profits Tax Enterprise Tax Dividends Tax special interest I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date		esources
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		n which you have a
Signature of Reporting Individual JUN 1 0 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE	I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and bel Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	lief. RSA 15-A:9 y of a misdemeanor.
JUN 1 0 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE		RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE	Signature of Reporting Individual	JUN 1 0 2020
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	

Type or Print CLEARLY SAME ACK-01212 Work Address: MW Full Name MARK SAME For 212 Work Address: MW Primary Occupation Relation E-mail MS MACK-0121078 PWork Phore	100
Primary Occupation Reland E-mail MS MACK-prize 28 Work Phor	ne
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 proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional she	erived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not q	ualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter v 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: 	contract, grant a license or permit,
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7. N.H. Retirement System8. Current use land assessment program9. Restaurants/ lodging10. 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. W	Vater Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise TaxInterest and Dividends Tax18. Optional: Specify any othe special interest	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge a Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be Date $\frac{6}{22202}$	and belief. RSA 15-A:9 e guilty of a misdemeanor. RECEIVED
Signature of Reporting Individual	JUN 1 2 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

 Image: State of Frince Clear Work Address: 26 Campground Rd. Mered 11, 14 03253

 Primary Occupation Campground owner (manage: E-mail Jon @Clear Water Campground com Work Phone 603-279-2761

 Type or Print CLEARLY Full Name Jonathan Machie 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) Clearwoods Camping Inc. 26 campground Rd- Mered Th, NH 03253 (Campgrond Business) 1 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

JUN 1 2 2020

PARTRENT OF STATE

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care 3. In	surance	4. Real Estate, inclu agent, developers,	U		5. Bankin ervices	ng or fir	nancial		State of New unicipal emp	w Hampshire, county, o ployment	or
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Г	12. Any business regulated by Utilities Commission	y the Public	☐ 13. Horse gambling	or dog racing, or other	legal for	rms of	Г	14. Education	Г	15. Water Re	esources	
Г	16. Agriculture	17. N.H. taxes:		Business Interprise Tax	Interest a Dividend		Г	18. Optional: Spec special in			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 belief. **RSA 15-A:9 Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date Signature of Reporting Individual Marine Rev Loss D. W. Ches tool

Type o Full Na	r Print CLEARI	LY /4	Levin (5 maes	5	Work Address:			
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Α.	proprietor, or en	nployee,	or served in a	ny other profession	, business, or other organi nal or advisory capacity, a federal retirement and/or o	nd from which an	y income in excess of \$	10,000 was derive	d during the preceding
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Г	16. Agriculture		17. N.H. taxes:	□ Business Profits Tax □	Enterprise Tax	Interest and Dividends Tax		ecify any other area l interest	in which you have a
I have Penal	e read RSA 15-A Ity. Any person	A and he who kn	reby swear o lowingly fails	r affirm that the sto comply with	foregoing information i the provisions of this c	s true and comp hapter or knowin	lete to the best of my ngly files a false state	knowledge and b ment shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor.
Date	Jun	e 3,	2020	· ·		Kevi	ie D. maes)	RECEIVED
	/					Sigr	ature of Reporting Indi	vidual	JUN 0 4 2020
			Return to:	Office of Secretary	y of State, 107 North Mai	n Street, State Ho	use Room 204, Concord	i, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY AHES MAGGIORE	Work Address: 17A HOBBS RD, NORTH HAMPTON, NH 03862
Primary Occupation POLITICS	E-mail Maggiore @ Work Phone
Name the office, position, board or commission, committee, board of _	E-mail Mi Maggiore D Work Phone SELECT BOARD - NORTH HAMPTON
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NEW HAMPSHIRE MUNICIPAL ASSOCIATION
proprietor, or employee, or served in any other professional or	iness, or other organization in which you or a family member was an officer, director, associate, partner, r advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding al retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. MELANIE MAGGIORE, FIDE	ELITY INVESTMENTS
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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
financial effect on you or a family member than it would on the 1. Any profession occupation, or business licensed or certified occupation, or category of business:	
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
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16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise Tax Interest and Dividends Tax Interest and Dividends Tax Interest and Divide
I have read RSA 15-A and hereby swear or affirm that the fore	going 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 Date JUNE 3, 2020	provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor
Date	Signature of Reporting Individual JUN 0 5 2020
Return to: Office of Secretary of	State, 107 North Main Street, State House Room 204, Concord, NH 03301

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		2020 NEW	HAMPSHIR	E STATEMI	ENT OF FINA	NCIAL IN	FERESTS	- RSA 15-A		
Type or Print CleFull Name	arly SEORGE	MAG	ARAS		Wor	k Address	22-	35 COCHE	60 St	
Primary Occupati	· · · · · · · · · · · · · · · · · · ·			e-mail	Georges			AST . NET Wor	·	747-9089
Name the office, p directors, etc. o government held	Cour	итч Сом	MISSON	°R.						
A. List below the	name, addres ployee, or ser	ved in any c	ther profession	nal or advisor	y capacity, and	I from whicl	h any inco	ome in excess of	\$10,000 was deri	director, associate, partner, ved during the preceding ssary.)
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reportable special	l interest in an ee or permitte	item on this e, or other de	list if a change i cision by gover	n law, a chan <u>c</u> mment affecti	ge in administra ing the listed bu	tive rule, a d	lecision wh	nether or not to a	ward a contract, g	atters. A person has a rant a license or permit, otentially have a greater
	profession, oc on, occupation			ed or certified	by the State of	New Hamps	hire. List e	each such		
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T 12. Any busi Utilities Com	ness regulated		c	13. Horse or o of gambling	dog racing, or o	ther legal fo	rms [14. Education	🕅 15. Water I	Resources
16. Agricul	ture	17. N.H. taxes:	Profits Tax	F Busin Enterp	ess prise Tax	Interest and Dividends T		18. Optional: Specia	pecify any other are l interest	ea in which you have a
I have read RSA 15										A 15-A:9 Penalty. Any
person who know	ringly fails to c	omply with th	ne provisions o	f this chapter	or knowingly fi	les a false sta	atement sł	hall be guilty of a	misdemeanor.	RECEIVED
Date 6-3.	30					- Fa	ry pl	In Cer	-	JUN 0 3 2020

Signature of Reporting Individual

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Work Address: Full Name arpenter E-mail Chins@maidmentinh Work Phone 603 0) Ne d **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) carnestri OURD 1. ducation editor CUMCULUM 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

DEPARTMENT OF STA

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:

Г	2. Health Care 3. Insurance		surance	4. Real Estate, including brokers, agent, developers, and landlords		Г	- 5. Banking or financial services			6. State of New Hampshire, county, or municipal employment			
Г	7. N.H. Retiremen System	at		rrent use la ent progra		9. Restauran lodging	its/	Г	10. Sa bever	ale and distribution ages	n of al	coholic	11. Practice of law
Г	12. Any business reg Utilities Commissi		the Public		F 13. Horse gambling	or dog racing, or o	ther legal	forms of	Г	14. Education		15. Water Re	esources
Г	16. Agriculture		17. N.H. taxes:	⊢ ^{Busi} Profit		usiness nterprise Tax	- Intere Divide	st and nds Tax	Г	18. Optional: Special			which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

RE(Signature of Reporting Individual JUN 1 1 2020 **NEW HAMPSHIRE** Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

un na	me <u>NoRM</u>	AN K. I	MAJOA	·	Work Address:	12 MINGS	TON ROAS	0 PLA15TOW,
Primary	Occupation	EGISLATO	?	E-mail	MA NLB.	EM COMO	#57.NET Work Phone	0 PLAIGTOW, 603 382-5429
director		nt with state or cour	n, committee, board of nty government held			ESENTATIC		
Α,	proprietor, or empl	loyee, or served in a		or advisory capacity,	and from which an	y income in excess o	f \$10,000 was derive	ector, associate, partner, d during the preceding as necessary)
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lf you h	ave no qualifying in	come indicate by w	riting your initials nex	t to the following sta	tement.	My in	come does not qualif	y nfm
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Г 	financial effect on 1. Any profession occupation, or cat	you or a family me	mber than it would on siness licensed or certifi 	the general public: ed by the State of New ncluding brokers,	Hampshire. List each	th such profession,	6. State of N	New Hampshire, county, or
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Type or Print CLEARLY Full Name Dennis JAMES MALLA Primary Occupation Refired	αγ Work Address:	O VAN ETTEN DAWE (Snearland, NH 03840
Primary Occupation Refired	E-mail dennis den	MISMalloy. CUM Work Phone	13970-1827
Name the office, position, board or commission, committee, board of			hister Commission
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which any	income in excess of \$10,000 was derived	during the preceding
1. Laura Malloy President	Malloy Interior	1	· ·
2.	· /		
If you have no qualifying income indicate by writing your initials next to	o the following statement.	My income does not qualify	Nop M
 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 governm financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed or certified occupation, or category of business: 	law, a change in administrative rule, a ment affecting the listed business, profes e general public: by the State of New Hampshire. List each	decision whether or not to award a contract sion, occupation, group, or matter would p such profession,	t, grant a license or permit, potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, incl agent, developers	s, and landlords services	municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement8. Current use landSystemassessment program		10. Sale and distribution of alcoholic beverages	11. Practice of law
	e or dog racing, or other legal forms of	14. Education F 15. Water R	esources
IT. N.H. Business	Business Interest and Enterprise Tax 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 foregonality. Any person who knowingly fails to comply with the property of the second state $\frac{1}{2020}$	rovisions of this chapter or knowing		y of a misdemeanor.
Return to: Office of Secretary of S	tate, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	JUN 0 5 2020 NEW MAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>Stephen K. MALONE</u>	Work Address: /2	ettrad
Primary Occupation <u>Retired</u>	E-mail SK 1524 (Aol. Com Work Phone
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	ALTERNATE MEM. PLANNING BO	Ber SWANZey TOWN
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional o calendar year. Sources of retirement benefits other than feder	r advisory capacity, and from which any inc	come in excess of \$10,000 was derived during the preceding
1. N.YS. RETIRCMENT SYSTEM	<u></u>	
2.		
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income does not qualify
	n law, a change in administrative rule, a dec ment affecting the listed business, profession he general public:	cision whether or not to award a contract, grant a license or permit, on, occupation, group, or matter would potentially have a greater
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7. N.H. Retirement System 8. Current use land assessment program	lodging bev	Sale and distribution of alcoholic verages 11. Practice of law
Image: 12. Any business regulated by the PublicImage: 13. Hor gamblinImage: 13. Hor gamblinImage: 13. Hor gamblin	rse or dog racing, or other legal forms of	14. Education 15. Water Resources
If 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise 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 fore Penalty. Any person who knowingly fails to comply with the	provisions of this chapter or knowingly	files a false statement shall be guilty of a misdemeanor.
Date June 9,2020	sinche	K Malon DE MAL

Signature of Reporting Individual

JUN 10 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

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

Date JUNE 8, 2020

Signature of Reporting Individual

Type or Print CLEARLY Inm Full Name ngidua **Primary Occupation** Work Phone Name the office, position, board or commiss mittee, board of ioh, com 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 calcudar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary 1. la the 2.

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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:

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(. Health Care 3. In		cluding brokers, ars, and landlords	5. Bani service:	sing or financial	6. State of New Hampshire, coursy, or municipal employment						
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System	ent program	lodging		beverages		law					
12. Any business regulated by Utilities Commission	13. He gambli	rse or d og racing, or o ng	ther legal forms of	14. Education	15. Water Resources						
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special	cify any other area in interest	which you have a				

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

2020 Date

Signature of Reporting Individual

My incom

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2020 NEW DAMOSUIDE STATEMENT OF EINANCIAL INTEDESTS - DSA 15.4

2020 NEW HAVII SHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 13-A	1							
Type or Print CLEARLY John E. Mann Work Address: (= home) 35 Prentice	Hill Rd Alstead							
Primary Occupation <u>retired</u> <u>E-mail</u> <u>phn.mann67 Conncast</u> Work Phone <u>E</u> Name the office, position, board or commission, committee, board of <u>State</u> <u>represeytative</u> <u>Checklive</u> <u>Distri</u>	35-9095 (9095)							
Name the office, position, board or commission, committee, board of <u>State representative</u> <u>Cueshive</u> <u>Distribution</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	not Z							
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, directed proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as n	luring the preceding							
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	7m							
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mar 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: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	, grant a license or permit,							
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal employed	Hampshire, county, or loyment							
7. N.H. Retirement System8. Current use land assessment program9. Restaurants/ lodging10. Sale and distribution of alcoholic beverages	II. Practice of law							
12. Any business regulated by the Public Utilities Commission II. Horse or dog racing, or other legal forms of gambling II. Horse or dog racing, or other legal forms of 14. Education II. Water Re	sources							
Image: Interest and taxes:Image: Interest and profits TaxImage: Interest and profits TaxImage: Interest and taxesImage: Image: Im	which you have a							
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.								
Date June 3, 2020 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 o Full Na	r Print CLEA me	RLY John	5 1	munning	J J -	Woi	k Address:	264	North	Brunde	m sy	
Primary	Occupation _	Rest	own.	er	1	E-mail <u>J</u>	Man	11-145	5-	Work Phone	103-818-	3188
director		oyment wit		ion, committee, bo ounty government	pard of	•.		• •			·	
А.	proprietor, or	r employee	or served in	n any other profes		capacity, and	from which a	ny income in	n excess of \$1	0,000 was derive	ctor, associate, partner, d during the preceding s necessary)	
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Γ	7. N.H. Retire System	ement		Current use land essment program	9.	Restaurants/			nd distribution		11. Practice o	of
F i	12. Any busines Jtilities Comm	ss regulated			13. Horse or dog r gambling	acing, or other	legal forms of	f [14.	. Education	15. Water	Resources	
Г	16. Agricultu	re	17. N.H. taxes:	Business Profits Ta	x Business Enterprise		Interest and Dividends Tax			ecify any other area interest	in which you have a	
I hav Pena	e read RSA 1 lty. Any per	5-A and h son who k	ereby swea nowingly f	ar or affirm that fails to comply w	the foregoing info with the provision	ormation is to s of this chap	tue and composed of know	ingly files	best of my l a false stater porting Indiv	nent shall be gu	vo RECEIV	ED

2020 NEW HAMPSHI	RE STATEMENT OF F	NANCIAL INTER	RESTS – RSA 15-A	4						
Type or Print CLEARLY Full Name PETER MARESCO	Work	Address: 95	Canal ST.	, NAShua, NH	4 03063					
Primary Occupation Electrical Engineer	E-mail Pf	nanescoly	alion. com	Work Phone 603-8	385-7408					
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	New Hampshi	re Stare Re	PRESUNTAT	ive						
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	t to the following statement	t.	My income	does not qualify $\underline{\mathcal{O}}$	×					
 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: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 										
	cluding brokers, ers, and landlords	 5. Banking or fi services 	inancial	 6. State of New Han municipal employm 						
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	□ 10. Sa bevera	le and distribution on ages	of alcoholic	11. Practice of law					
12. Any business regulated by the Public13. HoUtilities Commissiongamblin	rse or dog racing, or other le ng	gal forms of	14. Education	15. Water Resource	ces					
16. Agriculture 17. N.H. taxes: Business Business Interest and 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 fore Penalty. Any person who knowingly fails to comply with the	provisions of this chapte	r or knowingly file	es a false stateme							
Date 6/4/2020	G.	iter man Signature of	عم دی f Reporting Individ	RE	CEIVED					
	•				N ⁻ 8 2020					
Return to: Office of Secretary of	State, 107 North Main Stre	eet, State House Roo	om 204, Concord, N		HAMPSHIRE MENT OF STATE					

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06/04/2020 Instructor / Professor ٦ -1 maioraly and kovaly alum maioraly 136 Hooksett T Mlashova < 2 Turnpuke 603 393 7096 DEPARTMENT RECEIVED hi shi JUN 0 8 2020

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				NEW HA				i Gregi		
		2	020 NEW HAMPSHIR	E STATEMENT OF F	FINANC	CIAL INTERESTS – RSA 1	5-A	r.		
FUIL Name GREGONY JAMES MARINUL Work Address: 44 LAFAYETTE ND, N. NAMIN, 03862										
Primary Occupation DR UPTOMETELIST E-mail DR UTTAGENDING 1 CLOUD. Work Phone 603,632.3500										
directors, etc. or employment with state or county government held by you. NO ACRONYMS.										
A.	proprietor, or employ	ee, or served in a	ny other professional or a	advisory capacity, and f	rom wh	nich you or a family member vich any income in excess of <i>nefits shall be included</i> . (Use	10,000 was derived o	during the preceding		
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If you h	nave no qualifying inco	me indicate by w	riting your initials next to	the following statement	nt.	My incom	me does not qualify			
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-	I. Any profession, occupation, or catego		siness licensed or certified l	by the State of New Ham	pshire. L	ist each such profession,				
×	2. Health Care	3. Insurance	4. Real Estate, incl agent, developers	•	11	. Banking or financial rvices	6. State of New municipal emp	v Hampshire, county, or loyment		
	7. N.H. Retirement System		urrent use land ment program	9. Restaurants/ lodging	1	 10. Sale and distribution beverages 	on of alcoholic	11. Practice of law		

