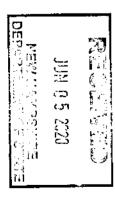
		UZU NEW HAMPSH	IRE STATEMENT OF	FINANCIAE I.	NTERESTS - RSA 1	5-A	
Type or Print CLEARLY -	John 6	reck	Wo	rk Address: <u></u>	59 Route 3	02 W. TW	in Mtn. NH 035 16)374-2794
Primary Occupation	chnicel	Sales	E-mail_ <u>J</u> (	FREERS	10240pm.m	e Work Phone (7	16) 374-2794
Name the office, position, boodirectors, etc. or employment by you. NO ACRONYMS.							
proprietor, or employ calendar year. Source	yee, or served in a es of retirement be	ny other professional enefits other than fede	usiness, or other organizat or advisory capacity, and eral retirement and/or disc	from which any ability benefits s	income in excess of <b>S</b>	10,000 was derived	during the preceding
1. Coral Che	<u>mical Co.</u>	, 1915 Indu	strial Ave., Z	on 1h 60	0099 (chem	ical busines	s ; current employee
2. PPG Indus	mies, Inc.	One PPG Pla	ce Pittsburgh	PA 1527	2 (paint/che	micals 1 Act	ired employee)
If you have no qualifying inco		-	- ·		,	me does not qualify	' (
reportable special in discipline a licensee	terest in any item of or permittee, or of	on this list if a change	nment affecting the listed	nistrative rule, a	decision whether or no	ot to award a contract	ct, grant a license or permit.
1. Any profession, occupation, or category	occupation, or bus ory of business:	iness licensed or certifi	ed by the State of New Ham	pshire. List each	such profession,		
2. Health Care	3. Insurance		ncluding brokers, pers, and landlords	5. Bankir services	g or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System		rrent use land nent program	9. Restaurants/	l i	10. Sale and distribution beverages	<u> </u>	II. Practice of
<ul> <li>12. Any business regulat</li> <li>Utilities Commission</li> </ul>	ed by the Public	13. H gambl	orse or dog racing, or other ing	legal forms of	14. Education	15. Water R	csources
16. Agriculture	17. N.H. taxes:	Business – Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other area is linterest	n which you have a
I have read RSA 15-A and Penalty. Any person who	d hereby swear o knowingly fail	or affirm that the for s to comply with the	egoing information is to e provisions of this char	rue and comple oter or knowing	ete to the best of my	knowledge and be ment shall be guilt	elief. RSA 15-A:9  y of a misdemeanor.
Date $6/3/20$				Jæli	n \$2001 ture of Reporting Indi		RECEIVED.
				Signa	uire of Keporting Indi	viquai	HAN 0.5 23 <b>2</b> 0

2020 RSA 15-A; John Greer

A.3. Hodgson Russ, LLP, The Guaranty Building, 140 Pearl Street, Suite 100, Buffalo, NY 14202 (Wife is retired partner)  $\lambda \omega$ 



Type or Print CLEARLY Full Name HARRY G. GAGNE Work Address:	
Full Name	RECEIVED
Name the office, position, board or commission, committee, board of	JUN 0 4 2020
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 decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet)	rived during the preceding
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualifying income indicate by writing your initials next to the following statement.	alify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups 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 we 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:	ontract, grant a license or permit.
	of New Hampshire, county, or all employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Wa	ater Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax 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 an <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	
Date 06-03-20 Favy 2. Nagroe Signature of Reporting Individual	

Type or Print CLEARLY Full Name Brett Gagnon	Work Address: Yoo Sum	nit Dr Burlington Ma
Primary Occupation Electrical Safety Specialist - Regulatory B-mail		nit Dr Burlington Ma Work Phone 978-715-1254
Name the office, position, board or commission, committee, board of Hud Square directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NH Conservation Com	mission
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in exces	s of \$10,000 was derived during the preceding
1.		
2.		Manager and the second
f you have no qualifying income indicate by writing your initials next to the following st	tatement. My	income does not qualify
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,	5. Banking or financial	6. State of New Hampshire, county, or municipal employment
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords  7. N.H. Retirement 8. Current use land 9. Restaurassessment program lodging	services	6. State of New Hampshire, county, or municipal employment ibution of alcoholic 11. Practice of law
2. Hearth Care 3. Insurance agent, developers, and landlords  7. N.H. Retirement 8. Current use land 9. Restaur	services ants/ 10. Sale and distr	municipal employment ibution of alcoholic 11. Practice of law
2. Health Care 3. Insurance agent, developers, and landlords  7. N.H. Retirement System 8. Current use land assessment program lodging  12. Any business regulated by the Public 13. Horse or dog racing, or	services  ants/	municipal employment ibution of alcoholic 11. Practice of law
2. Health Care 3. Insurance agent, developers, and landlords  7. N.H. Retirement System 8. Current use land assessment program lodging  12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling  15. N.H. Business Enterprise Tax  16. Agriculture 17. N.H. Business Enterprise Tax  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	services  ants/	municipal employment ibution of alcoholic
2. Health Care   3. Insurance   agent, developers, and landlords   7. N.H. Retirement   8. Current use land   9. Restaur lodging   12. Any business regulated by the Public   13. Horse or dog racing, or gambling   16. Agriculture   17. N.H.   Business   Enterprise Tax   I have read RSA 15-A and hereby swear or affirm that the foregoing information	services  ants/	municipal employment ibution of alcoholic

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

JUN 05 2020 NEW HATTÉRNIRE DEFENDATION OF STATE

Type or Print CLEARLY Full Name Joseph M Gagnon	Work Address:
Primary Occupation Student E-mail	joseph.gagnon Gaol.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 organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	My income does not qualify JM G
reportable special interest in any item on this list if a change in law, a change in a	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 Hampshire. List each such profession,
2. Health Care	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaura lodging	nts/
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or ogambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	
Date June 9 2020	Signature of Reporting Individual

Type or Print CLEARLY Full Name Raymon	Gagnan	Worl	Address: 4 W	TRREN St., C	her ment, NH
Primary Occupation <u> </u>		E-mail <u>649</u>	non 0374300	mailicon Work Ph	one
Name the office, position, board	or commission, committee, board of _ h state or county government held	County Com	IM 1551ORPR	Sullivan	her ment, NH one
proprietor, or employee, calendar year. Sources o	dress, and type of any profession, bus or served in any other professional of fretirement benefits other than federal	r advisory capacity, and fr	om which any income	in excess of \$10,000 was	derived during the preceding
1. N. H. R-TIRE	ment System			· · ·	
2.			·		
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discipline a licensee or p financial effect on you o	it in any item on this list if a change in ermittee, or other decision by govern a family member than it would on the upation, or business licensed or certified of business:	ment affecting the listed b ne general public:	usiness, profession, oc	cupation, group, or matter	
2. Health Care 3. I		cluding brokers, rs, and landlords	5. Banking or fine services		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale beverage	and distribution of alcoholies	c 11. Practice of law
12. Any business regulated butilities Commission	by the Public 13. Hor gamblin	se or dog racing, or other le g	gal forms of 1	4. Education   15.	Water Resources
16. Agriculture	17. N.H. Business Carees: Profits Tax		ridends Tax	8. Optional: Specify any other special interest	er area in which you have a
I have read RSA 15-A and he Penalty. Any person who kn	reby swear or affirm that the foregoingly fails to comply with the p	going information is true provisions of this chapte	r or knowingly files	e best of my knowledge a false statement shall b Lagran Reporting Andividual	RECEIVE
			Signature of F	Reporting 4hdividual	NEW HAMPSHIRE

Primary Occupation Refired E-mail gagnon 03743@ gmail.com Work Phone 2	remont
Type or Print CLEARLY Full Name RAYMOND G. GAGNON Work Address: 4 Warren St, Clase Primary Occupation Refired E-mail gagnon 03793@gmail.com Work Phone a	603-477-7135
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	during the preceding
1. <u>N/A</u>	
2. N/A	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	Rg
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mare 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 profession in the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	et, 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 empty.	w Hampshire, county, or bloyment
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
The second of the Public Utilities Commission 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	esources
16. Agriculture 17. N.H. Business Business 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 foregoing information is true and complete to the best of my knowledge and be <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt Date Sept 15, 20,30	
Date Sept 15, 2030    Course of Reporting Individual	RECEIVED

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

SEP 1 7 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

r Print CLEARLY me ETEN (	GAGYI	JA		Work Address:	O PERBON	KE ROSU	ITEL CONCONONI
Occupation		,	E-mail 🔏	LEAD NESSY	5 efol cor	Work Phone _	603-715-2465
ne office, position, board s, etc. or employment wi NO ACRONYMS.	or commission, on the state or county	committee, board government held	of PENRL	KY BUT	OFT CO	<u> </u>	
proprietor, or employee calendar year. Sources	, or served in any of retirement ben	other profession efits other than fe	ial or advisory capacity, ederal retirement and/or	and from which any disability benefits s	vincome in excess of shall be included. (Us	\$10,000 was deriv se additional sheets	as necessary)
NIKAEN	PERPONE	5 70	PEMNOKU	20 1010	36 (once	~ NA 03	3.9/
nave no qualifying incom	e indicate by writ	ing your initials	next to the following sta	tement.	My inc	ome does not quali	ify
reportable special inter discipline a licensee or financial effect on you  1. Any profession, or occupation, or categor	est in any item on permittee, or othe or a family memb ecupation, or busin	this list if a changer decision by go per than it would ess licensed or cer	nge in law, a change in a vernment affecting the li	dministrative rule, a isted business, profe	decision whether or ession, occupation, gr	not to award a con oup, or matter wou	r matters. A person has a tract, grant a license or permit, ald potentially have a greater
7. N.H. Retirement	8. Curr	ent use land	elopers, and landlords  9. Restauran	nts/ services	10. Sale and distribut		employment  11. Practice of law
System  12. Any business regulated Itilities Commission		11	lodging  3. Horse or dog racing, or conbling	other legal forms of	beverages  14. Education	15. Wate	r Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional:	Specify any other ar	ea in which you have a
e read RSA 15-A and lty. Any person who							belief. <b>RSA 15-A:9</b> uilty of a misdemeanor.
			-	Sign	ature of Reporting In	dividual	RECEIVED
	Return to: (	Office of Secretar	y of State, 107 North M	ain Street, State Ho	use Room 204, Conco	ord, NH 03301	JUN 1 2 2920
							MEN MATIPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name E f ( ) all Off	Work Address:
Primary Occupation Unemployed E-mail	is egallegumailiguuredy Work Phone
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	Jen Hampshire. Office of Strategic Instiatives ord- Lorcord School District-Rundlett Widdle School
reportable special interest in any item on this list if a change in law, a change in	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services  6. State of New Hampshire, county or municipal employment My father
7. N.H. Retirement System  8. Current use land assessment program  9. Restautloging	urants/
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling	or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest
Date 6/4/20	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.  RECEIVED  Signature of Reporting Individual  JUN - 8 2020  NEW HAMPSHIRE
	DEPARTMENT OF STATE