Г	12. Any business regulated b Utilities Commission	y the Public		Horse or dog racing, o bling	or other legal forms of	R	14. Education	15. Water Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax			ify any other area in which you have a iterest

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 ()2/2010	m
	Signature of Reporting Individual

Type o Full Na	r Print CLEARI	KENR	YA	MAR	sh		Wo	ork Addre	ess:		•				
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director	he office, position rs, etc. or employn NO ACRONYN	ment with						J			·	•		<u>.</u>	· · · · · · · · · · · · · · · · · · ·
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If you h	nave no qualifying	; income i	ndicate by w	riting your ini	tials next to	the following	statem	ent.			My incom	ne does	not qualify		IM
B.	reportable speci discipline a licer financial effect o	al interest nsee or pe on you or	in any item o crmittee, or of a family mer	on this list if a ther decision b nber than it w	change in l by governme ould on the	aw, a change i ent affecting th	n admin e listed :	nistrative I business	rule, a s, profes	decisi ssion,	occupation, grou	ot to aw	ard a contra	ct, grant	A person has a a license or permit ly have a greater
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Г	7. N.H. Retireme System	ent		rrent use land nent program		9. Restau lodging	urants/	I		10. Sa bevera	le and distributio ages	n of alco	oholic	Г	11. Practice of law
	12. Any business re Jtilities Commiss		y the Public	· Γ	13. Horse gambling	or dog racing, o	or other	legal for	ms of	R	14. Education	Г	15. Water R	lesources	۲
Г	16. Agriculture		17. N.H. taxes:	Profits Ta		usiness nterprise Tax		Interest a Dividends			18. Optional: Sp specia	ecify an l interest		n which y	you have a
	e read RSA 15-A		•		-	-	,		-		•		-		

Date June 3 2020 Main a Mar RECEIVED JUN 0 5 2020

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

NEW HAMPSHIRE

DEPAST

ENT OF STATE

Type or Print CLEARLY William M Marsh Work Address: 742 Pleasant V Full Name							Valley	Road, Wolfebo	ro NH 03894				
Primary Occupation _	etired				E-	. _{mail} _wm	arshmo	d@gm	ail.com		Work Phone6	03-569-6382	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.					New Hamp	shire St	ate Rep	oresen	itative, Carro	əll 8			
calendar year	employee, or	served in a	ny other p	rofessional	or advisory ca	pacity, and	d from w	hich an	y income in ex	cess of \$	was an officer, dir 10,000 was derive additional sheets a	ed during the prec	
1. none									<u> </u>				
2 If you have no qualify	ing income in	dicate by w	riting you	r initials nex	t to the follow	ving staten	nent.			My inco	me does not qualit	_{fy} _WMM	
reportable sp discipline a li financial effe 1. Any pro	ecial interest censee or per ct on you or a ofession, occup or category of	in any item of mittee, or of a family mer pation, or bus business:	on this list ther decisi nber than tiness licen	t if a change on by gover it would on sed or certific	in law, a chan nment affectin the general pu	nge in adm ng the liste iblic: of New Ha	inistratived busine	ve rule, a ss, profi List eac	a decision whe	ther or notion, grou	bations, groups or ot to award a contr up, or matter woul 6. State of N	ract, grant a licens	se or permit, e a greater
7. N.H. Retire		wrance 8. Cu	a arrent use l		ers, and landlo	ords estaurants/		services		istributio	municipal e n of alcoholic	mployment	ractice of
System 12. Any busines Utilities Comm			nent progr		orse or dog raci		er legal fo	rms of	beverages	ucation	15. Water	Resources	
☐ 16. Agricultur	·e	17. N.H. taxes:		iness its Tax	Business Enterprise Ta	ax TX	Interest Dividen	and ds Tax	18. Op	<i>tional</i> : Specia	becify any other area	a in which you hav	ea
I have read RSA 1 Penalty . Any personal Date June 3, 2	son who kno	wingly fail	s to com	ply with the	e provisions o	of this ch	apter or	knowin AA Sign	ngly files a fai	lse state	wert shall be gu MMM vidual	ilty of a misdem	ieanor.
		Return to:	Office of	f Secretary o	f State, 107 N	orth Main	Street, S	tate Ho	use Room 204,	, Concord	l, NH 03301	1	MPSHIRE

Type or Print CLEARLY, Full Name Richard A Marston w	ork Address:	
Primary Occupation <u>Retired</u> E-mail <u>R</u>	emarston 1@ gmail.	Work Phone N/ /4
Name the office, position, board or commission, committee, board of5/e directors, etc. or employment with state or county government held by you. NO ACRONYMS.	emarston 1@9mail. te Rep	
A. List below the name, address, and type of any profession, business, or other organiza 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 dis	from which any income in excess of \$	10,000 was derived during the preceding
1		
2.		
If you have no qualifying income indicate by writing your initials next to the following statem	ent. RAMA My inco	me does not qualify
 reportable special interest in any item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lister 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 Han occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, 	business, profession, occupation, ground profession,	p, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System Image: assessment program Image: assessment program	services 10. Sale and distribution beverages	
12. Any business regulated by the Public 13. Horse or dog racing, or othe gambling	legal forms of 14. Education	15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax 18. Optional: Special special	ecify any other area in which you have a l 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 changes $\frac{6}{12}/20$	rue and complete to the best of my pter or knowingly files a false state R.A. Marto Signature of Reporting Indi	WN 15 2020
Return to: Office of Secretary of State, 107 North Main S	treet, State House Room 204. Concord	NH 03301

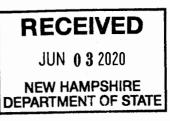
Full Name Joanne Michelle Martin	Work Address 40 No	orth Spring Street					
Primary Occupation Attorney (Mass. Bar)	e-mail JMM@VENUE1.com	Work Phone 603	3 228 1611				
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS							
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)							
1. Joanne M Martin, Attorney (Mass. Bar)							
2.							
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify					
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	n law, a change in administrative rule, a decisior mment affecting the listed business, profession,	n whether or not to award a contract,	grant a license or permit,				
1. Any profession, occupation, or business license profession, occupation, or category of business:	cd or certified by the State of New Hampshire. L	ist each such					
	state, including brokers, 5. Banking developers, and landlords services		New Hampshire, county, or mployment				
7. N.H. Retirement 8. Current use land assessment program		 Sale and distribution of alcoholic everages 	11. Practice of law				
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms f gambling	- 14. Education [- 15. Water	r Resources				
☐ 16. Agriculture taxes: ☐ Business traces: ☐ Profits Tax	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any other a special interest	area in which you have a				

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and 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 3 June 2020

Type or Print Clearly

Signature of Reporting Individual



Type or Print Clearly			r		
Full Name John F Martin		Work Address	96 Woodhill Road		
Primary Occupation Retired	e-mail	jfmartin1950@comcast.net		Work Phone	603-774-3098
Name the office, position, board or commission, board o directors, etc. or employment with state or count government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profest proprietor, or employee, or served in any other profest calendar year. Sources of retirement benefits other than fe	sional or adviso	ory capacity, and from whic	h any income in exc	ess of \$10,000 v	vas derived during the preceding
1. NH State Retirement System					ay galan an a
2.					
If you have no qualifying income indicate by writing your	r initials next to	the following statement.	My income	e does not qualify	ifm for
B. Indicate below whether you or a family member has a reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would be a set of the s	ge in law, a char overnment affec	nge in administrative rule, a c ting the listed business, prof	decision whether or n	ot to award a cor	ntract, grant a license or permit,
1. Any profession, occupation, or business lice profession, occupation, or category of business:		d by the State of New Hamp:	shire. List each such		
	eal Estate, includ nt, developers, a	-	Banking or financial vices		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement8. Current use lar assessment progra	11	9. Restaurants/	10. Sale and dis beverages	tribution of alcol	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	- 13. Horse or of gambling	r dog racing, or other legal fo	orms 🖵 14. Educa	ition [15.	Water Resources
16. Agriculture17. N.H. taxes:Busine Profits		ness Interest an rprise Tax Dividends		nal: Specify any o special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision	foregoing infor	mation is true and complete or knowingly files a false st	e to the best of my know	owledge and beli ty of a misdemea	ef. RSA 15-A:9 Penalty. Any
				7 4	RECEIVED

3 June 2020 Date

Kul JUN 0 8 2020 Signature of Reporting Individual

NEW HAMPSHIRE PARTMENT OF STATE DEPA

Type or Print CLEARLY	cia A	Martin	Work Add	ress: <u>17</u> f	Farrar Rd,	Rindge,	NH 03461
Primary Occupation			E-mail PMART/1	U28940	Yahoo com Work	Phone <u>603</u> 8	NH 03461 99 2894
Name the office, position, b directors, etc. or employment by you. NO ACRONYMS.	oard or commissio nt with state or cou	n, committee, board of nty government held	Chair, Rind Board Member	ge Ene , Monad	nock Susta	ission inability	Hub
proprietor, or empl	oyee, or served in	any other professional or	ness, or other organization in w advisory capacity, and from w al retirement and/or disability b	hich any income	in excess of \$10,000 w	as derived during	the preceding
1							
2							
If you have no qualifying in	come indicate by v	writing your initials next	to the following statement.		My income does r	not qualify <u>PA</u>	M
B Indicate below wh	ether you or a fam	ily member has a special	interest in any of the following	businesses pro	fessions occupations g	rouns or matters	A person has a

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:

Г	2. Health Care	3. Insurance	4. Real Estate, inc agent, developer	•	5. Bankir services	ng or financial	6. State of New municipal emp	v Hampshire, county, or ployment
Г	7. N.H. Retirement System		rent use land ent program	9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Г	12. Any business regulat Utilities Commission	ted by the Public	amblin	e or dog racing, or other	legal forms of	14. Education	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	⊢ Business Profits Tax		Interest and Dividends Tax		ecify any other area in 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 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 6/4/2020

Г

ahice Martin

Signature of Reporting Individual

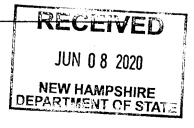
RECEIVED

Type or Full Nar	Print CLEARLY	JP MARZ	-0110	W	ork Address: 🗡	JA		
Primary	Occupation	RETIRED	• •	E-mail	PEON]/A HECMAILA TATIVE	Work Phone	V/A
directors		ent with state or cour	n, committee, board of nty government held	STATE RE	-NESSEN	TATIVE		
Α.	proprietor, or emp	ployee, or served in a	e of any profession, busin any other professional or enefits other than federal	advisory capacity, and	from which any	y income in excess of \$1	0.000 was derived	during the preceding
1.	Atter	5 MEDICA	2					· · · ·
2.								
B.	Indicate below w reportable special discipline a licens	hether you or a famil interest in any item ee or permittee, or o	riting your initials next to ly member has a special i on this list if a change in ther decision by governm nber than it would on the	nterest in any of the fo law, a change in admi ent affecting the listed	ollowing busines nistrative rule, a	sses, professions, occupa decision whether or not	t to award a contrac	atters. A person has a t, grant a license or permit, potentially have a greater
Г	• •	ion, occupation, or bus ategory of business:	iness licensed or certified	by the State of New Han	npshire. List each	such profession,	·	
Г	2. Health Care	3. Insurance	4. Real Estate, incl agent, developers		5. Banki services	ng or financial	6. State of New municipal emp	v Hampshire, county, or ployment
	7. N.H. Retiremen System		rrent use land nent program	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	II. Practice of law
	2. Any business reguliities Commission		ambling	e or dog racing, or other	legal forms of	☐ 14. Education	☐ 15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	+		Interest and Dividends Tax		cify any other area in interest	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

6-4-2020 Date

Signature of Reporting Individual



Full Name Work Address: 96 old Funn price	21 Selisbury NH
Primary Occupation Retail Stone OWNER / Super E-mail barnstor c & tds. Net Work Phone	
Name the office, position, board or commission, committee, board of <u>FRANKLIM</u> <u>Pevelopment</u> FSB <u>Incu</u> 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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet	ived during the preceding
1. Ag Structures LLC 960id Junipies Rd Salisbury NA	
2. Bann Stone of New England LIC 96 old FURNPIR Rd	Salisbury NH
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qua	lify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter work 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, 18, Builder occupation, or category of business: 2, 14, 14, 24, 34, 05, 14, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	ntract, grant a license or permit,
	f New Hampshire, county, or l employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12 Home or dog mains or other legal forms of	ter Resources
Image: Interest and taxes:Image: Image:	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 an Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be a	d belief. RSA 15-A:9 guilty of a misdemeanor.
Date <u>C-8-2020</u> Signature of Reporting Individual	
	אנינ 8 9 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW CORPENSE

Type o Full Na	me <u>Charles S</u> Massahos	Work Address: 101 NOCH Rd. Blintwed D. H 03833
Primary	Occupation Sheriff	
director	he office, position, board or commission, committee, board of rs, etc. or employment with state or county government held NO ACRONYMS	E-mail <u>CMASSAHUS OR RUCKSD</u> OKNork Phone CMASSAHUS OR RUKSD, UKG ROCKING HAMM COUNTY HIGH STOCK
А.	proprietor, or employee, or served in any other professional or	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>l retirement and/or disability benefits shall be included</i> . (Use additional sheets as necessary)
1.	Londonderry BP-CLINN Ern	kerprises - 2 Mohawk Br. Londondeau NH 03053.
2.	0	auto repai
If you l	nave no qualifying income indicate by writing your initials next t	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:

P	2. Health Care	☐ 3. Ins	surance	nce 4. Real Estate, including brokers, agent, developers, and landlords				11	5. Bankin ervices	ng or fi	nancial		 State of New nunicipal emp 	-	shire, county, or nt
P	7. N.H. Retiremer System	nt		rent use la ent progr		☐ 9. Resta lodging	urants/		11.	10. Sa bevera	le and distribution ages	nofalo	coholic	Г	11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or otUtilities Commissiongambling				or other	legal fo	rms of	P	14. Education	Г	15. Water Re	esource	es			
Г	16. Agriculture		17. N.H. taxes:	Profi		Business nterprise Tax		nterest Dividence		Г	18. Optional: Special			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 belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

RECEIVED 612120 Date Signature of Reporting Individual JUN 03 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Linda Massimilla	Work Address
Primary Occupation Retired	e-mail balloontraveler @ yahoo-Com.
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NH State Representative

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in 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:

Г		ion, occupation, o pation, or categor			ified by the State of N	lew Har	mpshire.	List each such		
Г	2. Health Care	Health Care T 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords				Γ.	5. Banki services	ng or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
\overline{X}	7. N.H. Retiremer System		- 8. Current use land assessment program 9. Restaurants/ lodging				10. Sale and distribution of alcoholic11. Practicebeverageslaw			11. Practice of law
Г	 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or ot of gambling 					her lega	al forms	☐ 14. Education	15. Water R	esources
Г	16. Agriculture	17. N.H. taxes:				Interes Dividen			pecify any other are l interest	a in which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 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.

June 9, 2020 Date

Signature of Reporting Individual

Type or Print CLEA	RITA	GENEVA	JEDREI MI	Artson	Work Address:	72-	····	
Primary Occupation	RETI	REB	• •	E-mail			Work Phone	
Name the office, pos directors, etc. or emp by you. NO ACRON	loyment with s			· <u>·····</u> ······························				
proprietor, o	or employee, or	served in any oth	er professional or a	dvisory capacity,	and from which an	ou or a family member wy income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding
1								
2.								
f you have no qualif	ying income in	licate by writing	your initials next to	the following sta	tement.	My incon	ne does not qualify	<u>ripm</u>
discipline a financial eff 1. Any p	licensee or perr ect on you or a rofession, occupa , or category of	nittee, or other d family member t ation, or business	ticensed or certified b 4. Real Estate, incluagent, developers,	ent affecting the ligeneral public: y the State of New ding brokers,	isted business, prof Hampshire. List eac	ession, occupation, grou h such profession, ing or financial	p, or matter would p	t, grant a license or permit, potentially have a greater w Hampshire, county, or
7. N.H. Retin System	rement	8. Current assessment p	use land	9. Restaurat lodging		10. Sale and distribution beverages		11. Practice of law
	ss regulated by t	he Public	ambling	or dog racing, or c	other legal forms of	14. Education	15. Water R	esources
☐ 16. Agricult	1			usiness nterprise Tax	 Interest and Dividends Tax 		ecify any other area in interest	n which you have a
I have read RSA Penalty. Any per	15-A and here son who know	by swear or aff vingly fails to c	rm that the forego omply with the pr	ing information ovisions of this	is true and comp chapter or knowir	lete to the best of my l ngly files a false staten	nowledge and be nent shall be guilt	y of a misdemeanor
	- 3-20				R	A Jun	most	RECEIVED
Date	- 5- 20	<u>i</u>	-		Sign	ature of Reporting Indiv	ridual	JUN 04 2020
		Return to: Offic	e of Secretary of Sta	ate, 107 North Ma	in Street, State Ho	use Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT
				- - -				



Full Name Mary Latina Mayville	Work Address 360 Huntington Ave, Boston, MA 02115
Primary Occupation Registered Nurse/Educator	E-mail marymayville4nh@gmail.com Work Phone 617-373-3129
Name the office, position, board or commission, committee, board of N/A directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advi	, or other organization in which you or a family member was an officer, director, associate, partner, isory capacity, and from which any income in excess of \$10,000 was derived during the preceding invincent and or disability benefits shall be included. (Use additional sheets as necessary)

- Northeastern University; 360 Huntington Ave, Boston, MA 02115---academia/higher education
- 2 Raytheon Technologies; 225 Presidential Way, Woburn, MA 01801--aerospace and defense industry

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.