Г <b>уре or</b> Full Nai	Print CLEARL	elen Kay RETIRED	GALLOWA	1-y	Work Address	s:		
Primary	Occupation	RETIRED	)	E-mail 🔏	ay galloa	vaye comcast.	net Work Phone _	
lirector	ne office, position s, etc. or employr NO ACRONYM	i, board or commission ment with state or could.	on, committee, board anty government held	of				
A.	proprietor, or en	nployee, or served in	any other profession	nal or advisory capacity,	and from which	ch you or a family member h any income in excess of efits shall be included. (U	f \$10,000 was derive	d during the preceding
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lf you h	ave no qualifying	g income indicate by	writing your initials	next to the following stat	ement.	My in	come does not qualif	y 4K4
В.	reportable speci discipline a lice financial effect	al interest in any iten nsee or permittee, or on you or a family m	on this list if a char other decision by go ember than it would usiness licensed or cer	nge in law, a change in ac vernment affecting the li on the general public: tified by the State of New	Iministrative rested business, Hampshire. Lis	profession, occupation, g	not to award a controup, or matter would	ract, grant a license or permit, d potentially have a greater
Γ	2. Health Care	3. Insurance	11	te, including brokers, elopers, and landlords	11	Banking or financial vices	municipal en	New Hampshire, county, or mployment
Γ	7. N.H. Retireme System	I I	Current use land ssment program	9. Restauran	nts/	<ul> <li>10. Sale and distribute beverages</li> </ul>	tion of alcoholic	11. Practice of law
	12. Any business re Utilities Commiss	egulated by the Public sion	- 11	3. Horse or dog racing, or on bling	ther legal form	s of 14. Education	15. Water	Resources
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		Specify any other areacial interest	a in which you have a
Pena	lty. Any person		ils to comply with		chapter or kn	omplete to the best of nowingly files a false standard for the best of nowingly files a false standard for the best of nowingly files a false standard for the best of now on the best of now of now of the best of now of now of now of now of new files and the best of now of new false for the best of now of new false false for the best of now of new false	ntement shall be gu	ilty of a misdemeanor.
	V	Return to	o: Office of Secretar	ry of State, 107 North Ma		e House Room 204, Conc		JUN 0 5 2020

Type or Print CLEARLY WILLIAM GANNO Full Name STABE CURTAIN IN	Work A	ddress: Po. Box	71, 32 Beed	chwood Rd
Primary Occupation 57ABE CURTAIN IN	STALLER E-mail Ne S	TAGE PAOLCE	Work Phone 60	3-887-3073
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, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	radvisory capacity, and from	which any income in excess	s of \$10,000 was derived d	uring the preceding
1. Janice Gannon, Sanzoun, NI	+ , Insurance	, MetLife	Group.	
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f you have no qualifying income indicate by writing your initials next	to the following statement.	My	income does not qualify _	al
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the solution of the license of the solution of the license of the solution of the license of th	nent affecting the listed busine general public:  by the State of New Hampshir  Member My	ness, profession, occupation  c. List each such profession,	group, or matter would po	tentially have a greater  Hampshire, county, or
2. Health Care 3. Insurance agent, developer	s, and landlords	services	municipal emple	yment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distri	bution of alcoholic	11. Practice of law
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16 Agriculture	Business Intere	st and III. Optione nds Tax	al: Specify any other area in v pecial interest	vhich you have a
I have read RSA 15-A and hereby swear or affirm that the foreg Penalty. Any person who knowingly fails to comply with the p			tatement shall be guilty	of a misdemeanor.
Daham ta 055	tate 107 North Main Street	State House Doom 204 Co-	and NII 02201	JUN 1 0 2020

Type or Print CLEARLY Full Name LOU THR SIVCO	Work A	ddress: 3 1400	LAND WAY	Exeren NHI
Primary Occupation CFO	E-mail LOU	QNHAQ	MAIL Work Phone 4	Exeren N41 003-436-4100
Name the office, position, board or commission, committee, board of _ lirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	SELECTHEN			
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from al retirement and/or disability	which any income in benefits shall be incl	excess of \$10,000 was derived uded. (Use additional sheets as	during the preceding snecessary)
1. GREAT North Property	MINT INC.	SAN SI	IAN REALTY	Truet
1. GREAT NORTH PROPERTY 2. Trimsule Home Really	INC	NHA	11LLENNIUM R	7
f you have no qualifying income indicate by writing your initials next			My income does not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the coccupation, or category of business licensed or certified occupation, or category of business:	n law, a change in administra ment affecting the listed busi ne general public:	tive rule, a decision w ness, profession, occu e. List each such profes	hether or not to award a contra pation, group, or matter would ssion,	ct, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, incagent, developer	eluding brokers, rs, and landlords	5. Banking or finance services	ial 6. State of No municipal em	ew Hampshire, county, or aployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and beverages	distribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Hor gamblin	se or dog racing, or other legal g	forms of 14. I	Education   15. Water I	Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Intere	st and 18. 0	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 foreg Penalty. Any person who knowingly fails to comply with the p	going information is true a	nd complete to the b	est of my knowledge and be false statement shall be guil	of RECEIVED
10-9-2020		<b>S</b>		JUN <b>09</b> 2020
Date		Signature of Rep	orting Individual	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Pri	nt Clearly								
ull Name	Dennis Garnham			Work Ad	ldress	Retired			
rimary Oc	cupation Retired		e-mail dga	arnham@hotma	ail.com		Work Phone	Home 89	5-3537
rectors, e		l or commission, board of t with state or county NO ACRONYMS	Board of Directo	ors for Bear Pa	w Green	ways (Northwood, N	H)		
oprietor,	or employee, or ser	s, and type of any profess ved in any other profession nent benefits other than fed	onal or advisory ca	pacity, and fro	m which	any income in exces	s of \$10,000 wa	s derived o	luring the preceding
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nancial eff	fect on you or a famil . Any profession, occ	e, or other decision by gove y member than it would or cupation, or business licens , or category of business:	the general publi	c: he State of New	/ Hampsh	ire. List each such			
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	ny business regulated s Commission	by the Public	13. Horse or dog of gambling	racing, or other	legal for	ms 14. Educatio	n	Vater Resou	rces
16.	Agriculture	17. N.H. Business Profits Ta			erest and idends Ta		: Specify any ot ecial interest	her area in v	which you have a
		y swear or affirm that the fo omply with the provisions							A:9 Penalty. Any
Date 8	June 2020			De	nny	Sarula			
					Sign	ature of Reporting Indi	vidual		JUN 0 9 2320
	Reti	urn to: Office of Secretary o	of State, 107 North I	Main Street, Stat	e House	Room 204, Concord, N	H 03301		MENT LIGHTEN

<b>Fype or</b> Full Nar	Print CLEARL me <u>り</u> るり	Y Ger	thwei	te	<u>-</u>			_ w	Vork Addre	ess:/	1661	Varn	en 51	1 M	276	hest.	er UH	<u>′</u>
Primary	Occupation S	oftwa	re Eng	1.100	r	. <u>-</u>	E-mai	il _ <i>C</i>	leneg	port	huzik	2.0r	y J	Work Pho	one	858	0376	· •
director	ne office, position s, etc. or employn NO ACRONYM	nent with																
A.	List below the na proprietor, or em calendar year. So	ployee, o	r served in ar	y othe	r professi	onal or a	advisory capaci	ity, an	nd from wh	ich any	y income	in exce	ss of \$10	,000 was	derived	during	the precedi	
1.																		
2.												<del></del>					<u>.</u>	
lf you h	ave no qualifying	income in	ndicate by wi	iting y	our initial	ls next to	the following	stater	ment.			M	y income	does not	qualify	dg		-
В.	Indicate below reportable special discipline a licer financial effect of the control of the cont	al interest usee or per on you or a	in any item or rmittee, or ot a family men pation, or bus	on this l her dec aber tha	ist if a ch ision by g an it woul	ange in governm ld on the	law, a change in the sent affecting the	n adn ne liste :	ninistrative ed busines	rule, a s, profe	decision ession, o	n whethe	er or not n, group	to award a	contra	ict, grant	t a license o	or permit,
Γ	2. Health Care	3. Ins	surance	Г			uding brokers, , and landlords		1.6	5. Banki ervices	ing or fin	ancial	ı			ew Hamp	shire, count nt	ty, or
Г	7. N.H. Retireme System	nt	ı	rrent us			9. Resta	urants	s/		10. Sale beverag		ribution	of alcoholi	С	Г	11. Pract law	ice of
	12. Any business re Itilities Commiss		the Public			13. Hors	e or dog racing,	or oth	er legal for	ms of	<b>□</b> 1	14. Educa	ition	T 15.	Water I	Resource	es	
Γ	16. Agriculture		17. N.H. taxes:		usiness ofits Tax		Business Enterprise Tax	Г	Interest a Dividends		Г	18. Optio	nal: Spec special i	rify any oth	er area	in which	you have a	
I have Penal	e read RSA 15-A lty. Any person	and her who kno	eby swear o	r affir	n that th mply wit	e foreg	oing informat rovisions of th	ion is	s true and	compl	lete to the	ne best o	of my kr	nowledge ent shall l	and be	elief. R	ISA 15-A: misdemea EIVE	:9 mor.
Date		<u>~ ~ ~ </u>							, ,	Sign	ature of	Reportir	g Indivi	dual	1	JUN		-
															DEP	NEW HA	AMPSHIR	E

Type or Print CLEARL Full Name	THEODOR	E GATE	5 <del>P5</del> wor	k Address: <b>20</b>	MARKET	-ST M	ANCHESTER
Primary Occupation	LETIRED		E-mail <b>TED</b>	6A1545@	YAHOD. COM	Work Phone	1ANCHESTER 623-0211
Name the office, position, directors, etc. or employm by you. NO ACRONYM	nent with state or county	committee, board of					
proprietor, or em calendar year. So	nployee, or served in any ources of retirement ben	of any profession, busines y other professional or ad nefits other than federal r	dvisory capacity, and fi retirement and/or disab	from which any incon	me in excess of \$10	0,000 was derive	ed during the preceding
1 MANCH	ESTER K	ETIREMEN	T				
2. <b>ADP</b>	STOCK						
If you have no qualifying	income indicate by writ	ting your initials next to	the following statemer	nt.	My incom	e does not quali	fy
financial effect of	on you or a family memb	ness licensed or certified by 4. Real Estate, include	general public: y the State of New Hamp	pshire. List each such p	profession,	6. State of )	Id potentially have a greater  New Hampshire, county, or employment
7. N.H. Retireme		agent, developers, a	9. Restaurants/		ale and distribution		11. Practice of
System  12. Any business reputitives Commission	gulated by the Public	ent program  13. Horse gambling	lodging or dog racing, or other l	legal forms of	14. Education	_ <u></u>	r Resources
16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax		ecify any other are interest	ea in which you have a
I have read RSA 15-A	and hereby swear or	affirm that the foregoi	ing information is tr	ue and complete to	the best of my k	nowledge and	belief. RSA 15-A:9 uilty of a misdemeanor.
6/2	20	to compry with the pre	VISIONS OF THIS CHAP	The More	Cathe	21	RECEIVED
Date	1-0			Signature o	of Reporting Indivi	idual	JUN 0 3 2020
	Return to: (	Office of Secretary of Sta	ate 107 North Main St	treet. State House Ro	om 204. Concord.	NH 03301	NEW HAMPSHIRE

Type or Full Nar	Print CLEARLY	1. Ga	1		Work Address:	10	Woodn	readow	Dr. Sale	in NK
Primary	Occupation Volu	uteer and	MH Represe	utative-mail	jbgay	@ com	icast, m	Work Phone 6	03-818-	-1614
Name th	ne office, position, b	oard or commission	, committee, board of	nla						
	s, etc. or employments. NO ACRONYMS.		ty government held						•	
A.	proprietor, or empl	loyee, or served in a	of any profession, bus ny other professional o enefits other than feder	r advisory capacity	, and from which a	ny income	in excess of \$1	0,000 was derived	during the prece	rtner, ding
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2.										
If you h	ave no qualifying in	ncome indicate by w	riting your initials next	to the following st	atement.		My incom	e does not qualify	BG	
В.	reportable special discipline a license financial effect on	interest in any item ee or permittee, or o you or a family me	ly member has a special on this list if a change in the decision by government than it would on the siness licensed or certifie	n law, a change in ment affecting the he general public:	administrative rule listed business, pro	e, a decision ofession, oc	n whether or not ecupation, group	to award a contra	ct, grant a licens	e or permit,
Γ	2. Health Care	3. Insurance	11	cluding brokers, ers, and landlords	- 5. Bar service	nking or fine	ancial	6. State of No municipal en	ew Hampshire, cou ployment	inty, or
Γ	7. N.H. Retirement System		urrent use land ment program	9. Restaur lodging	ants/	10. Sale beverag	and distribution	of alcoholic	law	actice of
	12. Any business regu Jtilities Commissio		13. Ho	orse or dog racing, or ng	other legal forms o	of       1	4. Education	15. Water I	Resources	
Γ	16. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		18. Optional: Special	ecify any other area interest	in which you have	<b>a</b>
I have	e read RSA 15-A a	and hereby swear who knowingly fail	or affirm that the fore	egoing information provisions of this	n is true and com s chapter or know	plete to the	ne best of my less a false staten	mowledge and b	e ief. <b>RÆG</b> tv of a misdem	ENED eanor.
Date	9 14	ne 2021	<u> </u>		Ber		6mg		JUN 1	ליטני ל
					Si	ghature of	Reporting Indiv	idual	P- NEW HA	MPSHITE NT OF STITE

Type or Print CLEARLY Full Name 12-17-9m, h Ceige	Work Address: 955	Derimeter	RE 1	Marchester WIL
Primary Occupation Electrical Engineer E-mail	Nebo 29 @ gmail	(on	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 organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income	in excess of \$10,	000 was derive	ed during the preceding
1. Allegra Microsystems LLC				
2.				
If you have no qualifying income indicate by writing your initials next to the following stat	tement.	My income	does not qualif	ÿ
financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including brokers,	5. Banking or fina			New Hampshire, county, or
agent, developers, and landlords  7. N.H. Retirement 8. Current use land 9. Restauran	services  nts/ 10. Sale	and distribution o	municipal e falcoholic	11. Practice of
System assessment program lodging  12. Any business regulated by the Public 13. Horse or dog racing, or or	ther legal forms of			law
Utilities Commission gambling	1	4. Education	15. Water	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	8. Optional: Speci special in	fy any other area	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this of				
Date	1		Γ	RECEIVED
Date	Signature of F	Reporting Individ	ual	JUN 2 3 2020
Return to: Office of Secretary of State, 107 North Ma	in Street, State House Room	204, Concord, N	H 03301	NEW HAMPSHIRE

Type or Print CLEAI Full Name	Andre	Philip	beogaris		Work Addre	ess: <i>6</i> 60	Gold S	heeb	
Type or Print CLEAI Full Name Primary Occupation	arter	L Safe	,	E-mail	AP630	IMPERE	Astmilan	_ Work Phone	603-731-7750
Name the office, positi lirectors, etc. or emplo by you. NO ACRONY	on, board or	commission	, committee, boar						
proprietor, or calendar year.	employee, of Sources of	or served in a retirement be	ny other profession		y, and from wh	nich any inco	me in excess of \$1	0,000 was deri	irector, associate, partner, ved during the preceding s as necessary)
ı. <u>S</u>	nbdt .	Penfol]							
2.	W								
f you have no qualifyi	ng income i	ndicate by w	riting your initials	s next to the following s	statement.		My incon	ne does not qua	lify
reportable spediscipline a life financial effective financial effe	ecial interest censee or pe ct on you or fession, occu- or category o	in any item ermittee, or or a family men pation, or bus of business:	on this list if a cha ther decision by g nber than it would tiness licensed or co	ange in law, a change in	administrative e listed busines ew Hampshire.	e rule, a decis s, profession	ion whether or no occupation, grou profession,	t to award a co p, or matter wo	or matters. A person has a intract, grant a license or permit, uld potentially have a greater
2. Health Care 7. N.H. Retire		surance 8 C		velopers, and landlords  9. Restau	I Se	ervices	ale and distribution	I	employment 11. Practice of
System		assessi	ment program	lodging		bever		ar or arconone	law
Utilities Comm		y the Public		<ol> <li>Horse or dog racing, o ambling</li> </ol>	r other legal for	rms of	14. Education	15. Wat	er Resources
I6. Agricultur	e	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a	- 11		ecify any other a	rea in which you have a
	on who kn	owingly fail	s to comply with		is chapter or k	Signature	iles a false stater	ment shall be g	d belief. RSA 15-A:9 guilty of a misdemeanor.  JUN 1 2 2020
		Return to:	Office of Secreta	ny of State, 107 North	iviain sifeet, st	aic nouse K	om 204, Concord		NEW HAMPSHIRE DEPARTMENT OF STATE

Sull Name CARLA GERICKE	Work Address: 497 HOOKSETT ROAD \$ 134 MANCHESTER
Primary Occupation SELF	E-mail <u>Carlad carla genèlee cam</u> Work Phone 603. 865 7140
Name the office, position, board or commission, committee, board of	FREE STATE PROTECT; RIGHT-TO-KNOW NH;
lirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	FOUNDATION FOR NH INDEPENDENCE
proprietor, or employee, or served in any other professional or a	ess, 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 retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
l	
2.	
f you have no qualifying income indicate by writing your initials next to	the following statement.  My income does not qualify
discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on the  1. Any profession, occupation, or business licensed or certified be occupation, or category of business:  2. Health Care	by the State of New Hampshire. List each such profession,  uding brokers,  5. Banking or financial  6. State of New Hampshire, county, or
7. N.H. Retirement System  7. N.H. Retirement System  8. Current use land assessment program	Paractice of lodging   Paractice   Paractice of law   Paractice of l
	e or dog racing, or other legal forms of14 Education15 Water Resources
[7. N.H. Business [17. N.H.]	Business Interest and Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax  Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax
	oing information is true and complete to the best of my knowledge and belief. RSA 15-A:9
<b>Penalty</b> . Any person who knowingly fails to comply with the production of the produ	rovisions of this chapter or knowingly thes a false statement shall be guilty of a misdemeanor.  RECEIVED
Date 06 10 20	Signature of Reporting Individual JUN 1 0 2020
	NEW HAMPSHIRE
Return to: Office of Secretary of Se	tate, 107 North Main Street, State House Room 204, Concord, NH 03301