I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession,

1X	occupation, or category of	ofbusiness		Reg	gistered Nurs	ie-NH							·····	
x	2. Health Care 🖵 3. In	surance	11	eal Estate, inclu nt, developers,	iding brokers, and landlords		11	5. Bankin ervices	ig or f	inancial		 State of New municipal emp 		shire, county, or nt
Г	7. N.H. Retirement System	11	rent use land ent program	-	9. Restau lodging	urants/			10. Sa bever	ale and distribution ages	ofalo	coholic	r	11. Practice of law
Г	12. Any business regulated by Utilities Commission	the Public	Г	 13. Horse gambling 	or dog racing, o	or other l	egal for	ms of	r	J4. Education	Г	15. Water Re	source	s
Г	16 Agriculture	17. N.H. taxes:	□ Busine Profits 1		usiness nterprise Tax	E	nterest a ividends		Г	18. Optional: Spe special i			which	you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 12 June 2020

Signature of Reporting Individual

Type or Print CLEARLY Image: CHRISTOPHER R. MCALEER Work Address: 74 WHITNEY HILL CO Full Name CHRISTOPHER R. MCALEER Work Address: 74 WHITNEY HILL CO Primary Occupation RETIRED E-mail JACKSON/OGEN/HWW.CO-Work Phone Name the office, position, board or commission, committee, board of TRUSTERS OF TRUST FUNDS PLANNING BOAR directors etc. or employment with state or county povernment held	op Jackson, NH
Primary Occupation NETIRED E-mail 10(ESON/04500) AND Work Phone 97	8-314-4592 03846
Name the office, position, board or commission, committee, board of <u>TRUSTERS OF TRUST</u> FUNDS PLANNING BOAR directors, etc. or employment with state or county government held by you. NO ACRONYMS.	D, JACKSON, NH
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived du calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as ne	iring the preceding
1. MULTIPLE IRA ACCOUNTS - TAKING REQUIRED DISTRIC	BUTIOUS
2.	-
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	۰.
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matter reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pot financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Any profession, or category of business: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	grant a license or permit, tentially have a greater Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System ssessment program lodging beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Reso	ources
Image: Interest and taxes: Image:	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 belie Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of Data 65,2020	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	. 101 ט 2020
	MEW HAMPSHRE Department of State

Type or Print CLEARLY Full Name Kebecca Susan McBeath	Work Address: One New Han pohive Ane # 125 Portsmall BMCBecomcast. Net Work Phone 603. 431-2324 oure of Representalises, Rock#26
Primary Occupation <u>Allowney</u> E-mail	BMCBecomeast. Network Phone 603. 431-2324
Name the office, position, board or commission, committee, board of	oure of Representatives, Rock#26
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1.	
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If you have no qualifying income indicate by writing your initials next to the following st	tatement. Bugh My income does not qualify Bug
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
1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	w Hampshire. List each such profession,
2. Health Care 73. 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 System8. Current use land assessment program9. Restaur lodging	rants/ To. Sale and distribution of alcoholic beverages To law
12. Any business regulated by the Public13. Horse or dog racing, orUtilities Commissiongambling	other legal forms of 14. Education 15. Water Resources
Image: Total and the second	F Interest and Dividends Tax F 18. Optional: Specify any other area in which you have a special interest
L have read BSA 15 A and hereby swear or affirm that the foregoing informatic	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 <u>9 June 200</u>

Signature of Reporting Individual

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A									
Full Name Everett PMcBride Jr Work Address: 28 Crosby Dr. Beter Primary Occupation Sr. Catheter Engineering Tech. Primary Occupation Sr. Catheter Engineering E-mail emcbridee comcast. Network Phone 6	ind Ma.								
Primary Occupation Sr. Catheter Engineering E-mail emcbridee Comcast. Network Phone &	13-235-9503								
Name the office, position, board or commission, committee, board of									
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as 1. Doreen MRCBCLE Lange 105 pital X-RayTrch. 2. 	during the preceding								
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 Networks	ew Hampshire, county, or aployment								
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System assessment program Iddging beverages	11. Practice of law								
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water F	Resources								
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area special interest	in which you have a								
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.								
Date 6/3/2020									
Signature of Reporting Individual	JUN 0 5 2020								

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

DEDA

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A
Type or Print CLEARLY TRANK HEARY MCARTA Work Address: RETIRED
Primary Occupation OS MihiTHX E-mail Screndpity 922 Work Phone N/H Name the office, position, board or commission, committee, board of Chan Man. CHANGU Counter
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

DEPARTMENT OF STATE

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care 73. 1	4. Real Estate, including brokers, agent, developers, and landlords				5. Banking or financial services			6. State of New Hampshire, county, or municipal employment			
Г	7. N.H. Retirement System		rrent use land nent program		9. Restaurants, lodging		Г	10. Sa bever	ale and distribution ages	nofal	coholic	11. Practice of law
Г	12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource								esources			
Г	16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax							18. Optional: Specify any other area in which you have a special interest				

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

unl 4 2020 RECE Date Signature of Reporting Individua JUN - 8 2020 **NEW HAMPSHIRE**

Type or Print CLEARLY Full Name Michael Teremiala McCarthy Work Address Work Phone E-mail Miller Primary Occupation ADVO 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) 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, + Plenne Con pau occupation, or category of business: 6. State of New Hampshire, county, or 5. Banking or financial 4. Real Estate, including brokers, 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 8. Current use land 10. Sale and distribution of alcoholic 9. Restaurants/ 11. Practice of 7. N.H. Retirement lodging beverages law assessment program System 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 14. Education 15. Water Resources gambling Utilities Commission 18. Optional: Specify any other area in which you have a 17. N.H. Business Business Interest and 16. Agriculture special interest ----Profits Tax Enterprise Tax Dividends Tax taxes: 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. Q1/2020 RECEIVED Date Signature of Reporting Individual JUN 0 9 2020 **NEW HAMPSHIRE**

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

DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Michelle McCartnux	Wo	rk Address:			
Primary Occupation HOMEMaker	E-mail	·	• •	Work Phone	
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, but proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than feder	or advisory capacity, and ral retirement and/or disc	from which any ine ability benefits shall	come in excess of \$10 I be included. (Use ad	,000 was derived du ditional sheets as ne	ring the preceding cessary)
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If you have no qualifying income indicate by writing your initials nex	t to the following stateme	ent.	My income	e does not qualify _	1
 B. Indicate below whether you or a family member has a speciar 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 1. Any profession, occupation, or business licensed or certific occupation, or category of business: 	in law, a change in admi nment affecting the lister the general public:	nistrative rule, a de 1 business, profession npshire. List each su	cision whether or not on, occupation, group och profession,	to award a contract,	grant a license or permit,
	ncluding brokers, ers, and landlords	5. Banking services	or financial	6. State of New municipal emple	Hampshire, county, or oyment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ lodging). Sale and distribution verages	ofalcoholic	11. Practice of law
T 12. Any business regulated by the Public Utilities Commission T 13. H gambl gam	orse or dog racing, or othe ing	r legal forms of	14. Education	15. Water Res	ources
Image: 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	 18. Optional: Spe special 	cify any other area in vinterest	which you have a
I have read RSA 15-A and hereby swear or affirm that the for Penalty . Any person who knowingly fails to comply with the $10\sqrt{11}\sqrt{11}$	egoing information is e provisions of this cha	true and complete apter or knowingly	to the best of my k y files a false statem	nowledge and beli tent shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date \underline{U} \underline{U} \underline{U} \underline{U} \underline{U}		J C IUL Signatu	ire of Reporting Indiv	idual 7	
Return to: Office of Secretary o	f State, 107 North Main	Street, State House	Room 204, Concord,	NH 03301	

Type or Print CLEARLY Full Name Mary E. McCurkey	Work Address: 10 Choven Lane #1 Freedum, NH
Primary Occupation <u>Cales</u> - Construction E-mail	MAK McCinkey equilwork Phone 520-8275
Name the office, position, board or commission, committee, board of	Replesentie
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	l

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 banefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)

10 CLose trealum 16 West OSSIRER NH 03890 7250 Ate 2. Jenenck

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify _____

NEW HAMPSHIRE DEPARTMENT OF STATE

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A 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, X occupation, or category of business: NH Licenced Septic Evaluater, Permitted Septic Designer Unstaller Water

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Г	2. Health Care 73. Insurance	ce 4. Real Estate, inclu agent, developers,		□ 5. Bankin services	ng or financial	6. State of Nev municipal emp	• •	
Г	7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic		
Г	12. Any business regulated by the P Utilities Commission	Public I 3. Horse gambling	or dog racing, or other le	egal forms of	14. Education	☐ 15. Water R	esources	
Γ	16. Agriculture 17. N. taxes			nterest and ividends Tax		ecify any other area in l 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 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 4 RECEIVED Signature of Reporting Individual JUN 1 2 2020

Type or Print CLEARLY Work Address: 52 Stevens Dr Brenting Full Name Eliza lizuc990 xahow. cu-Work Phone 770-3883 Primary Occupation State Kepresentative E-mail Brentwood Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held Trustee - Brenty ER 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)

Services 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:

C 2. Health Care C 3. In	surance	Real Estate, including brokers, gent, developers, and landlords	5. Bankin services	ng or financial	6. State of New Hampshire, county, or municipal employment		
7. N.H. Retirement System	8. Current use l assessment progr		- II · .	10. Sale and distribution beverages	of alcoholic	11. Practice of law	
12. Any business regulated by Utilities Commission	y the Public	13. Horse or dog racing, or other gambling	legal forms of	14. Education	15. Water Re	esources	
16. Agriculture			nterest and lividends Tax		cify any other area in interest	which you have a	

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

Date 06-08-20

Signature of Reporting Individual

JUN 19 2371

Type or Print CLEARLY Mc Conville Work Address: MA Full Name Kirk Mc Conville Work Address: MA Primary Occupation RETIREd E-mail KIRK 192@ HOTINHIL GORK Phone	
Primary Occupation RETIREd E-mail KIRK 192@ HOTINHIL CHOK Phone	· .
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	d during the preceding
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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 I	Resources
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be reality. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guined by the statement of the best of the best of my knowledge and be guined by the statement of the best of t	ty of a misdemeanor.
	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2920
	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY III CONST III
Primary Occupation United E-mail WINCCORD 6 QMAIL Work Phone 603 793.
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held
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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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 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program Iddging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and 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 true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/10/2020

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

JUN 1 2 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

pe or Print CLEARLY	recery 1	McCornich		Work Address:			1 St.			Lancaste
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	yee, or served in	any other profession	business, or other orga al or advisory capacity ederal retirement and/o	, and from which	any income i	in excess of	f \$10,000 was	derived du	ring the p	
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discipline a licensee financial effect on y 1. Any profession occupation, or cate 2. Health Care 7. N.H. Retirement System	terest in any item or permittee, or co ou or a family me , occupation, or bu gory of business: 3. Insurance 8. C assess	on this list if a chan other decision by gov mber than it would o usiness licensed or cert 4. Real Estate agent, devel urrent use land sment program	ge in law, a change in vernment affecting the on the general public: tified by the State of New e, including brokers, lopers, and landlords 9. Restaura lodging	administrative rule listed business, pro- v Hampshire. List e 5. Bai servic ants/	e, a decision ofession, occ ach such prof nking or finar es 10. Sale as beverages	whether or cupation, gr fession, ncial nd distribut	not to award a roup, or matter	te of New H	grant a lic entially h lampshire yment	ense or permit, ave a greater , county, or . Practice of
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discipline a licensee financial effect on y 1. Any profession occupation, or cate 2. Health Care 7. N.H. Retirement System 12. Any business regulat	terest in any item or permittee, or co ou or a family me , occupation, or bu gory of business: 3. Insurance 8. C assess	on this list if a chan other decision by gov mber than it would o usiness licensed or cert 4. Real Estate agent, devel urrent use land sment program 13.	ge in law, a change in vernment affecting the on the general public: tified by the State of Nev e, including brokers, lopers, and landlords 9. Restaura lodging . Horse or dog racing, or	administrative rule listed business, pro- v Hampshire. List e 5. Bai servic ants/	ach such prof ach such prof nking or finar es 10. Sale au beverages f 14. 18	whether or cupation, gr fession, ncial and distribut s . Education 8. Optional:	not to award a roup, or matter	te of New H ipal employ	grant a lic entially h lampshire yment 11 law purces	ense or permit, ave a greater , county, or . Practice of
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discipline a licensee financial effect on you 1. Any profession occupation, or cate 2. Health Care 7. N.H. Retirement System 12. Any business regular Utilities Commission	terest in any item or permittee, or or ou or a family me , occupation, or bu gory of business: 3. Insurance 8. C assess ed by the Public 17. N.H. taxes: d baceby swaat	on this list if a chan other decision by gov mber than it would o usiness licensed or cert 4. Real Estate agent, devel urrent use land ment program Business Profits Tax	ge in law, a change in vernment affecting the on the general public: tified by the State of New e, including brokers, lopers, and landlords 9. Restaura lodging Horse or dog racing, or abling Business Enterprise Tax	administrative rule listed business, pro- w Hampshire. List e 5. Bar servic ants/ other legal forms o Interest and Dividends Tax n is true and com chapter or know	e, a decision ofession, occ ach such prof nking or finar es 10. Sale ar beverages f 14. // 18 plate to the	whether or cupation, gr fession, ncial and distribut s Education 8. Optional: spece best of m a false stat	6. Sta munic tion of alcoholi 15. Specify any oth cial interest	te of New H ipal employ c Water Reso er area in w	rant a lic entially h lampshire yment law burces hich you f. RSA	ense or permit, ave a greater , county, or . Practice of /

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

L

Type o Full Na	ImeNARA COHEN MCCUE Work Address:NA
Primary	Occupation ACADEMIC ADVISER (RET'D) E-mail daranccue @ grad. Com Work Phone
	r Print CLEARLY DARA COHEN MCCUE Work Address: N/A ume
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 l	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:

Г	2. Health Care 3 .	Insurance	 4. Real Estate, inclu agent, developers, 		5. Bankin services	ng or financial	6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System	8. Current	nt use land t program	9. Restaurants/ lodging	11 .	10. Sale and distribution beverages	n of alcoholic	□ 11. Practice of law	
Г	12. Any business regulated Utilities Commission	by the Public	ambling	or dog racing, or other	legal forms of	14. Education	15. Water Re	sources	
Г	16. Agriculture	17. N.H. taxes:			nterest and ividends Tax		ecify any other area in interest	which you have a	

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-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.