ype or ull Nan	Print CLEARLY	A. Gibso	on		Worl	k Address: <u>/</u> 4	Hain St. PO	BOX 448	Newport NH 037
rimary	Occupation Re	egister c	of Deed	<u> </u>	-mail jail	osonQsu	illivancounty	Work Phone	863-2110
11000013	e office, position, s, etc. or employm NO ACRONYM	che when state of co	on, committee, be unty government	oard of SUIII	van	Coun-	ty Regis	terof	DeedS
A.	proprietor, or em calendar year. So	ployee, or served in urces of retirement	any other profes benefits other the	sional or advisory ca an federal retirement	apacity, and fr tand/or <sub>a</sub> disab	rom which any pility benefits s	income in excess of \$1 hall be included. (Use a	0,000 was derive dditional sheets a	as necessary)
1.	Sulliv	an Count	/ Regist	rer of [	Deeds	14 1	lain St N.	ewport	NH03773
2.		,		1.00					<u> </u>
f you ha	ave no qualifying	income indicate by	writing your initi	als next to the follow	wing statemen	nt.	My incom	e does not qualif	fy J
В.	reportable specia discipline a licen financial effect o	I interest in any iter see or permittee, or n you or a family n	n on this list if a other decision by nember than it wo	change in law, a char government affection and on the general pu	nge in admini ng the listed b ublic:	strative rule, a pusiness, profe	decision whether or no ssion, occupation, group	to award a conti	matters. A person has a ract, grant a license or permit, d potentially have a greater
Γ		sion, occupation, or t category of business:		certified by the State	of New Hamp	eacr	such profession,		
Γ	2. Health Care	3. Insurance		Estate, including brok developers, and landlo		5. Banki services	ng or financial		New Hampshire, county, or mployment
TV	7. N.H. Retireme System		Current use land ssment program	☐ 9. R lodgi	Restaurants/ ing		10. Sale and distribution beverages	ofalcoholic	II. Practice of law
	12. Any business reg Itilities Commiss	gulated by the Public	; [	13. Horse or dog rac gambling	cing, or other l	egal forms of	14. Education	15. Water	Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Ta		- 1	nterest and ividends Tax		ecify any other are interest	a in which you have a
							ete to the best of my ligly files a false staten		belief. RSA 15-A:9 iilty of a misdemeanor.
Date	Ce-	3-2020				Jano	ature of Reporting Indiv	idual .	RECEIVED

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

JUN 0 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

,	2020 NE	W HAMPSHIRE	STATEMENT OF	FINANCIAL IN	TERESTS – RSA 15-	A	
Type or Print CLEARLY Full Name	EN T	idge			22 Hay	Jon 5	)
Primary Occupation	enti's		E-mail			Work Phone	
Name the office, position, board directors, etc. or employment was you. NO ACRONYMS.							
A. List below the name, a proprietor, or employe calendar year. Sources	e, or served in any other	er professional or a	dvisory capacity, and	from which any	or a family member wa income in excess of \$10 all be included. (Use a	0,000 was derived du	ring the preceding
1.				:			
2.					1		
If you have no qualifying incor	ne indicate by writing y	our initials next to	the following statem	nent.	My incom	e does not qualify	
reportable special inte discipline a licensee o financial effect on you	rest in any item on this r permittee, or other de n or a family member the occupation, or business li	list if a change in cision by governm an it would on the	law, a change in adm ent affecting the liste general public:	inistrative rule, a d business, profes	sion, occupation, group	to award a contract,	grant a license or permit.
2. Health Care	3. Insurance	4. Real Estate, included agent, developers		5. Bankir services	g or financial	6. State of New I municipal emplo	Hampshire, county, or syment
7. N.H. Retirement System	8. Current v	rogram	9. Restaurants	]1	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	d by the Public	T 13. Horse gambling	e or dog racing, or othe	er legal forms of	14. Education	15. Water Res	ources
16. Agriculture		_ ,	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special	ecify any other area in v interest	rhich you have a
I have read RSA 15-A and Penalty. Any person who	knowingly fails to c	omply with the p	oing information is rovisions of this ch	true and comple apter or knowing	ete to the best of my k	cnowledge and believent shall be guilty	of a misdemeanor.
Date Luce	9-2020	2		- GI	len	Judges	
				signa	ture of Reporting Indiv	juai	

Type or Print CLEARLY Full Name	Work Address: 10 FRONT S	T. EXETER, NHO38
Primary Occupation SELECT WOMAN E-mail	HUBRITH BHOMILE	Work Phone Lass. ST71348
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	MANAY MANGE	Work Phone CAJ-ST71348
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$1	10,000 was derived during the preceding
1. GREGORY 5-GILMAN SCHIGH ST	EXETER, NH. LA	WYER IN MASSACHWE
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My incon	ne does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:</li> <li>1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:</li> </ul>	dministrative rule, a decision whether or no isted business, profession, occupation, grou	t to award a contract, 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 Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurated lodging	nts/ 10. Sale and distribution beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or ogambling	other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax		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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this		
Date L/3/12028	Signature of Reporting Indi	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

Full Name Any S. (7/1/More II) Work Address: 13 Uncle	Rd. BARTLEST NH
Full Name Ay S. Gilmore III Work Address: 73 Dince	Vork Phone (63)986 - 7416
Name the office, position, board or commission, committee, board of Azimuth Check foundation 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 a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,0 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additionally additionally additionally additionally and included and inclu	000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income d	loes not qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of financial effect on you or a family member than it would on the general public:	r matter would potentially have a greater
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
occupation, or category of business:  2. Health Care	municipal employment
occupation, or category of business:    2. Health Care	municipal employment alcoholic 11. Practice of
occupation, or category of business:    2. Health Care	municipal employment  alcoholic   11. Practice of law  15. Water Resources  y any other area in which you have a
occupation, or category of business:    2.   Health Care	municipal employment  alcoholic 11. Practice of law  15. Water Resources  y any other area in which you have a crest —  wledge and belief. RSA 15-A:9
occupation, or category of business:    2.   Health Care   3. Insurance   4.   Real Estate, including brokers, agent, developers, and iandlords   5.   Banking or financial   5.   Services   7.   N.H.   Retirement   8.   Current use land   9.   Restaurants   10.   Sale and distribution of beverages   12.   Any business regulated by the Public   13.   Horse or dog racing, or other legal forms of   14.   Education   15.   Agriculture   17.   N.H.   Business   Business   Business   Interest and   18.   Optional: Special interest   Special inte	municipal employment falcoholic 11. Practice of law  15. Water Resources  y any other area in which you have a erest —  wledge and belief. RSA 15-A:9 at shall be guilty of a misdemeanor.
occupation, or category of business:    2.   Health Care	municipal employment falcoholic 11. Practice of law  15. Water Resources  y any other area in which you have a erest —  wledge and belief. RSA 15-A:9 at shall be guilty of a misdemeanor.

<b>Fype or</b> Full Nan	Print CLEA	RLY R	obert (	mrard			_ Work A	ldress:	off town Harde	vare 5	Depot St. (	nwotsfox	J}
Primary	Occupation _	7		_		E-mail			use@g mail.co				
directors	e office, posit , etc. or emplo NO ACRON	oyment wit	or commission h state or coun	, committee, bo	ard of elh		_		NH Trustees CA				-
A.	proprietor, or	employee	or served in a	ny other profess	sional or ad	lvisory capacit	y, and from	which an	ou or a family member wy income in excess of \$1 shall be included. (Use	0,000 was o	lerived during the	e preceding	
1.	Aann	G:11 ,	170 Deer	ny coverbe	d Deery	g, AM 03)	-44 V	P Milly	crefficult Mus Muc,	NH	Banking		-
2. If you ha	ave no qualify	ing income	e indicate by w	riting your initia	als next to	the following	statement.		My incom	ne does not	qualify R &		_
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Γ	2. Health Care	<b>□</b> 3.	Insurance			ding brokers, and landlords	×	5. Bank services	ing or financial	11	te of New Hampsh ipal employment	- ·	
Γ	7. N.H. Retire System	ement	11	rrent use land ment program		9. Restau	rants/		10. Sale and distribution beverages	of alcoholi	- 11	11. Practice of law	
	2. Any busines tilities Comm		by the Public	  -	13. Horse gambling	or dog racing, o	or other legal	forms of	14. Education	T 15.	Water Resources		
Γ	16. Agricultur	re	17. N.H. taxes:	Business Profits Tax		usiness terprise Tax		st and ends Tax		ecify any oth interest	er area in which y	ou have a	
									lete to the best of my		be guilty of a m	isdemeanor.	
Date	6/16	120	,				No	Sign	nature of Reporting Indi	vidual	RECE JUN 1'		
			Return to:	Office of Secre	etary of Sta	ite, 107 North	Main Street	State Ho	use Room 204, Concord	, NH 03301	NEW HAN	PSHIRE	

ype or I ull Name	Print CLEARL	Y	Rober	+5.0	ziuda	_ Work Address:	N/A		
rimary C	Occupation	Rej	ired	······································	E-mai	1 rjwg73	S@gmail.c	OL Work Phone	NA
rectors,		nent with		, committee, boa ty government h	ard of NH C	state Ser	nator, Dist	rict 2	
ŗ	proprietor, or em	ployee, o	or served in as	ny other professi	on, business, or other or ional or advisory capaci in federal retirement and	ty, and from which ar	y income in excess of \$	10,000 was derive	d during the preceding
1.	No	ME	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u></u>				
2.			····						
'you hav	ve no qualifying	income i	ndicate by w	riting your initial	ls next to the following	statement.	My inco	me does not qualif	y
	1. Any profes occupation, or o	category o	•	4. Real Es	state, including brokers, evelopers, and landlords		ting or financial	6. State of N	ew Hampshire, county, or
	V. N.H. Retireme	nt	1 DX	rrent use land nent program	9. Restau		10. Sale and distribution beverages	<u> </u>	11. Practice of law
	. Any business re lities Commiss		y the Public	4.1	13. Horse or dog racing, cambling	or other legal forms of	14. Education	15. Water	Resources
[ i	i6. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	- 18. Optional: S speci	pecify any other area	in which you have a
					ne foregoing informat th the provisions of th				pelief. RSA 15-A:9 ilty of a misdemeanor.
Date	6/10	/20	20			- Cin	nature of Reporting Ind	indiana)	RECEIVED
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						_	material of Keporting ind	i v i duai	JUN 1 0 2020

'ype o ull Na	or Print CLEARLY Same ALAN S	GLASSMAN	Home Work Address:	P.O. Box 14; GI	MANYON IR	ON WKS, NH 03 83
rimar	y Occupation RET	IRED	E-mail alan.gla	ssmanogm	work Phone 60	<u>on Wks, NH 03</u> 83 13-364-9780
irecto	the office, position, boar ors, etc. or employment v . NO ACRONYMS.	d or commission, committee, board of	<i>'</i>		Treate -	
Α.	proprietor, or employe	address, and type of any profession, businessee, or served in any other professional or ad a of retirement benefits other than federal re	lvisory capacity, and from which	any income in excess of \$1	0,000 was derived d	uring the preceding
1.	N/A					
2.						
f you	have no qualifying inco	me indicate by writing your initials next to	the following statement.	My incom	e does not qualify	ASG
В.	reportable special inte discipline a licensee o financial effect on you	ner you or a family member has a special increst in any item on this list if a change in later permittee, or other decision by government or a family member than it would on the government or a family member than it would on the government or or business licensed or certified by ory of business:	nw, a change in administrative rule int affecting the listed business, progeneral public:	e, a decision whether or not rofession, occupation, group	to award a contract	, grant a license or permit,
Γ	2. Health Care	3. Insurance 4. Real Estate, includagent, developers, a		inking or financial ces	6. State of New municipal emp	Hampshire, county, or loyment
Γ	7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
Γ	12. Any business regulate Utilities Commission	d by the Public 13. Horse of gambling	or dog racing, or other legal forms	of 14. Education	15. Water Re	sources
Γ	16. Agriculture		usiness		cify any other area in interest	which you have a
	alty. Any person who	hereby swear or affirm that the foregoing knowingly fails to comply with the pro-				
Dat	te JUNES	,2020		ignature of Reporting Indiv	idual	RECEIVED

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 or Print CLEARLY DANIEL CUSTIC GOLONER Work Address: 138 HEATHER ST, MANCYECTER, NH
rimary Occupation RETIRED ENGINEER E-mail daniel goldner egmail. Comwork Phone 469-971-5071
Name the office, position, board or commission, committee, board of CHAIR, MONT 57 MARY ACADEMY BEARD OF TRUTTERS  OF TRUT
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. TEXAS INSTRUMENTS, SO PHILLIPPE COTE ST, MANUSISTER NH 03101
2.
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in 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 System 8. Current useland lodging 10. Sale and distribution of alcoholic law 11. Practice of lodging 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and 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.

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

Signature of Reporting Individual

RECEIVED

JUN 10 2020

DEPARTMENT OF STATE

Full Name Sefrey Goley	Work Address: 100 Mesvinger St Ma	nchester NH
Primary Occupation Firefighter E-mail	j golego3104 at yahoo, comwork Phone 66	9-2256
	epresentative	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$10,000 was derived du	ring the preceding
1. City of Manchester . Fire Dept.		
1. City of Manchester : Fire Dept. 2. State of NH House of Representati	tives - spuse	
If you have no qualifying income indicate by writing your initials next to the following st		
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	administrative rule, a decision whether or not to award a contract, listed business, profession, occupation, group, or matter would power than the profession, and the profession are profession.	grant a license or permit, tentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New I municipal emplo	Hampshire, county, or by ment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur.	rants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
T 12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or gambling	rother legal forms of 14. Education 15. Water Res	ources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    Interest and Dividends Tax   Is. Optional: Specify any other area in viscochester   Is. Optional: Specify any other area   Is. Optional: Specify any other   Is. Optional: Specif	which you have a Professioned Firefight
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	on is true and complete to the best of my knowledge and belie	ef. RSA 15-A:9 Wal 856
Date (d/2/20	11 Holan	RECEIVED
	Signature of Reporting Individual	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North M	Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Jennie	e Gomarlo	Work Addre	PO Box 20, W	/. Swanzey, NH 03469
Primary Occupation bookkeeper		E-mail jennie.gom	arlo@gmail.com	Work Phone 603-352-9282
Name the office, position, board or condirectors, etc. or employment with state by you. NO ACRONYMS.	e or county government held	eputy Treasurer for the	Monadnock Regional	School District
proprietor, or employee, or se		lvisory capacity, and from whi	ich any income in excess of \$1	as an officer, director, associate, partner, 0,000 was derived during the preceding dditional sheets as necessary)
1. Gomarlo's Inc. PO E	30x 20, W. Swanzey 03469	Retail and rental	property	
2.				
If you have no qualifying income indic	eate by writing your initials next to	the following statement.	My incom	e does not qualify
reportable special interest in a discipline a licensee or permi financial effect on you or a fa	any item on this list if a change in lattee, or other decision by governme mily member than it would on the goon, or business licensed or certified by	aw, a change in administrative int affecting the listed business general public:	rule, a decision whether or not , profession, occupation, group	tions, groups or matters. A person has a to award a contract, grant a license or permit, o, or matter would potentially have a greater
2. Health Care 3. Insura	4. Real Estate, includagent, developers,		. Banking or financial rvices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Utilities Commission	Public 13. Horse gambling	or dog racing, or other legal form	ns of 14. Education	15. Water Resources
16. Agriculture 17.		usiness Interest ar terprise Tax Dividends		cify any other area in which you have a interest
				nowledge and belief. RSA 15-A:9 ent shall be guilty of a misdemeanor.
Date6/03/2020			enne Ima	RECEIVED
		J	Signature of Reporting Indivi	V 2 2020
R	eturn to: Office of Secretary of Sta	te, 107 North Main Street, Sta	te House Room 204, Concord,	NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type</b> Full N	Type or Print CLEARLY Full Name CARLOS GONZALEZ Work Address: 42 Commance Avenue Condonne	Rfy XXI
Prima	Full Name CARLOS GONZACEZ Work Address: 42 Commerce Avenue Condowse	
Vame lirecte	Name 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, as proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived durin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	g the preceding
1.	1. <u>NA</u>	
2.	2. N A	
f you	f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	- N/A
Г	discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
Γ	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Han municipal employments	
Γ	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
Γ	12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resource.	ces
Γ	To 16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which special interest	h you have a
T 1	I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a faile statement shall be guilty of a	DEA TOMAGO

Type o Full Na	or Print CLEAR	LY DWARD M.	GORDON		Vork Address:	P.O. BOX 112	- BRISTA	OL NH 03222
Primar	y Occupation	RETIRED		E-mail	gordon fo	rnhagmail.com	Work Phone	DL NH 03222
directo		ment with state or cou	n, committee, board of _ nty government held			BUTATIVE		
A.	proprietor, or e	mployee, or served in	e of any profession, bus any other professional or benefits other than federa	r advisory capacity, a	nd from which any	income in excess of \$	10,000 was deriv	
1.	SELF	- JUDIC	IM RETIREA	16NT Pin	<u> </u>			
2.	SPOUS	E - NH	RETIREMENT	Sygn				
lf you l	nave no qualifying	g income indicate by v	vriting your initials next	to the following state	ment.	My incor	ne does not quali	fy
Г —	financial effect  1. Any profe	on you or a family me	siness licensed or certified	ne general public:  I by the State of New H	ampshire. List each		6. State of	Id potentially have a greater
	7. N.H. Retirem	ent	agent, developed	rs, and landlords  9. Restaurant	services	10. Sale and distribution	<u> </u>	employment 11. Practice of
<b>√</b>	System	assess	ment program	lodging		beverages	<del></del>	law
٦	12. Any business no Utilities Commiss	egulated by the Public sion	gamblin	rse or dog racing, or oth	er legal forms of	14. Education	15. Water	r Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		ecify any other are interest	a in which you have a
I hav	e read RSA 15-A	A and hereby swear n who knowingly fai	or affirm that the foreg	going information is provisions of this ch	s true and compl apter or knowin	ete to the best of my light gly files a false stater	knowledge and nent shall be gu	belief. RSA 15-A:9 allty of a misdemeanor.
Date	;	6/10	10		dwara 1	h. Andr		RECEIVED
					Sign	ature of Reporting Indiv	ridual	JUN 2 3 2020
		Return to:	Office of Secretary of	State, 107 North Mair	Street, State Hou	se Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

	r Print CLEARL			We	ork Address:			
Primar	y Occupation	tudent		E-mail [ ]e.	. O.gordon. a	22@dartmall.edu	Work Phone	
directo	the office, position rs, etc. or employn NO ACRONYM	, board or commission nent with state or coun S.	, committee, board o ity government held	r Cardidale to	r State	Represalative,	Graften-1	
A,	proprietor, or en	ployee, or served in a	ny other professional	usiness, or other organizate or advisory capacity, and eral retirement and/or dis	from which any	income in excess of \$1	0,000 was derived	during the preceding
1.								
2.								
If you l	nave no qualifying	income indicate by wr	riting your initials ne	xt to the following statem	ent.	My incom	e does not qualify	R.6.
<u>г</u>	financial effect of	n you or a family men	iness licensed or certification.  4. Real Estate, i		npahire. List each			potentially have a greater  www.Hampshire, county, or uployment
Г	7. N.H. Retiremen	- 11	rrent use land	9. Restaurants/		10. Sale and distribution beverages		11. Practice of
		culated by the Public		lorse or dog racing, or other		14. Education	15. Water I	Resources
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax	18. Optional: Special	cify any other area interest	in which you have a
				regoing information is t e provisions of this chap				
Date	6/5/20	シ	<u>RE</u> CEIVED		6/1/1/2			RECEIVED
			JUN - 8 2020		Signat	ture of Reporting Indiv	iduai	JUN 1 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	Print CLEARI	DORE	Dhu	Gordi			Wor	rk Addres	s: <b>q</b>	M	y Stone	L PL.	Balfo	RD, Ni	+ 031K
Primary	Occupation	EAd	pship	CoAch	<b></b>	E-mai	T	del	ayte	il tidg	e.com	_ Work Ph	one 60	3-47	1-3821 2-3821
director	ne office, position s, etc. or employr NO ACRONYM	nent with s													
A.	List below the n proprietor, or en calendar year. So	nployee, or	served in ar	ny other profes	sional or ad	visory capaci	ty, and	from whi	ch any in	ncome in	excess of \$	10,000 was	derived du	ring the pr	
1.															
2.															
lf you h	ave no qualifying	g income in	dicate by wr	iting your initi	als next to t	the following	stateme	nt.			My incor	ne does not	qualify _		
Γ	Indicate below reportable specie discipline a licer financial effect of 1. Any profes occupation, or	al interest nsee or per on you or a ssion, occup	in any item of mittee, or of a family men pation, or bus	on this list if a on the decision by	change in la government ald on the g	w, a change in nt affecting the general public	n admin e listed :	istrative business,	rule, a de , professi	ecision w ion, occu	hether or no pation, grou	t to award	a contract,	grant a lice	ense or permit,
Γ	2. Health Care	3. Ins	urance			ling brokers, and landlords		14	Banking vices	or financ	ial		ate of New I		county, or
Г	7. N.H. Retireme System	ent	1	rrent use land nent program		9. Restau	urants/	r		0. Sale and everages	distributio	n of alcohol	lic	_ 11. law	Practice of
	2. Any business re tilities Commiss		the Public		13. Horse of gambling	or dog racing,	or other	legal forn	ns of	14. E	Education	T 15.	. Water Res	ources	
Γ	16. Agriculture		17. N.H. taxes:	Business Profits Ta		usiness terprise Tax		Interest ar Dividends		18.0	Optional: Specia	ecify any of linterest	her area in v	vhich you h	navea
	ty. Any person														