(3/20 Date Signature of Reporting Individual JUN 0 5 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW MARDSHIRE DEPAR ENT OF STATE

ull Name Robin Marie McCune Work Address:N/A
rimary Occupation Stay at home MOME-mail rdoin MMCCUNE OPPMail Work Phone N/A
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, 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. Prime ATC 380 Daniel Webster Highway Merrimack, NH 03054
2 SALL 19 11 School St. Goffstown NH 03045
3. Town of Goffstown No Main St. Goffstown NH 03045 fyou 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/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
Interest and taxes: Business Profits Tax Business Enterprise 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 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 fune 4th, 2020 Signature of Reporting Individual JUN 0 5 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

	me <u>Be</u>		Me	DERMO	HT		Work A	ddress:					
Primary	Occupatio	n RETIN	RED			E-mai	b-c	$Q C_{c}$	onc	ASTINE	Work Phone	e	
director		nployment v		ssion, commi county gover	ttee, board of nment held					· · · · · · · · · · · · · · · · · · ·	• • •		
Α.	proprietor	, or employe	e, or served	l in any other	professional of	siness, or other org or advisory capacit ral retirement and	y, and from	which an	y incor	ne in excess of	\$10,000 was de	rived dur	
1.													
2. If you h	ave no qual	lifying incon	ne indicate	by writing yo	ur initials nex	t to the following	statement.			My inco	ome does not qu	alify	SM
в. Г	reportable discipline financial e 1. Any	special inter a licensee of effect on you profession, o on, or catego	rest in any i permittee, or a family ccupation, o	tem on this li or other decis member than or business lice ss:	st if a change sion by govern n it would on the nsed or certifie 	in law, a change ir	administra e listed busi	tive rule, a ness, profe e. List eac	a decisi ession, h such ing or f	ion whether or r occupation, gro	ot to award a coup, or matter w	ontract, g ould pote	rs. A person has a rant a license or permit; ntially have a greater ampshire, county, or
Γ	7. N.H. Re System	tirement	11	3. Current use ssessment prog	land	9. Restau lodging	rants/			ale and distribution			11. Practice of law
1		ness regulated				orse or dog racing, o	r other legal	forms of		14. Education	☐ 15. W	ater Resou	irces
	16. Agricul		17. N.H taxes:		siness Fits Tax	Business Enterprise Tax		st and ands Tax	 	18. Optional: S speci	pecify any other al interest	area in wh	lich you have a
						egoing information provisions of the							RSA 15-A:9 f a misdemeanor.
Date	6-	5-202	4			• • •		Sons	ature o	M c J	Lerm D ividual		RECEIVED
			Return	n to: Office o	f Secretary of	State, 107 North I	Main Street,	State Hou	ise Roc	om 204, Concor	d, NH 03301	D	JUN 0 8 2020 NEW HAMPSHIRE

Type or PrintebEARLY Full Name Leaglan Kellex M'Eachern Work Address: 19 Thomton St. Portsmosth NH Primary Occupation Software Executive E-mail deaglan, M'Eachern Work Phone 6035027078
Primary Occupation Software Executive E-mail deaglan, M'Eacherney Work Phone 6035027078
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Vertinc.
2.
 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 employment
$ \begin{bmatrix} 7. N.H. Retirement \\ System \end{bmatrix} \begin{bmatrix} 8. Current use land \\ assessment program \end{bmatrix} \begin{bmatrix} 9. Restaurants/ \\ lodging \end{bmatrix} \begin{bmatrix} 10. Sale and distribution of alcoholic \\ beverages \end{bmatrix} \begin{bmatrix} 11. Practice of \\ law \end{bmatrix} $
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax 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 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 6.12.20 Signature of Reporting Individual RECEIVED
Signature of Reporting Individual 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 Kat MCGhee	Home Work Address: 237 Hayden Rd, Hollis, NH 03049
Primary Occupation State Representative	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held	State of New Hampshire House of Representatives
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)

Varian Medical Systems, Helsinki, Finland (husband's employer) Software architect 1. 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify KM

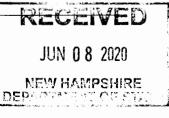
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to 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:

Γ	2. Health Care a	. Insurance	4. Real Estate, incl agent, developers	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
Γ_	7. N.H. Retirement System	8. Current us assessment pro		9. Restaurants/ lodging	ſ		. Sale and distribution verages	n of alcoholic	
Γ_	12. Any business regulated Utilities Commission	by the Public	ambling	e or dog racing, or other	legal forms	^{s of}	- 14. Education	15. Water Re	esources
Γ	16. Agriculture	-			nterest and ividends T	·		ecify any other area in 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 belief. **RSA 15-A:9 Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date Signature of Reporting Individual



Type o Full Na	r Print CLEARL ume ブレイノ	ith A.	М ^с G	rath			Work Add	lress: _6	4 Cou	ict ST.	Laconia	NH	03246
Primary	y Occupation	register	of De	eds		E-mail S	JMEGra	Her	1HDeeg	ls, com	Work Phone 6	03-50	27-5420
uncetoi	he office, position rs, etc. or employn NO ACRONYM	nent with sta	ommission, te or count	committee, y governme	board of nt held	Belknap	Count	Y Re	gister	-of De	eeds		
A.	proprietor, or en	nployee, or s	erved in ar	y other prof	essional or a	dvisory capacity,	, and from v	which any	income in	excess of \$1	as an officer, direc 0,000 was derived additional sheets as	during th	ne preceding
1.	Belkna	o Count	y Reg.	istry of	f Deed	5 - 64 CC	ourt c	<i>TT.</i>	lacon	ja, N/	4 03246		
2.		/	,	/									
If you h	nave no qualifying	; income indi	cate by wr	iting your in	itials next to	the following sta	atement.			My incom	ne does not qualify		
B.	reportable specia	al interest in nsee or permi	any item c ittee, or ot	n this list if her decision	a change in l by governm	law, a change in a ent affecting the	administrati	ve rule, a	decision v	whether or no	ations, groups or m t to award a contra p, or matter would	ct, grant	a license or permit,
	1. Any profest occupation, or o			ness licensed	or certified t	by the State of New	v Hampshire.	List each	such profe	ession,			
	2. Health Care	3. Insur	ance		,	uding brokers, and landlords		5. Banki services	ng or finan	cial	6. State of Ne municipal em	w Hamps ploymen	hire, county, or t
R	7. N.H. Retireme System	^{nt}		rrent use land nent program		9. Restaura	ants/	Γ	10. Sale an beverages	d distributior	n of alcoholic	.	11. Practice of law
	12. Any business re Jtilities Commiss		e Public	Γ	13. Horse gambling	or dog racing, or	other legal fo	orms of	[14.	Education	15. Water F	Resources	3
- and a second	16. Agriculture		. N.H. kes:	□ Busines Profits T		Business Enterprise Tax	□ Interes Divider		Г ^{18.}		ecify any other area 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 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 <u>6/3/2020</u>

Signature of Reporting Individual

RECEIVED JUN 0 4 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

4

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>Carol</u> M Guite	E-mail Mcguire Thouse @ gmc; 1 Work Phone 782 - 4918
Primary Occupation capitalist	E-mail Mcguire Thouse @ gmc, il Work Phone 782 - 4918
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	state representative
proprietor, or employee, or served in any other professional or	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding all retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Carol McGuire & Daniel Helma	n CRUTI + CRUT2
2. <u>Murphy's Taproom</u> (over) If you have no qualifying income indicate by writing your initials next t	to the following statement. My income does not qualify
reportable special interest in any item on this list if a change in	interest in any of the following businesses, professions, occupations, groups or matters. A person has a a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, nent affecting the listed business, profession, occupation, group, or matter would potentially have a greater e general public:
1. Any profession, occupation, or business licensed or certified occupation, or category of business:	by the State of New Hampshire. List each such profession,

	2. Health Care	3. Insurance	1111	Estate, including brokers, developers, and landlords	5. Bank services	ing or financial	6. State of Ner municipal em	w Hampshire, county, or ployment
Γ	7. N.H. Retireme System		. Current use land sessment program	9. Restaurar lodging	ts/	10. Sale and distribution beverages	n of alcoholic	☐ 11. Practice of law
Γ	 Any business reg Utilities Commission 	gulated by the Publ	lic	13. Horse or dog racing, or o gambling	ther legal forms of	14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	Profits Ta		C Interest and Dividends Tax		ecify any other area i l interest	n which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is 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.

Carl M Juice Signature of Reporting Individual Date 6/3/20 RECEIVED JUN 08 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or I Full Nam	Print CLEARI	ap Mixinn	ay	Wo	rk Address:			
Primary (Occupation	Retired	1	E-mail	·	· .	Work Phone	
directors,	e office, position , etc. or employn NO ACRONYN	n, board or commission ment with state or coun AS.	, committee, board of ty government held	Represe	ntative			
1	proprietor, or er	nployee, or served in a	e of any profession, busine ny other professional or a cnefits other than federal i	dvisory capacity, and	from which any	income in excess of \$10	,000 was derived a	luring the preceding
1.				. [.]				
2.								
If you hav	ve no qualifying	; income indicate by w	riting your initials next to	the following stateme	nt.	My income	e does not qualify	DOKE
1	reportable speci discipline a lice financial effect 1. Any profes	al interest in any item on nsee or permittee, or ot on you or a family men	her decision by governme nber than it would on the iness licensed or certified b	aw, a change in admir ent affecting the listed general public: y the State of New Ham	iistrative rule, a business, profes pshire. List each	decision whether or not ssion, occupation, group such profession,	to award a contract , or matter would p	, grant a license or permit, otentially have a greater
□ □ □	2. Health Care	3. Insurance	4. Real Estate, inclu agent, developers,		5. Bankin services	g or financial	 6. State of New municipal emp 	Hampshire, county, or loyment
	7. N.H. Retireme System		rrent use land nent program	9. Restaurants/ lodging	11	10. Sale and distribution beverages	ofalcoholic	I1. Practice of law
	2. Any business re ilities Commiss	gulated by the Public	F 13. Horse gambling	or dog racing, or other	legal forms of	14. Education	15. Water Re	sources
	16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	☐ 18. Optional: Special i	cify any other area in nterest	which you have a
I have r Penalty	read RSA 15-A y. Any person	A and hereby swear o who knowingly fails	or affirm that the forego s to comply with the pro	ing information is tr ovisions of this chap	ue and comple oter or knowing	te to the best of my ki gly files a false statem	nowledge and bel ent shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
Date	6	3/20	· · ·	н Полого (<u></u>	Bites	Miterin	on	RECEIVED
·		•			Signa	ture of Reporting Indivi	dual	JUN 0 4 2020
		Return to:	Office of Secretary of Sta	ate, 107 North Main S	treet, State Hous	e Room 204, Concord, 1	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	ne D. Chris McLauchlin Work A	address: 12 Court St., Keene, Not 03431
Primary	Decupation _ Cheshire County Attorney E-mail CMCL	aughlin@ro.cheshiro.WorkPhone 603-355-3010
	e office, position, board or commission, committee, board of	·
director		County Attorney
A.	List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability	in which you or a family member was an officer, director, associate, partner, n which any income in excess of \$10,000 was derived during the preceding ty benefits shall be included. (Use additional sheets as necessary)
1.	Elevates Training, LLC -	witte's (Kathenne Malanghiling) busines
2.		
If you ł	ave no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the follow	

- reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
- Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care 73. Insurance			4. Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment			
Γ	7. N.H. Retirement System		ent use lan ent progra		9. Restaurants/ lodging		11 .	10. Sa bevera	leand distribution ges	nofalco	oholic	Г	11. Practice of law
Γ	12. Any business regulated by Utilities Commission	y the Public	I	13. Horse gambling	or dog racing, or othe	r legal fo	orms of	Γ	14. Education	Γ	15. Water Re	esources	
Г	16. Agriculture	17. N.H. taxes:	⊢ Busir Profits		Business nterprise Tax	Interes Dividen			18. Optional: Special			n which ye	ou have a

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

Date

Signature of Reporting Individual

RECEIVED JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	meWIKE MCLAUGHLIN Work Address: NA
Primary	Occupation DISABLED E-mail MMclaugh @800 gmail. Com Work Phone N/A
director	ne office, position, board or commission, committee, board of
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	NA
2.	NA
If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipling a license or permittee or other decision by government affecting the listed business profession, occupation, group, or matter would notentially have a greater

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:

Γ	2. Health Care 3. In	ichirgnce It	Real Estate, inclu gent, developers,		∫ [−] 5. Banki services	ng or financial	6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System	8. Current use assessment prog		9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	11. Practice of law
Γ	12. Any business regulated b Utilities Commission	y the Public	ambling	e or dog racing, or other	legal forms of	14. Education	15. Water Ro	esources
Γ_	16. Agriculture				nterest and Dividends Tax		ecify any other area in 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 belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 06/09/20

Γ

Signature of Teporting Individual

Type or Print CLEARLY Full NameJames Mark McL	-Pûn	Work Address: 275	West Man	Street, Hills	borauge NH
Primary Occupation Engineer	E-mail	Mmclean 7770	Comcast net	Work Phone (60	5)464-7150
Name the office, position, board or commission, committee, directors, etc. or employment with state or county governme by you. NO ACRONYMS.	board of <u>State</u>	Work Address: 275 Mmclean 777@ Representative	Hills bars	ngh 44	
A. List below the name, address, and type of any profe proprietor, or employee, or served in any other prof calendar year. Sources of retirement benefits other	fessional or advisory capacity	, and from which any inco	me in excess of \$10,	000 was derived du	ring the preceding
1.					
2If you have no qualifying income indicate by writing your in	nitials next to the following st	atement.	My income	does not qualify	JAM
 B. Indicate below whether you or a family member has reportable special interest in any item on this list if discipline a licensee or permittee, or other decision financial effect on you or a family member than it was a special occupation, or category of business: 	a change in law, a change in by government affecting the would on the general public:	administrative rule, a decis listed business, profession	sion whether or not to , occupation, group,	o award a contract, or matter would por	grant a license or permit,
	al Estate, including brokers, nt, developers, and landlords	5. Banking or services	financial	 6. State of New I municipal employ 	Hampshire, county, or syment
7. N.H. Retirement System 8. Current use land assessment program			Sale and distribution o rages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or gambling	other legal forms of	14. Education	15. Water Res	ources
If 16. Agriculture17. N.H. taxes:Busine Profits		☐ Interest and Dividends Tax	18. Optional: Special in	ify any other area in v aterest	which you have a
I have read RSA 15-A and hereby swear or affirm the Penalty . Any person who knowingly fails to comply Date $03June 2020$	y with the provisions of this	s chapter or knowingly f	files a false stateme A Me of Reporting Individ	tual JUI	CEIVED
Return to: Office of Se	ecretary of State, 107 North N	fain Street, State House R	oom 204, Concord, N	VH 0330	NENT OF STATE

 Type or Print CLEARLY
Full Name
 Type or Print CLEARLY
CHARLES E. MCMAHON
 Work Address: 57 Range Red Windhen Mill

 Primary Occupation
 Real Fertate Agent
 E-mail CMCMahon 55 og mail-con Work Phone 603-401-4646

 Name the office, position, board or commission, committee, board of
 N.14. State Representative District 7 Windhen

 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)

CUCO Early & Associates 57 Range Rd Windham Nill

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:

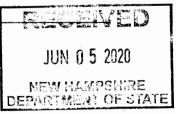
Г	2. Health Care 3. In	surance		4. Real Estate, including brokers, agent, developers, and landlords		5. Banki services	ng or financial	6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System		rent use land ent program	9. Restauran lodging	ts/	Г	10. Sale and distribution beverages	of alcoholic	II. Practice of law
Г	12. Any business regulated by Utilities Commission		13. Horse or dog racing, or ot gambling	or dog racing, or other legal forms of 14. Educati			15. Water Re	esources	
Г	16. Agriculture	17. N.H. taxes:	□ Business Profits Tax		. Interest Dividen			cify any other area in 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 belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a failse statement shall be guilty of a misdemeanor.

Date 6-3-20

2.

signature of Reporting Individual



Type or Print CLEARLY Full Name_Steven MeMahon	Work Address:
Primary Occupation <u>Retired</u> E-mai	gtevendmemahon & comeastinet Work Phone N/A
Name the office, position, board or commission, committee, board of	· · · · · · · · · · · · · · · · · · ·
proprietor, or employee, or served in any other professional or advisory capaci calendar year. Sources of retirement benefits other than federal retirement and	
1. BHI Energy, 97 Libber Industrial Parkway, 44	h Floor, Weymouth, MA 02189, Power Generation Staffing Dover NH 03820, Hospital
2. Wentworth Douglass Hospital, 789 Central Ave,	Dover NH 03820, Hospital
If you have no qualifying income indicate by writing your initials next to the following	
reportable special interest in any item on this list if a change in law, a change i	
7. N.H. Retirement8. Current use land9. RestauSystemassessment programlodging	$\frac{10. \text{ Sale and distribution of alcoholic}}{\text{beverages}} \qquad \boxed{\Gamma} \qquad \frac{11. \text{ Practice of}}{10}$
Lillities Commission	or other legal forms of 14. Education 15. Water Resources
Image: InterpretationInterpretationInterpretationInterpretationInterpretationImage: InterpretationImage: Image: Image	□ Interest and Dividends Tax □ 18. Optional: Specify any other area in which you have a special interest
Date 06/03/2020	ion is true and complete to the best of my knowledge and belief. RSA 15-A:9 his chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Type o Full Na	ame <u>Steve</u>	n McMa	hon	W	ork Address:			
Primar	y Occupation	etired		E-mail ste	endmema	hon@comcast.net	Work Phone	
directo		ent with state or cour	n, committee, board of _ hty government held _					
Α.	proprietor, or emp	oloyee, or served in a	ny other professional of	r advisory capacity, and	l from which ar	ou or a family member w by income in excess of \$ shall be included. (Use a	10,000 was derive	d during the preceding
1.								
2.								
If you l	have no qualifying i	ncome indicate by w	riting your initials next	to the following statem	ent.	My incor	ne does not qualif	y
Г	reportable special discipline a licens financial effect or 1. Any profess	interest in any item see or permittee, or o n you or a family me	on this list if a change i ther decision by govern mber than it would on the siness licensed or certified	n law, a change in adm ment affecting the liste he general public: d by the State of New Ha	inistrative rule, d business, prod mpshire. List ea	fession, occupation, grou ch such profession,	t to award a contr p, or matter would	ract, grant a license or permit, d potentially have a greater
Г	2 Health Care	3. Insurance		cluding brokers, rs, and landlords	$\begin{bmatrix} 5. Ban \\ service \end{bmatrix}$	king or financial s	6. State of N municipal er	Jew Hampshire, county, or mployment
Г	7. N.H. Retiremen System		arrent use land ment program	9. Restaurants/	Г	10. Sale and distributio beverages	n of alcoholic	☐ 11. Practice of law
Г,	12. Any business reg Utilities Commissio	ulated by the Public	□ 13. Ho gamblir	rse or dog racing, or othe	r legal forms of	☐ 14. Education	☐ 15. Water	Resources
Г	16. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special special	ecify any other area interest	a in which you have a
						plete to the best of my		belief. RSA 15-A:9 ilty of a misdemeanor
	e = 06/03		is to comply with the	provisions of this che	then	MeMas	- T	RECEIVED
Date		- 6-			Sig	nature of Reporting Indi		JUN 0 4 2020
		Return to:	Office of Secretary of	State, 107 North Main	Street, State Ho	ouse Room 204, Concord	l, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Macy McNair	Work Address: 157 Amory St. Marchester NH 03102
Primary Occupation Maintenance Admin E-	mail mmcnair@ledgeviewconmercial conWork Phone 603-591-1246
Name the office, position, board or commission, committee, board of <u>Selectr</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	new for wourd 8
proprietor, or employee, or served in any other professional or advisory ca	er organization in which you or a family member was an officer, director, associate, partner, pacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Ledgeview Commercial Partners - 157 Am	ory St. Manchester NH 03102 - property management
2	
If you have no qualifying income indicate by writing your initials next to the follow	ing 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:

Г	2. Health Care \Box 3.	Insurance		. Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services		6. State of New Hampshire, county, or municipal employment		•	
Г	7. N.H. Retirement System		rrent use la nent progr		9. Restaurants/			10. Sale and distribution beverages	n of al	coholic		11. Practice of law
Г	12. Any business regulated Utilities Commission	by the Public		☐ 13. Horse gambling	or dog racing, or other	legal fo	rms of	☐ 14. Education		15. Water Ro	esource	es
Γ	16. Agriculture	17. N.H. taxes:				Interest Dividenc		☐ 18. Optional: Sp special			n which	you havc a

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

RECEIVED Signature of Reporting Individual Date <u>Co/3/2020</u> JUN 04 2020 **NEW HAMPSHIRE**

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

DEPARTMENT OF STATE

T ype or Full Nam	• Print CLEARLY ne	REBECC	A MCCULLIAN	MSWor	rk Address:	40-THORN	DIKE ST # 2A CONCORD NH
Primary	Occupation	ATTORNE	Y				Work Phone 603. 227. 6494
directors		ent with state or co	on, committee, board of unty government held				
	proprietor, or em	ployee, or served in	any other professional or a	lvisory capacity, and f	from which an	y income in excess of \$1	ras an officer, director, associate, partner, 0,000 was derived during the preceding additional sheets as necessary)
1.	Maceri	MAMS	AW, 40 TH	ORNDIKE ST	#2A (Concord NH	, LAW FIRM
2.	INDEPE	NDENT	DESIGN, LL	C, 40 - 140	RNDIK	E ST # 2A	CONCORD NH, ARCHLITECT
If you ha	ive no qualifying	income indicate by	writing your initials next to	the following stateme	nt.	My incom	ne does not qualify
	reportable specia discipline a licen	l interest in any iter see or permittee, or	n on this list if a change in l	aw, a change in admin ant affecting the listed	istrative rule,	a decision whether or no	ations, groups or matters. A person has a t to award a contract, grant a license or permit, p, or matter would potentially have a greater
ĸ	••	sion, occupation, or b ategory of business:	ousiness licensed or certified b	y the State of New Ham A HOR NEY			
	2. Health Care	3. Insurance	4. Real Estate, inclu	ding brokers,	5. Bank	ing or financial	6. State of New Hampshire, county, or

Γ	2. Health Care	- 3. Insurance	11 '	4. Real Estate, including brokers, agent, developers, and landlords			municipal employment		
Г	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic	11. Practice of law	
Г	12. Any business regula Utilities Commission	-	ambling	e or dog racing, or other le	egal forms of	14. Education	15. Water Ro	esources	
R	16. Agriculture	17. N.H. taxes:			nterest and widends Tax		ecify any other area in 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 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.

2020 Date

Signature of Reporting Individual

RECEIVED JUN 1 2 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Full Name A Yan Thomas Meeha Work Address N/A Primary Occupation Not Employes, FUI HTING, Strangell RYA. Meeha N/A Name the office, position, board or commission, board or county MA Operating the deby you. NO ACRONYMS MA A. List below the name, address, and type of any profession, business, or other organization in which any income in access of \$10,000 was derived during the preceding calendar year. Sources of reliment method visions capacity, and from which any income in access of \$10,000 was derived during the preceding calendar year. Sources of reliment method visions capacity, and from which any income in access of \$10,000 was derived during the preceding calendar year. Sources of reliment method visions devices and ecosyn. 1. PathfY MeehaA (Mothee) is an employee of Bishof Fentylick High School, Hyou have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RTM 2. JohA MeehaA (Bachae) is a special interest in any of the following statement. My income does not qualify RTM 3. Indicate below whether you or a family member has a special interest in any of the following businesse, profession, occupation, group, or matter, A person has a reportable special interest in any of the following businesse, profession, occupation, grant a licese or permit, discipline a license or permitte, or other decision by government affecting the listed businesse, profession, occupation, grant a license or permit. 1. profes	Type or Print Clearly
Name the office, position, board or commission, board of directors, etc. or employment with state or country of government held by you. Image: Control of Control o	Full Name AJUN THOMAS MEEKLA Work Address N/A
directors, etc. or employment with state or county Image: Content of the state of the sta	Primary Occupation Not Employed, FULL-Timesty e-mail RYCN. Meehin No KSC. Keeneway Work Phone N/A
proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during 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. PLAFT Meehaan (Mother) is an employee at AVNet. 2. John Meehan Early or initials next to the following statement. My income does not qualify RTM B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupation, groups, or matters. A person has a reportable special interest in a litem on this is if a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupation, groups, or matters. A person has a reportable special interest in a litem on this is if a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. B. Indicate below whether you or a family member than it would on the general public: 1. Any profession, occupation, or octaegony of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment 7. N.H. Retirement 8. B. Querent use land 9. Restaurants/ 1. Any business regulated by the Public 1. Any business regulated by the formation is two and contract and an license or permit. 3. Any business regulated by the public 1. Any business regulated by the formation is two and contract and an license or permit. 3. Any business regulated by the formation is two and contract oregulation of alcoholic 1. Any business regulated by th	directors, etc. or employment with state or county
 2. John Meehan Gutter is an employee of bishop Fenylick High School, If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RTM B. Indicate below whether you or a family member has a special interest in any of the following businesses, profession, occupations, groups, or matters. A person has a reportable special interest in an item on this list if 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 licenseed or certified by the State of New Hampshire. List each such profession, occupation, or tategory of business: 2. Health Care agent, developers, and landlords 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 7. NH. Retirement 3. Current use land of granting / business 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 112. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. Europer Business A Businest A Business A Business A Business A Business A Business A	proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RTM 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. 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. B. Indicate below whether you or a family member than it would on the general public: Interest and licensee or permittee, or ot business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Interest and landlords Services Interest rement R. B. Current use land assessment program I. Any business regulated by the Public I. Any business regulated by the Public I. Any business regulated by the Public I. Any business regulated by the form of grambling I. Any business regulated by the form that the foregoing information is true and complete to the best of my knowledge and belief. 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-	" Patty Meehan (Mother) is an employee at Avnet.
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 administrative rule, a decision whether or not to award a contract, grant a license or permitte, 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 municipal employment 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging 9. 12. Any business regulated by the Public of gambling 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 10. Gag and lineterest - 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 - 11. Area ceree and NSA 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-A9 Penalty	2. John Meehan Gather is an employee at Bishop Ferwick High school,
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 license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 14. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest - Electron is closed by the for for formation is true and complete to the best of my knowledge and belief. 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:spenalty. Any Mote and Sa 15-A:spenalty. Any Mote ano special individual	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest 1 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 Mother provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor Pate U(4/2)202 Alvan Meebhaw JUN 16 2020	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
System assessment program lodging beverages law ¹ 12. Any business regulated by the Public Utilities Commission ¹ 13. Horse or dog racing, or other legal forms of gambling ¹ 14. Education ¹ 15. Water Resources ¹ 16. Agriculture ^{17.} N.H. taxes: ^{18.} Business Profits Tax ^{11.} Interest and Dividends Tax ^{18.} Optional: Specify any other area in which you have a special interest ¹ 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. ^{18.} Optional: Specify any other area in which you have a special interest ^{18.} Optional: Specify any other area in which you have a special interest ^{11.} 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. ^{18.} Optional: Specify any other area in which you have a special interest ^{18.} Optional: Specify any other area in which you have a special interest ^{11.} 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. ^{18.} Optional: Specify any other area in which you have a special interest ^{18.} Optional: Specify any other area in which you have a special interest ^{19.} Optional: Specify any other area in which	
Utilities Commission I of gambling IA 14. Education I IS. Water Resources I 16. Agriculture 17. N.H. taxes: Business Profits Tax 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 true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED Pate N/4/2020 Avector Reporting Individual JUN 1 & 2020	
16. Agriculture taxes: Profits Tax Enterprise Tax Dividends Tax special interest Election ics due to my 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 Moth of the person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED Pate bignature of Reporting Individual JUN 18 2020	
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 Mother person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor Pate Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief. RECEIVED Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief. Pate Note of the best of my knowledge and belief.	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE	I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor Date レイタイ 2020 Date レイタイ 2020 NEW HAMPSHIRE

Type o Full Na	meChARIE	s Ru	<u>65ell</u>	Meluir	VSR	Work	Address: S	21 So. main	i Neuto	WW.HO385F
Primary	Occupation R	oules	tate	/Auto Rg	pain E-n	nail <u>Ch</u> HF	lesru	neluinsiz.	Work Phone 60	3819-6280
director	he office, position s, etc. or employr NO ACRONYM	nent with sta	ommission te or coun	, committee, board ty government hel	d Board	lep t	ris 15 Pelectr	1 Nieciton naw / Nieu	fon	
Α,	proprietor, or en	nployee, or s	erved in a	ny other profession	nal or advisory capa	acity, and fro	m which any	ou or a family member vy income in excess of \$ shall be included. (Use a	0,000 was derived of	luring the preceding
1.										
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If you h	ave no qualifying	income indi	cate by wi	tiing your initials	next to the following	ng statement.		My incon	ne does not qualify	CRM
в. Г	reportable specie discipline a licer financial effect o	al interest in nsee or permi on you or a fa ssion, occupat	any item of ittee, or ot amily men ion, or bus usiness:	on this list if a char her decision by go ober than it would iness licensed or cer 4. Real Estat	nge in law, a chang vernment affecting on the general pub tified by the State of e, including brokers	e in administ the listed bu lic: fNew Hampsh	rative rule, a siness, profe ire. List each	ession, occupation, grou	t to award a contract p, or matter would p	t, grant a license or permit, otentially have a greater Hampshire, county, or
	7. N.H. Retireme	ľ		rrent use land	elopers, and landlord	ls / taurants/	services	10. Sale and distribution	municipal emp	loyment 11. Practice of
Г	System			nent program	lodging		Г	beverages		law
	12. Any business re tilities Commiss		e Public	11	. Horse or dog racin nbling	g, or other leg	al forms of	14. Education	15. Water Re	sources
Г	16. Agriculture		N.H. tes:	□ □ □ □ Business Profits Tax □	Business Enterprise Tax		rest and dends Tax		ecify any other area in interest	which you have a
	ty. Any person		ngly fails					ete to the best of my l ngly files a false staten		
Date						\rightarrow	Sign	ature of Reporting Indiv	idual	States of the Ale
		_		0.00			4 C4=4= TT		ХЛТ 02201	
		R	eturn to:	Unice of Secretary	y of State, 107 Nor	in Main Stree	a, State Hou	ise Room 204, Concord,	INEI USSU I	JUN 0 5 2020
L										NEW MANSCOM DEPARTMENT

Type o Full Na	r Print CLEARLY me_ <u>TOBIN_MENA</u>	AD	Work Address: 101 ETNA KI) LEBANON NH 0376	6
Primar	Occupation PRODUCTION	<u>TECHNICIAN</u> E-mail	TO BINMENARD TOBIN MENA	10, Lowork Phone 60 3-443-	5340
directo	he office, position, board or commis rs, etc. or employment with state or NO ACRONYMS.	county government held	lavids DAWys, Member of New Veo Library, Member of Ne	uport Historical Society, 1 wport Community C	<u>Member</u> enter Committee
А.	proprietor, or employee, or served	type of any profession, business, or other org in any other professional or advisory capacit nt benefits other than federal retirement and	ty, and from which any income in excess	of \$10,000 was derived during the pr	e, partner, receding

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2.	

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify TPM

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, Γ occupation, or category of business:

Γ	2. Health Care 7. In	leally care is subsurance is			Real Estate, including brokers, gent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
-٦	7. N.H. Retirement System	8. Current assessment p			9. Restaurants/ lodging			10. Sa bevera	leand distribution ages	ofalcoholic			
Γ	12. Any business regulated b Utilities Commission	y the Public		ambling	or dog racing, or othe	r legal fo	rms of	Г	14. Education	☐ 15. Water Re	sources		
Γ_	16. Agriculture	17. N.H. taxes:	Busin Profit		Business nterprise Tax	Interest Dividend		Г		cify any other area in nterest	which you have a		

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 11/06/2020

Tolim P. Many Signature of Reporting Individual

Type or Full Nar	Print CLEARLY	Gary Merchant		Work Address:	272 Pleasant Street,	easant Street, Claremont, NH 03743		
Primary	Occupation	Retired Pharmacist	E-mail	rx.merchant@yahoo	o.com	Work Phone	603-558-1389	
director		ard or commission, committee, with state or county government		entative, Sullivan Co	unty, District #4			
Α.	proprietor, or emplo	, address, and type of any profe- yee, or served in any other profe- tes of retirement benefits other t	essional or advisory capacity	, and from which any	income in excess of \$	10,000 was derive	d during the preceding	
1.	New Hampshir	e Retirement System, 54 Region	al Drive, Concord, NH 033	01				
2.								
lf you h	ave no qualifying inc	ome indicate by writing your in	itials next to the following s	atement.	My incor	ne does not qualif	ý	
В. Г	reportable special ir discipline a licensee financial effect on y 1. Any profession	ther you or a family member ha terest in any item on this list if a or permittee, or other decision ou or a family member than it w a, occupation, or business licensed	a change in law, a change in by government affecting the yould on the general public: or certified by the State of Ne	administrative rule, a listed business, profe	decision whether or no ssion, occupation, grou	ot to award a contr	act, grant a license or permit	
	occupation, or cate		Pharmacy		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
Γ	2. Health Care		Il Estate, including brokers, t, developers, and landlords	5. Banki services	ng or financial	municipal en	New Hampshire, county, or mployment	
\mathbf{V}	7. N.H. Retirement System	8. Current use land assessment program	11	rants/	10. Sale and distributio beverages	n of alcoholic	II. Practice of law	
	12. Any business regula Itilities Commission	ted by the Public	13. Horse or dog racing, or gambling	other legal forms of	☐ 14. Education	☐ 15. Water	Resources	
Г	16. Agriculture	17. N.H. taxes: Profits T		☐ Interest and Dividends Tax	☐ 18. Optional: Sp specia	ecify any other area l interest	a in which you have a	
		nd hereby swear or affirm tha no knowingly fails to comply	0 0		· · ·	•		
Date	June 3, 20	020			Reporting Indi	∆ vidual	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

2020 NEW HAMPSHIRE STATEMENT OF F	
Type or Print CLEARLY	80 Hurricane Road 03467-0292
Type or Print CLEARLY Full Name <u>RICHARD</u> ALAN MERKT Work	KAddress: 1.0. Box 292 Westmore and NH
Primary Occupation E-mailE	rkt 4 nh @ gmail. comWork Phone (908) 507-5033
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 proprietor, or employee, or served in any other professional or advisory capacity, and find the calendar year. Sources of retirement benefits other than federal retirement and/or disal	rom which any income in excess of \$10,000 was derived during the preceding bility benefits shall be included. (Use additional sheets as necessary)
1. TRUSTEE, WARNOCK MARITAL TRUST, P.	O. BOX 292, WESTMORELAND, NH
2.	03467-0292
	strative rule, a decision whether or not to award a contract, grant a license or permit, pusiness, profession, occupation, group, or matter would potentially have a greater $UONE$
1. Any profession, occupation, or business licensed or certified by the State of New Hamp occupation, or category of business:	shire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restaurants/ lodging	Image: 10. Sale and distribution of alcoholic beveragesImage: 11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or other le gamblingUtilities Commissiongambling	egal forms of 14. Education 15. Water Resources
	terest and vidends Tax <i>18. Optional</i> : 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 tru Penalty. Any person who knowingly fails to comply with the provisions of this chapt	

Date JUNE 4, 2020

Signature of Reporting Individual

Type or Print CLEARLY Troy Merner	Work Address: 282 mgin St Langastur
Primary Occupation <u>Refired</u> E-mail	merner of a golan Work Phone 788-3048
Name the office, position, board or commission, committee, board of	Work Address: 282 mg. 'n St Langastur merner el a galan Work Phone 788-3048 + Starte Repsentise
	nization in which you or a family member was an officer, director, associate, partner, , and from which any income in excess of \$10,000 was derived during the preceding 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 st	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 services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura System assessment program lodging	ants/ [- 10. Sale and distribution of alcoholic] [- 11. Practice of law
Image: 12. Any business regulated by the PublicImage: 13. Horse or dog racing, or gamblingUtilities Commissiongambling	other legal forms of $[-14. Education = 15. Water Resources]$
Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxBusiness 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	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 $\int 2 20$	To how
	Signature of Reporting Individual