Type or Print CLEARLY Full Name / Aymond Gorman	Work Address: 53? STOddard Road Columbia
Primary Occupation Residen T AssitanT	E-mail (DOS Kenne (3) my fairpoin [Work Phone 237 8537
Name the office, position, board or commission, committee, board of	ΝO
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 a laretirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2. Resident Assitant Nor	thern Human Services Columbia House
If you have no qualifying income indicate by writing your initials next to	to the following statement. $RP \leftarrow$ My income does not qualify
discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the last statement of the licensed or certified occupation, or category of business:	by the State of New Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, included agent, developers	s, and landlords services municipal employment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/   10. Sale and distribution of alcoholic   11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse gambling	se or dog racing, or other legal forms of 14. Education 15. Water Resources
	Business — 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 foregon Penalty. Any person who knowingly fails to comply with the p	oing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-4-20	B/Som BECEIVED
	Signature of Reporting Individual  JUN 0 4 2020
Return to: Office of Secretary of Se	tate, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or l Full Nam	Print CLEAR e Suza	LY	Hodyso	n Gott	ling		Wor	rk Addres	ss:					
	Occupation				· <i>J</i>	E-m	nail				v	ork Phone		
directors,	e office, position etc. or employ NO ACRONY	ment with											·.	
	proprietor, or e	mployee,	or served in a	ny other prof	essional or	advisory capa	icity, and i	from whi	ch any i	or a family mendincome in excess all be included.	s of \$10,0	00 was deriv	ed during the	preceding
1.	State	Teac	hers Re	hiremen	+ Sys	tem of	Ohio	7	75	East Bro	ad St	Colux	nbus OH	43215-37
2.	TIAA	- CR	EF	PO By	x 125	9 0	harlo	#e	NC	2820	)			
If you hav	ve no qualifyin	ig income	indicate by w	riting your in	itials next to	the followin	ig stateme	nt.		Му	income d	oes not qual	ify	<del></del>
ī	reportable spec discipline a lice financial effect	cial interest ensee or put on you of ession, occ	it in any item of ermittee, or of r a family men upation, or bus	on this list if a her decision aber than it w iness licensed	a change in by governm would on the or certified l	law, a change ent affecting general publ by the State of	e in admin the listed ic: New Ham	business,	rule, a d profess st each s	sion, occupation	r or not to	award a con r matter wou	tract, grant a l	icense or permit, have a greater
	.Health Care	3. I	nsurance			uding brokers , and landlord		11	vices	g or financial			New Hampshir employment	e, county, or
	7. N.H. Retirem	nent	11	rrent use land nent program		9. Resi	taurants/	Г		10. Sale and distreverages	ibution of	alcoholic	- 11	1. Practice of w
	2. Any business i		y the Public		13. Horse gambling	or dog racing	g, or other	legal form	is of	14. Educa	tion	15. Wate	r Resources	
<u> </u>	6. Agriculture		17. N.H. taxes:	Busines Profits T	s I	Business Interprise Tax		interest an Dividends			al: Specify special inte		ea in which you	ı have a
I have r	read RSA 15- y. Any perso	A and he	reby swear o	or affirm that to comply	t the forego	oing informations of	ation is tr this chap	ue and coter or kn	omplet owing	te to the best o	f my kno statemen	wledge and t shall be gr	belief. RSA uilty of a mis	15-A:9 demeanor.
Date .	6/12/2	20		<u> </u>	•		<b>A</b>	hyen	Signat	wre of Reporting	Individu	al	REC	EIVED
	<b>,</b>												JUN	1 5 2020

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

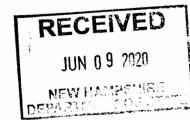
NEW HAMPSHIRE
EPARTMENT OF STATE

Type or Print CLEARLY Full Name Liv DA Gould Work Address: Retired
Primary Occupation Retired E-mail Lgould Romy fair Work Phone 472-3877
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. XA
2. NA
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has 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:</li> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession,</li> </ul>
occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Interest and Dividends Tax Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 6, 2020  Signature of Reporting Individual

Type or Tull Nar	Print CLEARL me Amano	Y la Gourgue			Work Address:	61 Thompson Mill	Road, Lee, NI	H 03861
rimary	OccupationE	vent Planning Co	nsultant	E-mail	amanda@meet	ingrevolution.com	_ Work Phone _	(603) 397-0505
Vame ti	ne office, position	, board or commission	, committee, board of	Lee Democrat	ic Committee, (	Chair; Lee Conserva	tion Commiss	sion, Treasurer; and
lirector	s, etc. or employn NO ACRONYM	nent with state or cour	ty government held	Lee Agricultui				
Α.	proprietor, or em	ployee, or served in a	ny other professional	or advisory capacity	and from which an	ou or a family member very income in excess of \$ shall be included. (Use	0,000 was derive	rector, associate, partner, ed during the preceding as necessary)
1.	_Amanda (	Gourgue - Meetin	g Revolution, 61	Thompson Mill F	Road, Lee, NH 0	3861, consulting		
2.	Marc Swa	nson - MSwanso	n Consulting, 61	Thompson Mill I	Road, Lee, NH 0	3861, consulting		
f you h	ave no qualifying	income indicate by w	riting your initials nex	kt to the following sta	ntement.	My incor	ne does not quali	fy
IX	financial effect of	sion, occupation, or bus category of business:	siness licensed or certification 4. Real Estate,	the general public: ied by the State of New Consulting including brokers,	Hampshire. List each	ch such profession,	6. State of	Id potentially have a greater
	7. N.H. Retireme	, , , , , , , , , , , , , , , , , , ,	agent, develop	pers, and landlords 9. Restaura	services	10. Sale and distribution		mployment 11. Practice of
	System		ment program	X    lodging	l l	beverages	· · · · · · · · · · · · · · · · · · ·	law
	12. Any business re Itilities Commiss	gulated by the Public	T 13. F	lorse or dog racing, or ling	other legal forms of	14. Education	15. Water	Resources
X	16. Agriculture	17. N.H. taxes:	Profits Tax	- Business Enterprise Tax	<ul> <li>Interest and Dividends Tax</li> </ul>		ecify any other are interest	a in which you have a
Pena	Ity. Any person	and hereby swear of who knowingly fail	or affirm that the for s to comply with the	regoing information e provisions of this	n is true and comp chapter or knowin Amanda 60		knowledge and nent shall be gu	ilty of a misdemeanor.
Date	6/5/2020					nature of Reporting Indiv	vidual	RECEIVED
								JUN 1 5 2020
		Return to:	Office of Secretary of	f State, 107 North M	ain Street, State Ho	use Room 204, Concord	, NH 03301	h #

NEW HAMPSHIRE
EPARTMENT OF STATE

Type or Print CLEARLY Full Name Tyler Gowlein	Work Address: 155 DOV Str	ect, Manchester, NH, 03101
Primary Occupation CONSVITANT	E-mail tyKOBOUTEINFOINH. COM	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advacalendar year. Sources of retirement benefits other than federal re	visory capacity, and from which any income in excess	of \$10,000 was derived during the preceding
1. Granite State Strategy LLC, 155 Dow	St, Manchester, NH, 03101, Con	Sulting Agency
2.		
If you have no qualifying income indicate by writing your initials next to the	ne following statement. My	income does not qualify
reportable special interest in any item on this list if a change in law discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the go.  1. Any profession, occupation, or business licensed or certified by occupation, or category of business:	t affecting the listed business, profession, occupation, eneral public:	
2. Health Care 3. Insurance 4. Real Estate, includ agent, developers, and		6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribeterages	bution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission ambling	r dog racing, or other legal forms of 14. Educat	ion
		al: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoin <b>Penalty</b> . Any person who knowingly fails to comply with the pro-		
Date 6/5/2020	Jun Consist	7
	Signature of Reporting	Individual



<b>Fype or Print</b> Full Name		Y John A. Gr	aham			_ Work Address: _			
Primary Occup	ation Reti	ired			E-mail	graham4rep@ho	tmail.com	Work Phone	
Name the offic lirectors, etc. o by you. NO A	or employn	nent with st	ommission ate or coun	, committee, bo ty government	pard of NH House of Reheld	epresenatives			
propri	ietor, or em	ployee, or	served in ar	ny other profes	ion, business, or other org sional or advisory capacit an federal retirement and	y, and from which a	ny income in excess of	f\$10,000 was derive	ed during the preceding
1.									
2									<u> </u>
f you have no	qualifying	income inc	licate by wr	riting your initi	als next to the following s	statement.	My inc	come does not qualit	fy A
occu		sion, occupa category of	business:	4. Real F	certified by the State of Ne	5. Ban	king or financial		New Hampshire, county, or
7. N.H Systen	I. Retireme	nt r		rrent use land nent program	developers, and landlords  9. Restau lodging	rants/ service	10. Sale and distribute beverages	municipal e	mployment  11. Practice of law
12. Any		gulated by to			13. Horse or dog racing, o	r other legal forms of		15. Water	Resources
16. Ag	griculture	I	7. N.H. axes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		Specify any other are cial interest	a in which you have a
					he foregoing information ith the provisions of the				
Date3	JUN	ne 20	)				Jul ash	lle .	No. of the Contract of the Con
						Sig	pature of Reporting In	dividual	RECEIVED
			Return to:	Office of Secre	etary of State, 107 North I	Main Street, State Ho	ouse Room 204, Conco	ord, NH 03301	JUN 1 () 2020

Type or Full Na	r Print CLEARL	es W. Gras	ssie Jar		Work Address:	146 Brock	st:	
Primary	Occupation	TAT Rep.		E-mail		ie @ MSnico		
director		nent with state or cou	n, committee, board of _ nty government held	N/A				
A,	proprietor, or em	nployee, or served in	any other professional or	advisory capacity	, and from which a	you or a family member way income in excess of \$ s shall be included. (Use	10,000 was deriv	ed during the preceding
1.					:			
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If you h	ave no qualifying	income indicate by v	writing your initials next	to the following s	tatement.	My incom	ne does not quali	fy cui
В.	reportable special discipline a licer financial effect of the special	al interest in any item nsee or permittee, or o on you or a family me	on this list if a change in	n law, a change in ment affecting the se general public:	administrative rule, listed business, pro	fession, occupation, grou	t to award a cont	matters. A person has a tract, grant a license or permit, ld potentially have a greater
Γ	2. Health Care	3. Insurance	4. Real Estate, inc	•	5. Ban service	king or financial	[ <b>[</b>	New Hampshire, county, or employment
Γ	7. N.H. Retireme System		urrent use land ment program	9. Restaur	rants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business restilities Commiss	gulated by the Public	13. Hor		other legal forms of	14. Education	15. Water	r Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		ecify any other are interest	a in which you have a
	ty. Any person	who knowingly fai			s chapter or know	plete to the best of my lingly files a false stater	nent shall be gu	
		Return to:	Office of Secretary of S	State, 107 North N	Main Street, State Ho	ouse Room 204, Concord	, NH 03301	NEW HAMPSHIRE

Type or Print CLEARLY Full Name	Daniel David G	ray	Wor	k Address: 2 Co	ommerce Drive,	Ste 102, Bedfo	ord, NH 03110
Primary Occupation Engi	neer		E-mail gray.	daniel10@gr	nail.com	Work Phone 603	39356518
Name the office, position, directors, etc. or employme by you. NO ACRONYMS	nt with state or count						
proprietor, or emp	loyee, or served in an	y other professional o	iness, or other organization advisory capacity, and fall retirement and/or disast	rom which any ir	ncome in excess of \$1	0,000 was derived	during the preceding
1. Teradyne, 2	Commerce Driv	re Suite 102, Bed	dford, <b>N</b> H 03110 - E	imployee: Ap	plications Engin	eer	
2.							
If you have no qualifying i	ncome indicate by wr	iting your initials next	to the following statement	nt.	My incon	ne does not qualify	
discipline a licens financial effect or  1. Any professi	ee or permittee, or other you or a family men	ner decision by govern ther than it would on t ness licensed or certifie — 4. Real Estate, in	ment affecting the listed	business, profess oshire. List each s	ion, occupation, grou	p, or matter would p	w Hampshire, county, or
7. N.H. Retiremen System	14	rent use land nent program	9. Restaurants/		0. Sale and distribution	1	11. Practice of law
12. Any business regu Utilities Commission		T 13. Ho	orse or dog racing, or other	egal forms of	14. Education	15. Water R	esources
☐ 16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and vividends Tax		ecify any other area in interest	n which you have a
I have read RSA 15-A Penalty. Any person v	vho knowingly fails	r affirm that the force to comply with the	egoing information is tr provisions of this chap	ue and complet ter or knowing	e to the best of my Kiles a false stater	knowledge and be ment shall be guilt	elief. RSA 15-A:9 by of a misdemeanor.
Date June 4th, 20	20			Signat	an of Reporting Indi	vidual	RECEIVED
						\	JUN 0 8 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name  James P Gray		Work Address: 21 Roulx D	r Rochester NH	l
Primary Occupation Retired	E-mail	JPGpj@aol.com		03) 332-7144
Name the office, position, board or commission, committee, board of	District 6	State Senate		
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal 1.  JP Gray NH LLC 21 Roulx Dr Room	advisory capacity I retirement and/o	, and from which any income in exce r disability benefits shall be included	ss of \$10,000 was derived d	luring the preceding
2.				
If you have no qualifying income indicate by writing your initials next to	o the following sta	atement. M	y income does not qualify	
1. Any profession, occupation, or business licensed or certified occupation, or category of business:	by the State of New			
	luding brokers,	5. Banking or financial		/ Hampshire, county, or
2. Health Care   3. Insurance agent, developers agent, developers 8. Current use land	s, and landlords  9. Restaura	services ants/ 10. Sale and dis	6. State of New municipal emp	loyment 11. Practice of
2. Health Care 3. Insurance agent, developers  7. N.H. Retirement System 8. Current use land assessment program	s, and landlords  9. Restaura lodging se or dog racing, or	services	municipal emp	loyment 11. Practice of law
agent, developers  7. N.H. Retirement System  12. Any business regulated by the Public Utilities Commission  15. Insurance  agent, developers  agent, developers  16. Agriculture  17. N.H. Business	s, and landlords  9. Restaura lodging se or dog racing, or	services  ants/	municipal emp	loyment  11. Practice of law esources
agent, developers  7. N.H. Retirement System  12. Any business regulated by the Public Utilities Commission  13. Hors gambling  14. Agriculture  15. Insurance  agent, developers	s, and landlords  9. Restaura lodging  se or dog racing, or   Business Enterprise Tax	services  ants/	municipal emp tribution of alcoholic  ation   15. Water Re  onal: Specify any other area in special interest	loyment  11. Practice of law esources which you have a

Primary Occupation Self Employed E-mail	Work Address: 461 Dona	ld St. Bedford NH
Primary Occupation Self Employed E-mail	philoreazzo Ogmail a	1d St. Bedford NH vm Work Phone 603-669-0494
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of	\$10,000 was derived during the preceding
1. Filles	-	
2. Propert innovation		
f you have no qualifying income indicate by writing your initials next to the following st	atement. My inco	ome does not qualify FIC
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	administrative rule, a decision whether or a listed business, profession, occupation, gro	not to award a contract, 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 Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restauration lodging	nnts/ 10. Sale and distribution beverages	on 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 Enterprise Tax	Interest and Dividends Tax 18. Optional: S	pecify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this Date (a   3   1020		ement shall be guilty of a misdemeanor.
	Signature Oyyepotting int	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North N	Iain Street, State House Room 204, Conco	rd, NH 03301

Type or Print C	HARLY	F. GRA	EEN		Work Add	ress: X	E915/AtiVE	Officers	wilding
rimary Occupat	ion State	REDRES	ENTATIVE	E-mail	dENNIS	REEN	EGISTATIVE Olg.state.nh.	Work Phone 2	71-3529
Name the office,	position, board employment wi	or commission,	committee, board y government hel	of (RIMINA			And Public	Sofety.	
propriet	ow the name, ad or, or employee	or served in an	y other profession	, business, or other organal or advisory capacity rederal retirement and/o	, and from v	hich any	income in excess of \$1	0,000 was derived	during the preceding
1.							· · · · · · · · · · · · · · · · · · ·		
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f you have no qu	alifying income	indicate by wr	ting your initials	next to the following st	atement.		· My incon	ne does not qualify	
discipling financia	ne a licensee or all effect on you on my profession, oc ation, or category	permittee, or other a family memory	her decision by go ber than it would hess licensed or cer	vernment affecting the on the general public: tified by the State of Nev te, including brokers,	v Hampshire.	ss, profes List each	sion, occupation, grou	p, or matter would p	t, grant a license or permit, potentially have a greater  W Hampshire, county, or bloyment
7. N.H. I	Retirement	11	rent use land ent program	9. Restaura	ants/	11	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any b	usiness regulated	by the Public		3. Horse or dog racing, or nbling	other legal fo	orms of	14. Education	15. Water Ro	esources
16. Agri	culture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividen		18. Optional: Special	ecify any other area ir interest	which you have a
I have read R. Penalty. Any	SA 15-A and he person who k	ereby swear or nowingly fails	affirm that the to comply with	foregoing information the provisions of this	n is true and chapter or	comple knowing	te to the best of my legly files a false staten	cnowledge and be nent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	NI ~ 1 S	4		•		Signa	ture of Reporting Indiv	idual	
		Dotum to	Office of Secretor	v of State 107 North M	lain Street S	tate Hous	e Room 204, Concord	NH 03301	JUN 0 5 2020

				4					·		
Гуре or Full Nan	Print CLEARI	Fent	en	Greet	1		Work Ad			ington	1 St, Radieste
Primary	Occupation	MATI	uoti	an	-	E-mail	rentan	Og for	seconstruction"	Work Phone	607-777-655
directors	ne office, position s, etc. or employr NO ACRONYM	nent with stat				AGNE					
<b>A</b> .	proprietor, or en	nployee, or se	rved in an	y other profess	sional or ac	lvisory capacity,	and from v	vhich an	ou or a family member we income in excess of \$1 shall be included. (Use a	0,000 was deriv	
1.											
2. If you ha	ave no qualifying	income indic	ate by wr	iting your initia	als next to	the following sta	tement.		My incom	ne does not qual	fy J
В.	reportable speci- discipline a licer financial effect of	al interest in a nsee or permit on you or a fa ssion, occupation	iny item o itee, or oth mily mem on, or busi	n this list if a c ner decision by aber than it wou	change in la governme uld on the p	nw, a change in a nt affecting the l general public:	dministrati isted busin	ve rule, a	a decision whether or no	t to award a con	matters. A person has a tract, grant a license or permit, ld potentially have a greater
Г	2. Health Care	3. Insura	ınce	! <b>1</b>		ding brokers, and landlords	Г	5. Bank services	ing or financial		New Hampshire, county, or employment
	7. N.H. Retireme System	ent		rent use land ent program		9. Restaura	nts/	Г	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	2. Any business re tilities Commiss		Public	Г	13. Horse gambling	or dog racing, or o	other legal f	orms of	14. Education	15. Wate	r Resources
Γ	16. Agriculture	17. taxe	N.H. es:	Business Profits Tax	10	usiness iterprise Tax	Interes Divider		18. Optional: Special	cify any other are interest	a in which you have a
	ty. Any person								lete to the best of my kingly files a false statem		belief. RSA 15-A:9 uilty of a misdemeanor.
Date						-		819	Reporting Indiv	idual	RECEIVED
		R	eturn to:	Office of Secre	etary of Sta	te, 107 North Ma	ain Street, S	State Ho	use Room 204, Concord,	NH 03301	JUN 0 9 2020