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

JUN 0 8 2020 NEW HAMPSHIRE

CF STALL

Type o Full Na	r Print CLEARLY	LYN S	MERRICK	w	ork Addre	ess:		
Primary	Occupation 7	RETIRE		E-mail ju	stbre	th 2003 @gmail.	(O/W ork Phone	
director	he office, position, board or s, etc. or employment with NO ACRONYMS.							
Α.	proprietor, or employee,	or served in an	y other professional or ad	visory capacity, and	i from wh	hich you or a family member hich any income in excess of a senefits shall be included. (Use	\$10,000 was derived d	uring the preceding
1.		.						
2.								
If you h	nave no qualifying income	indicate by wr	iting your initials next to	the following staten	ient.	My inco	ome does not qualify	Em
B.	reportable special interes discipline a licensee or p	st in any item of ermittee, or of	n this list if a change in la	w, a change in adm nt affecting the liste	inistrative	businesses, professions, occu e rule, a decision whether or r s, profession, occupation, gro	not to award a contract	, grant a license or permit
Γ	1. Any profession, occ occupation, or category		ness licensed or certified by	the State of New Ha	mpshire.	List each such profession,		
Г	2. Health Care 73. I	nsurance	4. Real Estate, inclue agent, developers, a	-	11	5. Banking or financial ervices	6. State of New municipal emp	Hampshire, county, or loyment
	7. N.H. Retirement	8. Cu		9. Restaurants	′	10. Sale and distributi	ion of alcoholic	11. Practice of

1	System	assessment progr	am	lodging		beverages				l law
Г	. 12. Any business regulated by Utilities Commission	business regulated by the Public Commission 13. Horse or dog racing, or other legal forms of gambling				ms of		14. Education	15. Water R	esources
Г	16. Agriculture			Business Interprise Tax	 Interest a Dividend 		Г	· · · · · · · · · · · · · · · · · · ·	ify any other area 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 belief. RSA 15-A:9 **Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date June 8, 2020

Signature of Reporting Individual

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Type of Full Na	me	80	ouglas	Mer	II II	ç	Work Ad	dress:	nla			
	Occupation P					E-ma	il bisto	3. isla	udequail co	Work Phone	203 R	\$7-2642
director	he office, position s, etc. or employn NO ACRONYM	nent with s	commission state or coun	, committe ty governi	ee, board of ment held							
A ,	proprietor, or en	ployee, or	served in a	ny other pr	rofessional or	advisory capac	ity, and from	which an	ou or a family member y income in excess of s shall be included. (Use	10,000 was derive	d during th	e preceding
1.		<u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-					· ·		· .	• •	
2. If you h	nave no qualifying	income in	dicate by w	riting your	initials next	to the following	statement.		My inco	me does not qualif	y HDW	<u>n</u>
В. Г	reportable specia discipline a licer financial effect o	al interest insee or per on you or a sion, occup	in any item of mittee, or of a family mer pation, or bus	on this list ther decision nber than i	if a change in on by govern it would on th	n law, a change ment affecting the general public	in administrat he listed busin ::	ive rule, a ess, prof	sses, professions, occu a decision whether or n ession, occupation, gro h such profession,	ot to award a contr	act, grant a	license or permit,
Г	2. Health Care	X 3. Ins	urance			cluding brokers, rs, and landlords	ا ا	5. Bank services	ing or financial	6. State of M municipal er		nire, county, or
Γ	7. N.H. Retireme System	nt	I	nrrent use la ment progra	am	9. Resta		Г	10. Sale and distribution beverages	on of alcoholic	Г	11. Practice of law
	12. Any business re Utilities Commiss		the Public		□ 13. Hor gamblin	rse or dog racing, Ig	or other legal	forms of	☐ 14. Education	☐ 15. Water	Resources	· · ·
Г	16. Agriculture	1	17. N.H. taxes:	⊢ Busi Profit	iness ts Tax	Business Enterprise Tax		st and nds Tax	□ 18. Optional: S speci	pecify any other are al interest	a in which y	ou have a
I hav Pena Date	e read RSA 15-A lity. Any person $\zeta / 12/$	A and here who kno	wingly fail)	s to comp	oly with the	provisions of t	his chapter o	r knowin Sigr	lete to the best of my ngly files a false state nature of Reporting Ind use Room 204, Concor	ividual	Ity of a m RECE	isdemeanor.

Type o Full Na	Name Basian Mercer Work Address: 17 Hampshine DR. Apt. E	
Primary	nary Occupation <u>memployed</u> E-mail Work Address: <u>17 Hampshine</u> DR. Apt. E	3728
director	ne the office, position, board or commission, committee, board of	
A.	A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, 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)	er, g
1.	1.	
2.	2.	
If you h	bu have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify $\underline{\partial} \cdot \mathcal{N} \cdot \mathcal{A}$.	
B.	B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant financial effect on you or a family member than it would on the general public:	permit,
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	

Г	2. Health Care \Box 3.	Insurance	uding brokers, and landlords	5. Banking or financial services			ncial [6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System	8. Current us assessment pro		9. Restaurants/ lodging		_	10. Sale as beverages	nd distribution o s	falcoholic	$ \Gamma \qquad \frac{11. \text{ Practice of}}{\text{law}} $
	12. Any business regulated Utilities Commission	by the Public	ambling	e or dog racing, or other	legal for	rms of	F 14	. Education	15. Water Re	sources
Г	16. Agriculture				nterest a vividend		L 18	8. Optional: Speci special in	fy any other area in terest	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-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 6-7-2020

RECEIVED Signature of Reporting Individual

JUN 0 9 2020

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

NEW HAMPSHIRE

Full Name	celyn	A. Me.	ssier			Work Add	ress:			
Primary Occupation	re	tired			E-mail	jou	<u>ie</u> /	10230ad-0	Work Phone	
Name the office, position lirectors, etc. or employ by you. NO ACRONY	ment with)eer	field N	117	Municipal	Budget	Committee
proprietor, or e calendar year.	employee, of Sources of	or served in a retirement b	ny other profest enefits other the	sional or a an federal	dvisory capacit retirement and/	y, and from w <i>or disability l</i>	hich any	ou or a family member y income in excess of \$ shall be included. (Use	10,000 was derive	
1. Joen	, tham	shire	Retiren	nent	ASSOCI	ation				
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f you have no qualifyir	ig income i	ndicate by w	riting your initi	als next to	the following s	tatement.		My inco	me does not qualif	ý
reportable spec discipline a lic financial effec	cial interest ensee or pe t on you or ession, occu	in any item rmittee, or or a family mer pation, or bus	on this list if a c ther decision by mber than it wo	change in l governme uld on the	aw, a change in ent affecting the general public:	administrative listed busine	e rule, a ss, profe List eacl	a decision whether or n ession, occupation, gro h such profession,	ot to award a contr up, or matter would	natters. A person has a act, grant a license or permit l potentially have a greater
2. Health Care	☐ 3. In	surance			iding brokers, and landlords	Г	5. Banki ervices	ing or financial	6. State of N municipal er	ew Hampshire, county, or nployment
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T 12. Any business Utilities Commis		the Public		13. Horse gambling	or dog racing, o	r other legal fo	rms of	14. Education	☐ 15. Water	Resources
16. Agriculture		17. N.H. taxes:	Business Profits Tax		Business nterprise Tax	☐ Interest Dividence			pecify any other area al interest	in which you have a
I have read RSA 15- Penalty. Any perso	A and her n who kno	eby swear o wingly fail	or affirm that t s to comply w	he forego ith the pr	ing information of thi	on is true and s chapter or	compl knowin	ete to the best of my agly files a false state	knowledge and t ment shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor.
Date	une	4,20.	20	•				Mon (/	
						•	Sign	ature of Reporting Indi	vidual	JUN 0 5 2320
		Return to:	Office of Secre	etary of Sta	ate, 107 North N	Main Street. S	ate Hou	ise Room 204, Concord	1. NH 03301	
		iterarii ie.	Strive of Source	ing or ou					,	NEW HAMPSHIRE DEPARTMENT OF ST

J.

Type or Print CLEARLY Full Name Man MISSNER	Work Address: 241 Washington Red. Run 1403570 Minde 4nh @ mail wowerk Phone 603-498-8547
Primary Occupation Salf environment	Mindi 4 nh @ WWork Phone 603-498-8347
Name the office, position, board or commission, committee, board ofA	
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. NA	
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If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	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
1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restaur lodging	ants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business taxes: Profits Tax Enterprise Tax	Linterest and Dividends Tax It is Optional: Specify any other area in which you have a special interest

I have read RSA 15-A and hereby swear or affirm that the foregoing information 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.

~ 10, 20.70 Date RECEIVED Signature of Reporting Individual JUN 1 1 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 o Full Na	ne DAVED MEUSE Work Address:	
Primary	Occupation <u>REFERED</u> E-mail jdmeuse @gmgil.com Work Phone	
director	e office, position, board or commission, committee, board of <u>STATE REPRESENTATIVE</u> s, etc. or employment with state or county government held 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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2.		
If you ł	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify \underline{SDM}	
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:	ermit,
	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	

Γ	2. Health Care	3. Insurance	11 :	Real Estate, inclu gent, developers,	•	Γ	5. Bankin services	ng or financial	Г	6. State of Ner municipal emp		shire, county, or nt
	7. N.H. Retiremen System		rent use l ient progi		9. Restaurants/ lodging			10. Sale and distribution beverages	1 of a	lcoholic	Г	11. Practice of law
Г	12. Any business reg Utilities Commissi	gulated by the Public on		ambling	or dog racing, or othe	r legal i	forms of	14. Education	Г	15. Water R	esource	25
Γ	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interes Divide	st and nds Tax	18. Optional: Special			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 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.

06/03/2020 Date

JUN 04 Signature of Reporting Individual NEW HAR

	me				Work Address:			
Primar	y Occupation	Not a	policable	E-mail	jomeyer 777	a) gol. com	Work Phone	
lirector		ent with state or cou	n, committee, board on the government held	1		-		
Α,	proprietor, or em	ployee, or served in	any other professiona		and from which an	y income in excess of	\$10,000 was derived	ctor, associate, partner, I during the preceding s necessary)
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f you ł	nave no qualifying	income indicate by v	vriting your initials n	ext to the following sta	atement.	My inco	ome does not qualify	· Shut
в.	reportable specia discipline a licen financial effect o 1. Any profess	l interest in any item see or permittee, or o n you or a family mo	on this list if a chang other decision by gov mber than it would o	ge in law, a change in a	administrative rule, a listed business, profe	a decision whether or i ession, occupation, gro	not to award a contra	natters. A person has a act, grant a license or permit, potentially have a greater
Г	2. Health Care	3. Insurance		, including brokers, opers, and landlords	5. Bank services	ing or financial	6. State of Normunicipal em	ew Hampshire, county, or ployment
Г	7. N.H. Retiremen System		urrent use land sment program	9. Restaura lodging	ints/	10. Sale and distributi beverages	on of alcoholic	☐ 11. Practice of law
Γ _τ	12. Any business reg Utilities Commissi	gulated by the Public on		Horse or dog racing, or bling	other legal forms of	14. Education	15. Water J	Resources
Г	16. Agriculture	17. N.H. taxes:	← Business Profits Tax	 Business Enterprise Tax 	 Interest and Dividends Tax 	18. Optional: S spec	Specify any other area al interest	in which you have a
Pena	alty. Any person			oregoing information he provisions of this				elief. RSA 15-A:9 Ity of a misdemeanor.
Date	·97	<i>6</i> 0			Sign	ature of Reporting Inc	lividual	RECEIVED

1

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 STA

Type or Print CLEARLY Full NameAVID E, MILZ Work Address: RETIRED
Primary Occupation MANNA RETIRED E-mail dAVIDMILZ Comcess. NET Work Phone 603 437-0030
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)
1
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in 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 7 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land System 9. Restaurants/ Image: state of system 10. Sale and distribution of alcoholic Image: state of system 10. Sale and distribution of alcoholic Image: state of system 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission 13. Horse ox dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax 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 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 RECENTED Date

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	in Ming		V	Vork Address: 1	09 Ponemah	n Rd., # 5, A	mherst, NH	03031	
mary Occupation	Lawyer		E-mail	bmingnh@gma	iil.com		Work Phone	617-918	3-7633
	on, board or commission, commission, comment with state or county MS.		N/A						
proprietor, or e	name, address, and type of employee, or served in any Sources of retirement bene	other professional or advis	sory capacity, an	nd from which any	income in ex	cess of \$10,	000 was deriv	ed during	the preceding
1. Estate Pre	servation and Planning I	Law Office (109 Ponema	ah Rd., # 5, Am	herst, NH 03031) - Practice o	of Law			
2. Southern N	H Medical Center (8 Pro	ospect St., Nashua, NH	03060) - Heal	h Care					
you have no qualifyir	ng income indicate by writi	ing your initials next to the	e following state	ment.		My income	does not qual	ify	
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Type or Print CLEARLY Full Name JEREMIAK JOHN MAININON Work Address: 38 COIS ST ROCNESTER WN
Type or Print CLEARLY Full Name
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)
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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
$ \begin{bmatrix} 7. N.H. Retirement \\ System \end{bmatrix} \begin{bmatrix} 8. Current use land \\ assessment program \end{bmatrix} \begin{bmatrix} 9. Restaurants/ \\ lodging \end{bmatrix} \begin{bmatrix} 10. Sale and distribution of alcoholic \\ beverages \end{bmatrix} \begin{bmatrix} 11. Practice of \\ law \end{bmatrix} $
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
Image: Interest and taxes:Image: Interest and profits TaxImage: Interest TaxImage: Interest and Enterprise TaxImage: Interest and Dividends TaxImage: Interest and Special InterestImage: Image:
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Date 4 June 2020

im レ Signature of Reporting Individual 1 Walland W lines B JUN 0 9 2020 MENI HAMPSHIRE

DEPA

OF STATE

Type or Print CLEARLY Full Name Faith Minton Work Address: 125 Old Denny Hill Ril	Warner 03278
Fype of Print CLEARLY Full Name Faith Minton Work Address: 125 Old Denny Hill Rd Primary Occupation retired Self E-mail minton. faith e gmail.com Work Phone	
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dir proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ed during the preceding
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7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System assessment program lodging 10. Sale and distribution of alcoholic	II. Practice of law
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Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxImage: Business Enterprise TaxInterest and Dividends Tax18. Optional: Specify any other area special interest	a in which you have a
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Date <u>GMWC</u> <u>MWWW</u> Signature of Reporting Individual	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020
	NEW HAMPSHIRE

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Type or Print CLEARLY Full Name Michelle Sawyer Moge	Work Address: MeLane Middleton 900 Elm St Manhater NH
Primary Occupation <u>Receptionst</u>	E-mail Michelle. Moze & Molane, 6M Work Phone 663 625.6464
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisor	other organization in which you or a family member was an officer, director, associate, partner, y capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>thent and/or disability benefits shall be included</i> . (Use additional sheets as necessary)
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[2. Health Care 7. Ir	isurance	arance 4. Real Estate, including brokers, agent, developers, and landlords				5. Banking or financial services			6. State of New Hampshire, county, or municipal employment	
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[12. Any business regulated by the Public Utilities Commission				or dog racing, or othe	legal fo	orms of	Г	14. Education	15. Water Re	esources
	16. Agriculture	17. N.H. taxes:	- Business Profits Tax		usiness nterprise Tax	Interest Dividen		Г		cify any other area in interest	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 6/3/20

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Milule & San Mog Signature of Reporting Individual

JUN 0 5 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Sonna Mombourguette	Work Address: PO Bax 14, New Boston, NH 03070
Primary Occupation <u>Retried</u> E-mail	Work Address: POBax 14, New Boston, NH 03070 donna 4 hills 5@ gmaul. cum Work Phone 603.660.2178
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and/	canization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement8. Current use land assessment program9. Restau lodging	rants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or gamblingUtilities Commissiongambling	r other legal forms of 14. Education 15. Water Resources
16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of the provisions of the provision of the	· · ·
Date UM 1, 2020	Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North	Main Street, State House Room 204, Concord, NH 03301

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Primary	Occupation <u>f</u>	inner/	Register	Deeds	E-mail	Kmonahan	Q co.gratto.n	<u>Ku</u> cWork Phone	6037876921	
director	he office, position s, etc. or employn NO ACRONYM	nent with state or	ssion, committee, be county government	bard of K held	Register	- of Deeds	Grafton (runky	6037876921	·/ .
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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Type or Print CLEARLY Full Name Maureen Mooney	work Address: 5 Perimeter Rd, Manchester (until 6/30/20) ail hon, Maureen, Mooney Egmail, Work Phone
Primary Occupation Dean of School E-m	ail hon, Maureen, Mooney Egmail, Work Phone
Name the office, position, board or commission, committee, board of \underline{Degn} of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	com
proprietor, or employee, or served in any other professional or advisory capa calendar year. Sources of retirement benefits other than federal retirement and	organization in which you or a family member was an officer, director, associate, partner, icity, and from which any income in excess of \$10,000 was derived during the preceding ad/or disability benefits shall be included. (Use additional sheets as necessary)
1. Founders Academy 5 Perimeter Rd	Manchester Education School
2. NH Judicial Branch 1 Granite	Place Ste N400 Concord Law/Judge
If you have no qualifying income indicate by writing your initials next to the followin	ng statement. My income does not qualify
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1. Any profession, occupation, or business licensed or certified by the State of occupation, or category of business: Judge-NH Bar	New Hampshire. List each such profession. , Teacher - Statement of Eligib, lity - Dept, of Edu; Notary Public - State of NH
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7. N.H. Retirement System	taurants/ 10. Sale and distribution of alcoholic 11. Practice of law
	g, or other legal forms of 14. Education T 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness 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 inform Penalty . Any person who knowingly fails to comply with the provisions of Date $\frac{6/3/20}{2}$	ation is true and complete to the best of my knowledge and belief. RSA 15-A:9 This chapter or knowingly files a false statement shall be guilty of a misdemeanor.
/	th Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Full Name PAULA DESJARDINS MORAN Work Address: BAE Jystems, Spit Brook Rol North North Ost Primary Occupation Administrator E-mail Paula.d. moranegmail.com Work Phone 603-885-1065
Primary Occupation Administrator E-mail paula. d. moranegmail.com Work Phone 603-885-1065
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)
1. N/A
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: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: I. Alfe
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
$ \begin{bmatrix} 7. N.H. Retirement \\ System \end{bmatrix} \begin{bmatrix} 8. Current use land \\ assessment program \end{bmatrix} \begin{bmatrix} 9. Restaurants/ \\ lodging \end{bmatrix} \begin{bmatrix} 10. Sale and distribution of alcoholic \\ beverages \end{bmatrix} \begin{bmatrix} 11. Practice of \\ law \end{bmatrix} $
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
I6. Agriculture 17. N.H. taxes: Business Business Interest and 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 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 $\frac{6/5/20}{JUN - 8 2020}$
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Prin Full Name	it CLEARLY <u>Elizabe</u>	th Ar	nn Moren	V		Work Ad	dress: <u>//5</u>	Brackfield I	Dr Manchest	cr NH 03109
Primary Occu	upation Realt	0/		•	E-mai					03-782-6776
Name the offi directors, etc.	ice, position, boa or employment ACRONYMS.	rd or comm						anchester		
prop	rietor, or employ	ee, or serve	ed in any other	professional or	r advisory capaci	ty, and from v	which any i	or a family member ncome in excess of \$ all be included. (Use	10,000 was derived	ctor, associate, partner, I during the preceding s necessary)
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f you have no	o qualifying inco	me indicate	by writing you	ur initials next	to the following	statement.		My inco	me does not qualify	EM
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Syste			assessment prog		lodging	4 1 16		everages	· · · · · · · · · · · · · · · · · · ·	law
	y business regulate s Commission	d by the Pu	IDIIC	gambling	se or dog racing, o g	or other legal ig		14. Education	15. Water H	Resources
☐ 16. A	griculture	17. N.H taxes:			Business Enterprise Tax	☐ Interest Dividen		– 18. Optional: Specia	pecify any other area al interest	n which you have a
I have read	RSA 15-A and	hereby sv	vear or affirm	that the foreg	going informati	on is true an	d complete	e to the best of my	knowledge and be	elief. RSA 15-A:9
Penalty. A	Any person who	knowingl	y fails to com	ply with the p	provisions of the	is chapter or	knowingly	y files a false state $\Lambda = \Lambda a$	ment shall be guil	ty of a RECEIVED
Date (-3-2020						Un	Town	/	JUN 04 2020
							Signatu	re of Reporting Indi	vidual	NEW HAMPSHIRE DEPARTMENT OF STAT

Full Name DONATHAN LHOMAS MORGAN	Work Address: 142 STANSAUGH ST REDWOOD CITY, CA
Primary Occupation CYBERSECURITY E-mail	JONG AREA ISECUTITY Work Phone 857-2841-2009
Name the office, position, board or commission, committee. board of	E SENATE DIST 23
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)

REA | SECURITY 1. ONVENIENT ٦

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify	
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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:

	/							
P	2. Health Care	3. Insurance		atate, including brokers, evelopers, and landlords	5. Bank services	ing or financial	6. State of New municipal emp	Hampshire, county, or loyment
Γ	7. N.H. Retirement System		rent use land hent program	9. Restaurants/ lodging	Г	10. Sale and distribution beverages	of alcoholic	II. Practice of law
Γ	12. Any business regulate Utilities Commission	ed by the Public	,	13. Horse or dog racing, or other ambling	legal forms of	14. Education	15. Water Re	esources
Γ	!6. Agriculture	17. N.H. taxes:	☐ Business Profits Tax		Interest and Dividends Tax	18. Optional: Special	interest Cyr	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

Signame of Reporting Individual JUN 12 2020 NEW LAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEFARTMENT OF STAT

Type o Full Nat	ne STEPHEN SCOTT MORGAN	Work Add	ress: N/A	
Primary	Occupation RETIRES	E-mail	1ress: <u>N/A</u> = 57 <i>C Comerce</i> , M	Work Phone N/
director	he office, position, board or commission, committee, board of rs, etc. or employment with state or county government held NO ACRONYMS.	νE		
Α.	List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advis calendar year. Sources of retirement benefits other than federal reti	sory capacity, and from w	which any income in excess of \$1	0,000 was derived during the preceding
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2.				/
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В.	Indicate below whether you or a family member has a special inter reportable special interest in any item on this list if a change in law, discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the gen	a change in administrativ affecting the listed busine	ve rule, a decision whether or no	t to award a contract, grant a license or permit,
Г	1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:	e State of New Hampshire.	List each such profession,	
Г	2. Health Care 3. Insurance 4. Real Estate, includin agent, developers, and		5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
Г	7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution beverages	n of alcoholic law
	12. Any business regulated by the Public 13. Horse or or gambling	log racing, or other legal fo	I 14. Education	15. Water Resources
Г	16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enter	ness Interest prise Tax Dividend		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 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 JONE 4, 2020

Signature of Reporting Individual RECEIVED

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Work Address: RS Marsh Road Polhom WH 03076
Full Name Robert E- Moule	
Primary Occupation Science Encher E-mail	[Moore @pethamsd.org Work Phone 635-211]
Name the office, position, board or commission, committee, board of	Work Address: <u>OS Maish Road Pelham WH 03076</u> <u>rmooie Opelhamsd.org</u> Work Phone <u>635-2115</u> of State Representative
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	ganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
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If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify $\underline{\ } \underline{\ } $
 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 Network State of Network State of Network State of Network State State of Network State St	
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. Restau lodging	arants/ T 10. Sale and distribution of alcoholic T 11. Practice of law
Lilities Commission	or other legal forms of \Box 14. Education \Box 15. Water Resources
Image: Total state17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Linterest and Dividends Tax Interest and Dividends Tax Interest And Di
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 th	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $6/10/20$	Fobus & Moore Signature of Reporting Individual RECEIVED

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

JUN 15 2020

NEW HAMPSHIRE

Type o Full Na	me Melbaurne Maran Jr	Work Address: PO	BOX 7Z	Nashua Nit 03061
	Occupation Social worker	E-mail6870 @GI	mail	Work Phone 9784830182
director	he office, position, board or commission, committee, board of rs, etc. or employment with state or county government held NO ACRONYMS			
A.	List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal n	dvisory capacity, and from which any incor retirement and/or disability benefits shall b PO PO T T $-N$ \sim $Successful of the second second$	me in excess of § <i>pe included</i> . (Use	\$10,000 was derived during the preceding additional sheets as necessary)
1.	Wanderlus + Therapeutic Services	FLLC -97 Central Sheet L	cuer, vert	
2.	Harber Homes - 12 Ambust St			
If you h	nave no qualifying income indicate by writing your initials next to	the following statement.	My inco	me does not qualify
В.	Indicate below whether you or a family member has a special in reportable special interest in any item on this list if a change in h			

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:

K	2. Health Care	3. Insurance 4. Real Estate, including brok agent, developers, and landle				5. Banki services	ng or financial	6. State of New Hampshire, county, or municipal employment			
Γ	7. N.H. Retiremer System	·	8. Current use usessment prog		9. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	11. Practice of law		
	12. Any business reg Utilities Commissi		blic	amblin	rse or dog racing, or other 1g	legal forms of	14. Education	15. Water R	esources		
Г	16. Agriculture	17. N.F taxes:		siness fits Tax		Interest and Dividends Tax		ecify any other area in 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 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.

Mellen MIMm 2 Date 531 2020

Signature of Reporting Individual



Type or Print CLEARLY Full Name	Work Address:		
Primary Occupation	E-mail MOrris. 71	avcia ag Mail Work P	mone
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 \$10,000 was	derived during the preceding
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2 If you have no qualifying income indicate by writing your initials next to t	the following statement.	My income does no	t qualify MMM
 B. Indicate below whether you or a family member has a special interest in any item on this list if a change in la discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the generation. Any profession, occupation, or business licensed or certified by occupation, or category of business: 	aw, a change in administrative rule, a nt affecting the listed business, profes general public:	decision whether or not to award ssion, occupation, group, or matte	a contract, grant a license or permit,
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7. N.H. Retirement System8. Current use land assessment program	r ir	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
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	usiness Interest and terprise Tax Dividends Tax	18. Optional: Specify any of special interest	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoi Penalty . Any person who knowingly fails to comply with the pro			
Date 6920	YWMSigna	ture of Reporting Individual	RECEIVED
Return to: Office of Secretary of Stat	te, 107 North Main Street, State Hous	e Room 204, Concord, NH 0330	ILIN 1 0 2020
			NEW HAMPSHIRE DEPARTMENT OF STATE

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Primary	Occupation N	UNSCA	yman	Pr.	حمةنار	~7		E-mail	MOR	5E_ C5	E	8 m	11W . CON	<u>₁</u> w	ork Phor	ne 60	3-362	- 6200	<u>)</u>
directors	e office, position, s, etc. or employm NO ACRONYM	nent with						Seurto	n]	LITAN L		<u>*</u> 77							
A.	List below the na proprietor, or em calendar year. So	ployee,	or served	in any	other p	rofessio	onal or	advisory capacit	y, and from	n which an ty benefits	ny ind <i>shal</i>	come in <i>I be in</i>	n excess of	5\$10,00 se addit	00 was de tional she	erived du ets as ne	ring the p	oreceding	g
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	e read RSA 15-A lty. Any person																		
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 12 2020 NEVI MAMPONIRE DEPAPTMENT OF STATE

Type or Full Nat	me Candace Moulton Work Address: 254 Pleasant St, Concord NH
Primary	me <u>Candace Moulton</u> Work Address: <u>254 Pleasant St</u> , <u>Concord NH</u> Occupation <u>Registered Nurse</u> E-mail <u>Candace leigh Me gmail</u> Work Phone Concord NH
director	he office, position, board or commission, committee, board of
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	N/A
2.	
If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
x	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 73. In	surance [Real Estate, inclu gent, developers,	•	Г	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System	□ 8. Curre assessmen		9. Restaurants/ lodging		Г	10. Sa bevera	leand distribution ges	ofalcoholic	$\square \frac{11. \text{ Practice of}}{\text{law}}$	
Г	12. Any business regulated by Utilities Commission	the Public	☐ 13. Horse gambling	e or dog racing, or othe	r legal fo	orms of		14. Education	☐ 15. Water Re	esources	
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Constitute**. 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.

6/3/20	Signature of Reporting Individual	RECEIVED
		JUN 0 5 2020
and an and the second	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nan	Print CLEAL	NLY USSE	y Mu	ir head	·	Work A	ddress: <u>/</u>	136108 Gov	+ Dp+ Dc	11 tmorty Coll 203-646-2548	ge, t
	Occupation				E-ma	il <u>rus</u> e	<u>Smui</u>	-head@gm	Work Phone 4	003-646-2548	07
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I have Penalt Date	read RSA 15 by. Any perso fun	-A and her on who kno	wingly fail	s to comply with U	JUN 1 2 2020	nis chapter o	or knowir Run Sign	lete to the best of my ngly files a false stater ature of Reporting Inde use Room 204, Concord	nent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.	
			Return to:	Office of Secret	ary of State, 107 North	Måin Street,	State Hou	ise Room 204, Concord	, NH 03301		
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vil Nanie CLEARLY Callenne My Kolland	Work Address: h/a E-mail <u>Chulheroud (Bip gruan</u> Work Phone State perpresentature	
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iame the office, position, board or commission, committee, board of irectors, etc. or employment with state or county government held y you. NO ACRONYMS.	State perprésentative	
proprietor, or employee, or served in any other professional o	ness, or other organization in which you or a family member was an officer, direct advisory capacity, and from which any income in excess of \$10,000 was derived I retirement and/or disability benefits shall be included. (Use additional sheets as	I during the preceding
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Type or Prin	nt Clearly							
Full Name	Susan M Mullen			Work Addre	is Re	etired .		
Primary Oco	cupation Retired	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 e-mail	suemullennh@gmail.co	n	Wor	k Phone	N/AN
directors, e		or commission, board of with state or county NO ACRONYMS	N/A					
proprietor,	or employee, or serv	s, and type of any professi red in any other professio tent benefits other than fede	nal or adviso	ry capacity, and from v	hich ar	ny income in excess of	\$10,000 v	officer, director, associate, partner, vas derived during the preceding as necessary.)
1. Ne	ew Hampshire Retiren	nent System: 54 Regional [Drive, Concord	d, NH 03301		112 1 <u>-</u>		
2. Ris	se Private Wealth Mar	nagement: 262 S. River Rd.	Suite 201, Beo	dford, NH, 03110				
If you have	no qualifying income	indicate by writing your in	itials next to	the following statement.		My income does	not qualify	,
reportable s discipline a	special interest in an it licensee or permittee	tem on this list if a change	in law, a char rnment affec	ge in administrative rule ting the listed business,	, a decis	sion whether or not to a	ward a cor	ps, or matters. A person has a ntract, grant a license or permit, vould potentially have a greater
		upation, or business licens or category of business:	ed or certified	by the State of New Ha	npshire	e. List each such		
☐ 2. He	ealth Care 🖵 3. Ins		Estate, includ developers, a		5. Banl ervices	king or financial		ate of New Hampshire, county, or cipal employment
⊠ 7. N. Syste	H. Retirement em	 8. Current use land assessment program 	 _	9. Restaurants/ lodging	Г	10. Sale and distributi beverages	on of alcol	nolic T 11. Practice of law
	ny business regulated s Commission		13. Horse or of gambling	dog racing, or other leg	al forms	7 14. Education	L 15.	Water Resources
☐ 16. A	ariculture	17. N.H. taxes: Profits Tax	, L Busi Enter	ness rprise Tax Divider			becify any o l interest	other area in which you have a
		swear or affirm that the fo mply with the provisions						ef. RSA 15-A:9 Penalty. Any mor.
Date	June 3,	2020		Due	2 an Signatu	A A A A A A A A A A A A A A A A A A A	ual	RECEIVER

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

Signature of Reporting Individual

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

Type or F	Print Clearly								
Full Nam	e Philip L Munck	Work Address 4 Woodchuck Ln, Somerworth, NH 03878							
Primary (Occupation Retired	e-mail phil.munck@hotmail.com	Work Phone	603-692-3316					
directors,	e office, position, board or commission, board of etc. or employment with state or county ent held by you. NO ACRONYMS	None							
proprieto	elow the name, address, and type of any professior, or employee, or served in any other professio year. Sources of retirement benefits other than fede	nal or advisory capacity, and from which	h any income in excess of \$10,000 w	as derived during the preceding					
1.	None								

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

phi

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:

Γ-	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:												
Г				11	. Real Estate, including brokers, gent, developers, and landlords		 5. Banking or financial services 			 6. State of New Hampshire, county, or municipal employment 			
Г	7. N.H. Retirem System	ent	11	irrent use ment pro		9. Restaurants/		11 .	10. Sale and distribut beverages	on of	alcoholic	-	11. Practice of law
٢	12. Any business regulated by the Public Utilities Commission			r 13. Hors of gambli	e or dog racing, or oth ng	ner lega	al forms	14. Education	Г	15. Water R	esourc	es	

 16. Agriculture
 17. N.H. taxes:
 Business
 Business
 Interest and 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 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 Sept. 15, 2020

2.

Signature of Reporting Individual

Type or Full Nar	Print CLEAR	LY	Philip	LM	unck		Work Add	lress:	nfa	î			
Primary	Occupation	Ret	ived			E-mail	PMU	ncke	My Fairpoi	at i	Wet Work Phone	nfa	2
unector	ne office, positio s, etc. or employ NO ACRONYI	yment wn	or commission, th state or count	, committee, bo ty government	bard of held	ty of so	n erzyc	orth 1	N/arpon Ny fairpon Ethics (or	uni	Her		
А.	proprietor, or e	employee	, or served in ar	ny other profes	sional or adv	visory capacity, a	and from v	which any :	or a family membe income in excess o <i>all be included</i> . (U	f \$10,0	000 was derived o	luring	the preceding
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2.				·····									
If you h	ave no qualifyin	ng income	e indicate by wr	riting your initi	als next to th	he following stat	ement.		My in	come	does not qualify	pl	<u> </u>
B.	reportable spec discipline a lic financial effect	cial intere ensee or j t on you c èssion, oc	est in any item of permittee, or of or a family men cupation, or busi	on this list if a cher decision by nber than it wo	change in law governmen uld on the ge	w, a change in ac t affecting the li	lministrati sted busine	ve rule, a c ess, profes	sion, occupation, g	r not to	award a contrac	t, grant	t a license or permit,
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Г	7. N.H. Retirem System	nent	11	rrent use land nent program	ſ	9. Restaurar lodging	its/	11	10. Sale and distribute verages	ition of	falcoholic		11. Practice of law
	12. Any business Itilities Commis		by the Public	F	13. Horse o gambling	r dog racing, or o	ther legal f	orms of	14. Education	n	15. Water Re	esource	żs
Γ-	16. Agriculture		17. N.H. taxes:	$ \begin{tabular}{c} Business \\ Profits Table \end{tabular} \end{tabular} \end{tabular}$		erprise Tax	– Interes Divider		□ 18. Optional: spe	Speci ecial int	fy any other area ir terest	which	you have a
Pena	lty. Any perso	on who k	nowingly fails						te to the best of n gly files a false sta				
Date	- Jeu	NE P	Jucko			-		Signar	ture of Reporting I:	e ndivid	ual	RE	CEIVED

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

JUN 1 0 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type of	me_ JAmes Michael MuRPHy Work Address: 90 South MAIN St, HANDYER NH
runna	Work Address: 10 Oburg Martin St. MADDLER NA
Primary	me_ JAmes Michael MuRPHy Work Address: 90 South MAIN St. HANDYER NH Occupation Retined Physician E-mail MuRPh 9581@ Junil. Conwork Phone 603-643-3866
Name th	he office, position, board or commission, committee, board of New London Huspitch - Brand of Thustees
by you.	he office, position, board or commission, committee, board of New London Huspitch, - Brand of Trustees rs, etc. or employment with state or county government held NO ACRONYMS. <u>N.H. Fiscch Policy Institute</u> ; Board of Directors
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding.
1.	Noulandon Hospital Chief Medical Officer & Practitioner - Retired 6/2019
2.	calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) New Lowdow Hospital Chief Medical Officer & Practitioner - Retired 6/2019 Dartmouth Hotchcock Medical Center - Retired with pension/wife still employed by our initials pert to the following statement Ny income does not qualify
lf you h	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 interact in any of the following businesses, professions, assumptions, groups or metters. A person has a

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:

Γ	2. Health Care 73. In	surance H	. Real Estate, including brokers, agent, developers, and landlords		5. Bank services	ing or financial	6. State of New Hampshire, county, or municipal employment		
Γ	- 7. N.H. Retirement System 8. Current use land assessment program			9. Restaurants/ lodging	Г	10. Sale and distribution of alcoholic beverages law			
Г	12. Any business regulated by Utilities Commission	e or dog racing, or other	legal forms of	14. Education	15. Water Re	esources			
Γ_	16. Agriculture				nterest and Dividends Tax		ecify any other area in interest	which you have a	

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

renarcy. Any person who knowingly rans to comply with the provisions of this c	napter of knowingry mes a faise statement shall be	guilty of a misuemeanor.
Date (0/3/2020	(1)	
Date JUN - 9 2020	Signature of Reporting Individual	and the second s
Return to: Office of Secretary of State, 107 North Mai		JUN 1 2 2320
Return to: Office of Secretary of State, 107 North Mai	n Street, State House Room 204, Concord, NH 03301	

Type or Print CLEARLY Full Name Mackenzie Marian Murphy	Nasnua Community College Work Address: 505 Amnerst Street
Primary Occupation Enrollment Specialist	E-mail Mackenzie. Murphy 18egmail Work Phone (603) 578-8908
	rimade School clistict budget committee

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.	Nashua Community College, Enrollment Specialist	
2.		
If you ha	ve 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:

Г	2. Health Care 3. In	surance		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. Curre assessme				9. Restaurants/ lodging		П .	10. Sal bevera	e and distribution ges	ofalc	oholic	Г	11. Practice of law
Γ	12. Any business regulated b Utilities Commission	y the Public		□ 13. Horse gambling	or dog racing, or othe	r legal fo	orms of	\sim	14. Education		15. Water Ro	esource	es
Γ	16. Agriculture	17. N.H. taxes:	⊢ Busi Profi		Business nterprise Tax	Interest Dividen		Г	18. Optional: Spe special			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 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.

Mosly M Willing Bignature of Reporting Individual Date ______ June 9, 2020 JUN 2 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

	Print CLEARLY meMatthew James Murphy Work Address: <u>348 N Main St. Laco</u> Occupation <u>Firefighter / Advanced EMT</u> E-mail <u>Murphymatthewignessing mail and Work Phone</u>	101, NH, 03246 603)524-6881			
Name the director	ne office, position, board or commission, committee, board of				
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dir proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ed during the preceding			
1.					
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If you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not quali	BY MISM			
В. Г√ Г√	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a cont discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter woul 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 6. State of Manual Care 4. Real Estate, including brokers, agent, developers, and landlords 6. State of Manual Care 7. Semiclassical content is the state of the services 7. Semiclassical content is the state of the services 7. Semiclassical content is the services 7. Semiclassical content is the services 7. Semiclassical content is services 7. Semic	ract, grant a license or permit, d potentially have a greater <u>rgency Medical Services</u> (Self) New Hampshire, county, or			
$\overline{\nabla}$	7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic system ssessment program lodging beverages	11. Practice of law			
	2. Any business regulated by the Public tilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	Resources			
<u>г</u>	16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other are special interest —	a in which you have a			
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.					
Date	Signature of Reporting Individual	A line was been by Banked			
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020 NEW HARPSHIRE DEPARTMENT OF STATE			

Type or Print CLEARLY Full NameNGNGY A. MUIPLY	Work Address:	n/A	h me
Primary Occupation retred nurse	E-mail Muphy.	narya@qmail.c	Work Phone 424-0254
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NH Safe Water A	Uisce, memb	Hore 424.0254 Prod of Directors
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or a calendar year. <i>Sources of retirement benefits other than federal</i>	advisory capacity, and from which a	iny income in excess of \$1	0,000 was derived during the preceding
1.			
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If you have no qualifying income indicate by writing your initials next to	the following statement.	My incom	e does not qualify
 B. Indicate below whether you or a family member has a special in reportable special interest in any item on this list if a change in a discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the I. Any profession, occupation, or business licensed or certified by occupation, or category of business: 	law, a change in administrative rule ent affecting the listed business, pro- general public:	, a decision whether or no ofession, occupation, group	t to award a contract, grant a license or permit,
2. Health Care 7. Insurance 4. Real Estate, inclu- agent, developers,	- 11	iking or financial es	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic I1. Practice of law
☐ 12. Any business regulated by the Public Utilities Commission ☐ 13. Horse gambling	e or dog racing, or other legal forms o	f [14. Education	15. Water Resources
	Business Interest and Enterprise Tax Dividends Tax		cify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the forego Penalty . Any person who knowingly fails to comply with the pr	-	ingly files a false staten	nent shall be guilty of a misdemeanor.
Date Jule 9, 2020	Si	Induci f Chi gnature of Reporting Indiv	idual RECEIVED
		D 004 G 1	JUN 2 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 o Full Na	meKa4	Hleen R.	Murray	Work Address:	NA		
Primary	Occupation ratirea	1	, E-	mail Kate . Murne	NA 14 a log.state.nh	Work Phone <u>60</u>	3-343.0458
director	he office, position, board or rs, etc. or employment with s NO ACRONYMS.		ee, board of				
A.	List below the name, addre proprietor, or employee, or calendar year. Sources of r	served in any other p	orofessional or advisory cap	bacity, and from which a	iny income in excess of \$10	0,000 was derived du	ring the preceding
1.	NA						
2.							
lf you h	nave no qualifying income in	dicate by writing you	r initials next to the follow	ing statement.	My incom	e does not qualify	<u></u>
В.	Indicate below whether yo reportable special interest i discipline a licensee or per financial effect on you or a	n any item on this list mittee, or other decisi	t if a change in law, a chan on by government affectin	ge in administrative rule g the listed business, pro	, a decision whether or not	to award a contract, g	grant a license or permit,
Γ	1. Any profession, occup occupation, or category of	· · · · · · · · · · · · · · · · · · ·	sed or certified by the State o	of New Hampshire. List ea	ach such profession,		
Г	2. Health Care 7. Ins	urance II	Real Estate, including broke gent, developers, and landlo	11	nking or financial es	6. State of New H municipal emplo	lampshire, county, or yment
Γ.	7. N.H. Retirement System	8. Current use la assessment progr		staurants/ g	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulated by	the Public	13. Horse or dog raci	ng, or other legal forms o	f 14. Education	15. Water Reso	ources

Utilities Commission gambling 18. Optional: Specify any other area in which you have a 17. N.H. Business Interest and Business 16. Agriculture Profits Tax Dividends Tax special interest --taxes: 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 of a misdemeanor.

Date _____

Signature of Reporting Individual

	2020 NEW HAMPSHIKE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A					
Type on Full Nat	ne Megan A. Murray Work Address:					
Primary	Occupation home maker E-mail megan murray 4 nh staterep Work Phone					
director	e office, position, board or commission, committee, board of					
Α.	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.	BAE Systems - 65 Spit Brook Rd, Noshua Nh 03060 electronics systems					
2.						
If you h	ave 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:

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2. Health Care 7. 1	ngurance ii	Real Estate, inclue gent, developers, a	•	Г	5. Bankir services	ng or f	inancial	 6. State of New municipal emp 	v Hampshire, county, or loyment
7. N.H. Retirement System	8. Current use assessment prog		☐ 9. Restaurants/ lodging		11 .	10. Sa bevera	le and distribution on a le and distribution of a le and distribution o	of alcoholic	11. Practice of law
12. Any business regulated 1 Utilities Commission	by the Public	ambling	or dog racing, or other	legal fo	orms of	Г	14. Education	15. Water Re	esources
16. Agriculture	1			Interest Dividen		Г	18. Optional: Spec special in	ify any other area in nterest	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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

Date 6/4 12020 JUN - 8 2020 Signature of Reporting Individual NEW HAMPSHIRE DEPARTMENT OF STATE

Muzzer
Michle

Type or Print CLEARLY	ALL CO. IT WITZELL WORK Address: A) ONCE - Roticed
Primary Occupation	E-mail Mrcgnu Zzer @Met vzr 65 Work Phone
Name the office, position, board or commiss directors, etc. or employment with state or co by you. NO ACRONYMS.	ion, committee, board of County Traggores, not Belling County

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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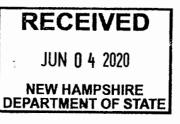
- If you have no qualifying income indicate by writing your initials next to the following statement.
 - IL. My income does not qualify 14614
 - B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person 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:

Γ	2. Health Care 3. In	surance	14		uding brokers, , and landlords	Г	5. Bank service:	•	ĩnancial	6. State of New municipal emp	Hampshire, county, or loyment
Г	7. N.H. Retirement System		urrent use la ment progra		9. Restau	rants/	Г	10. S bever	ale and distribution ages	n of alcoholic	11. Practice of law
Г	12. Any business regulated by Utilities Commission	y the Public		□ 13. Horse gambling	e or dog racing, o	r other leg	al forms of		14. Education	15. Water Re	sources
Г	16. Agriculture	17. N.11. taxes:	⊢ Busi Profit		Business Enterprise Tax		rest and dends Tax			cify any other area in interest	which you have a

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

Date

Signature of Reporting Indivi



Full Na	ame Patrice Myers		Work Address:N/ A	
Primar	y Occupation <u>Retired</u>	E-mail	topmey 4@ gmail.com Work Phone	
directo	the office, position, board or commission, committee, board of rs, etc. or employment with state or county government held . NO ACRONYMS	Freedom	Village Board of Directors	
A.	List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity,	and from which any income in excess of \$10,000 was derived	I during the preceding
1.	None			
2.	Nore			
If you l	have no qualifying income indicate by writing your initials next to	o the following stat	tement. My income does not qualify	
В.	Indicate below whether you or a family member has a special i reportable special interest in any item on this list if a change in	law, a change in ac		act, grant a license or perm

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:

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					-			
Γ	2. Health Care 🔽 3. In	surance	e 4. Real Estate, including brokers, agent, developers, and landlords		5. Banking or financial services		6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System	8. Current us assessment pro		9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic	II. Practice of law
Γ	12. Any business regulated by Utilities Commission	y the Public	ambling	or dog racing, or other	egal forms of	14. Education	15. Water Re	esources
Γ	16. Agriculture				nterest and ividends Tax		ecify any other area in I interest	which you have a

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Date	June 3, 2920	Signature of Reporting Individual	RECEIVED
		Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020
			NEW HAMPSHIRE DEPARTMENT OF STATE

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2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS -- RSA 15-A

Type or Print CLEARLY MFL MYLER	Work Address: P.D. Box BZ CarTa Cart, NH03229				
Primary Occupation RETIRED	E-mail MeleMy (ER Ogmail, Con Work Phone 27-46 5294				
Name the office, position, board or commission, committee, board of	Static Q-Q2-5+ Total				
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 by	siness or other organization in which you or a family member was an officer, director, associate, partner.				

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)

NOT APPLY-PRIMARY RETIRE MENT: NAT'LEDWENTION A SOCIATION 120/16 TH ST. NW WASHINGTON DC 20036 1 2.

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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.

Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession.

	occupation, or category	y of business:		-6	ZETIPE	<u>)</u>								
Γ	2. Health Care 3.	Insurance	14	,	luding brokers, s, and landlords		۲- s	5. Bankın ervi c es	ng or f	inancial		 State of New nunicipal emp 		hire, county, or I
Γ	7. N.H. Retirement 8. Current use land System assessment program				9 Restan	urants/	10. Sale and distributio beverages			ofale	oholic	r-	11. Practice of law	
Г	12. Any business regulated Utilities Commission	by the Public	r	13. Hors gambling	se or dog racing. S	or other	legal for	rms of	Γ	14. Education	Г	15. Water Re	sources	
Г	16. Agriculture	17. N.H. taxes:	- Busine Profits		Business Enterprise Tax		Interest a Dividend		Г	18 Optional: Spe special			which y	ou have a

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JUNE 6, 2020 Date

Signature of Referring Individual

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



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Primary Occupation Parttime Deputy Sheriff E-mail KIbbring Comcast, Net Work Phone 603 -796-660	Full Name Keith George Mitchell Work Address: 333 Daniel Webster	Hwy Boscawen
Name the office, position, board or commission, committee, board of Part three Wienry with each Carroth	Primary Occupation Parttime Deputy Sheriff E-mail KIBH vie Comcast, net Work Phone	603-776-6600
directors, etc. or employment with state or county government held by you. NO ACRONYMS.		7

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)

State of New Hampshire 25 Capital ST Concord NH City of Concord (Palice) 41 Green ST Concord NH 1. 2. 03301

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	2. Health Care 🖵 3. In		4. Real Estate, inclu agent, developers,	•	5. Bank services	ing or fina	ncial 6. State of Ne municipal cm	w Hampshire, county, or ployment
R	7. N.H. Retirement System	8. Current assessment p		9. Restaurants/ lodging	<u>Г</u>	10. Sale a beverage:	nd distribution of alcoholic s	Γ 11. Practice of law
[12. Any business regulated by Utilities Commission	y the Public	13. Horse gambling	or dog racing, or other	legal forms of	14	Education 15. Water R	lesources
Γ	16. Agriculture	17. N.H. taxes:	1		Interest and Dividends Tax	Г ¹⁸	 Optional: Specify any other area i special interest 	n which you have a

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Date 6.4-20 ignature of Reporting Individual RECEIVEL JUN 042020 NEW HAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FI	INANCIAL INTERESTS – RSA 15-A
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Type or Print CLEARLY	reange Mitchell Work Address:	
Primary Occupation	-	Work Phone
Name the office, position, board or commission directors, etc. or employment with state or courby you. NO ACRONYMS.	n, committee, board of	
proprietor, or employee, or served in a	e of any profession, business, or other organization in which you any other professional or advisory capacity, and from which any i enefits other than federal retirement and/or disability benefits sh	income in excess of \$10,000 was derived during the preceding
· ·	e Retirement System Syl	Regional Dr. Concord NIL 0330
2	riting your initials next to the following statement.	My income does not qualify

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2. Health Care T 3. In	ISURADCE 1	ncluding brokers, bers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	Γ 10. Sale and distributio beverages	n of alcoholic \Box 11. Practice of law
12. Any business regulated by Utilities Commission	y the Public 13. F	orse or dog racing, or other legal ing	forms of 14. Education	15. Water Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax	1		ecify any other area in which you have a l interest

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Date ____

Signature of Reporting Individual