Type or Print CLEARLY Full Name Austin Edward Gree	ne.	Work Address: 27 Stard R	d Serbrook, NH 03874
Primary Occupation Seabrook Truck	Center E-mail	austingreene 8@hotmil.	Work Phone 603-565-0648
Name the office, position, board or commission, com directors, etc. or employment with state or county go by you. NO ACRONYMS.			
	er professional or advisory capacity, a other than federal retirement and/or	and from which any income in excess of \$1	0,000 was derived during the preceding additional sheets as necessary)
2.  If you have no qualifying income indicate by writing	your initials next to the following stat	ement. My incom	ne does not qualify
reportable special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to a license or permittee, or other definancial effect on you or a family member to a license or license license occupation, or category of business:  2. Health Care  3. Insurance	cision by government affecting the li- nan it would on the general public:	sted business, profession, occupation, group	t to award a contract, grant a license or permit, p, or matter would potentially have a greater  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current u	se land 9. Restauran		
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or of gambling	her legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes:	Business Business Function Tax		cify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affi Penalty. Any person who knowingly fails to co	rm that the foregoing information omply with the provisions of this c	is true and complete to the best of my k hapter or knowingly files a false statem	ent shall be guilty of a misdemeanor.
Date $6-3-20$	<del>-</del>	Signature of Reporting Indiv	<b>.</b>
	60 107N 127N	Garage Charles IV Barrer 204 Garages	JUN 10 2020
Paturn to: Office	of Secretary of State 107 North Mai	n Street, State House Room 204, Concord.	NH 03301 NEW UARRE

Type or Print CLEARLY Coliderence Work Address: 45 Niddle Rd Tourn
Primary Occupation E-mail Primary Occupation Work Phone 68 742 545
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. Greene and Greene, PLLC 15 Middle Ray Roser, MM
2.  If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and 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 of knowingly files a false statement shall be guilty of a misdemeanor.  Date  Date
Signature of Reporting Individual

Type o	or Print CLEARI	X	JUS F.P.H	GREEVE		Work Address:	(RETIRES)		
Primar	y Occupation	RE	(CESTIT		E-mail (C	ENEWEBT	ROGMAIL, COM	Work Phone	
directo	the office, position rs, etc. or employr . NO ACRONYM	nent with	r commission, state or county	committee, board of y government held	_	REPRESE			
A,	proprietor, or en	nployee,	or served in any	y other professional o	or advisory capacity, a	nd from which as	you or a family member way income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1.	BAE	ک	45TEM)	HUDSON	NH S		ROBERT		
2.	Park	V	VIVERS	TY HANSO	OM AFB	MA	- KATHY (	(POUSE)	
If you	have no qualifying			_	t to the following state			ne does not qualify	
	discipline a licer financial effect of	nsee or pe on you or ssion, occu category o	ermittee, or oth a family memb spation, or busin	er decision by govern ber than it would on ness licensed or certifie	nment affecting the lis	ted business, prod	fession, occupation, grou	p, or matter would p	t, grant a license or permit, potentially have a greater
<u> </u>		<u></u>			ers, and landlords	service	s 10. Sale and distribution	municipal emp	
Γ	7. N.H. Retireme System	ent		ent use land ent program	9. Restaurant lodging	s <sup>/</sup>   [	beverages	1 OI AICONOIIC	11. Practice of law
Γ,	12. Any business re Utilities Commiss		y the Public	Γ 13. Ho gambli	orse or dog racing, or ot ng	her legal forms of	14. Education	15. Water Re	esources
Г	16. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	ecify any other area in interest	which you have a
I hav Pena	Ity. Any person	and her	owingly fails	affirm that the fore	egoing information i provisions of this c	s true and comp	plete to the best of my langly files a false states	cnowledge and belient shall be guilty	ief. RSA 15-A:9 y of a misdemeanor.
	, – – –	_	~			0 · 4	$\mathcal{L}_{\Lambda}$	100 mg	
				<del></del>		Sign	nature of Reporting Indiv	ridual	RECEIVED

Type or Print CLEARLY Full Name JEITEREY GREESON	Work Address: pastorjeffe 1 @ yahoo com
Primary Occupation Pastor E-mail	Work Phone (603) 346, 104)
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	th State University - Teaching Lecturer
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	anization 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. Country Explored Condies Holdern	ess NH - employee
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura	ants/ 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	
Date 10 JUNE 2020	Signature of Reporting Individual

Type or Full Nan	Print CLEARL	INBANA	GRIFFIN	1 wo	ork Address:	NIA		
Primary	Occupation	Attorney		E-mail	ogniffin	lo @ aolicin	Work Phone	626.4411
directors	ne office, position, s, etc. or employm NO ACRONYM	board or commission ent with state or coun S.	, committee, board of ty government held					
Α.	proprietor, or em calendar year. So	ployee, or served in an ources of retirement be	of any profession, busine ny other professional or a enefits other than federal	dvisory capacity, and retirement and/or dis	from which an ability benefits	y income in excess of \$1 shall be included. (Use a	0,000 was derived dadditional sheets as n	uring the preceding ecessary)
1.	du	sband -	Fed. Ker.	Soi See.				
2.		TW OFFICE	Fed let	J Ginir	riw Pe	0 Bor 5812	Mauche	str 03108
If you h	ave no qualifying	income indicate by wi	riting your initials next to	the following statem	ent.	My incon	ne does not qualify	Bley
Г 	financial effect of	n you or a family men	her decision by governmenter than it would on the iness licensed or certified by 4. Real Estate, inclu	general public:  y the State of New Har	npshire. List eac	ch such profession,	6. State of New	Hampshire, county, or
<u> </u>		<u> </u>	agent, developers,	and landlords  9. Restaurants/	services	10. Sale and distribution	municipal emp	11. Practice of
Γ.	<ol><li>N.H. Retireme</li><li>System</li></ol>		nent program	lodging		beverages		law
	12. Any business re	gulated by the Public	13. Horse gambling	or dog racing, or othe	r legal forms of	14. Education	15. Water Re	sources
Γ	16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax		ecify any other area in interest	which you have a
Penal	lty. Any person	who knowingly fails	or affirm that the foregons to comply with the pr	oing information is ovisions of this cha	rue and comp pter or known	Tete to the best of my half files a false stater	knowledge and bel ment shall be guilt	ief. RSA 15-A:9 of a misdemeanor. RECEIVED
Date	<u> </u>	1000		·.	Sign	nature of Reporting Indiv	<i>y</i> idual	JUN 15 2020
		Return to:	Office of Secretary of St	ate, 107 North Main	Street, State Ho	use Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name 6ERALD GR1	FFIN	Work Ad	dress: P.O. BOX [ A	MAN MONTY VERNON HH
Primary Occupation DEALST IN Ar	MI QUE LICOUSE F			
Name the office, position, board or commi directors, etc. or employment with state or by you. NO ACRONYMS.				
	l in any other professional or a	dvisory capacity, and from		000 was derived during the preceding
1. NH LICENSE PLAT	E MUSEOM	OWNER		
2.				
f you have no qualifying income indicate	by writing your initials next to	the following statement.	My income	does not qualify
reportable special interest in any i discipline a licensee or permittee, financial effect on you or a family  1. Any profession, occupation, occupation, or category of busine	tem on this list if a change in lor other decision by government member than it would on the or business licensed or certified by	aw, a change in administration affecting the listed busing eneral public:  by the State of New Hampshire  CASO (PA, INAC	ve rule, a decision whether or not tess, profession, occupation, group,	ons, groups or matters. A person has a o award a contract, grant a license or permit, or matter would potentially have a greater
7 N H Patirament	agent, developers, 3. Current use land	- 1	services 10. Sale and distribution of	municipal employment
System	ssessment program	lodging	beverages	law
12. Any business regulated by the Pub Utilities Commission	lic   - 13. Horse gambling	or dog racing, or other legal f	orms of 14. Education	15. Water Resources
16. Agriculture 17. N.H taxes:	1	Business nterprise Tax		fy any other area in which you have a terest
I have read RSA 15-A and hereby sw Penalty. Any person who knowingly			knowingly files a false stateme	nt shall be guilty of a misdemeanor.
Date			Signature of Reporting Individ	RECEIVED
		$\mathcal{U}$		JUN 2 3 2020
Return	1 to: Office of Secretary of St	ate, 107 North Main Street, !	State House Room 204, Concord, N	TH 03301 NEW HAMPSHIPE

#### 2020 NEW HAMPSHIRE STATEMENT OF FINA MAL INTERESTS - RSA 15-A **Type or Print CLEARLY** GERALD GRIFFIN Work Address: Full Name E-mail NULPMGG & G MAIL. COM Work Phone 603 673 7467 Primary Occupation BETIRED CPA Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held ころまん 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) NH LICENSE PLATE MUSEUM OWNER INACTIVE REBROREN + CPA NO CURRENT I UCOME FROM UTTHER My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. 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, Z MARCINI RY BROKER & CPA occupation, or category of business: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 9. Restaurants/ 7. N.H. Retirement 8. Current use land 10. Sale and distribution of alcoholic 11. Practice of lodging System assessment program beverages law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education Water Resources Utilities Commission gambling

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.

Interest and

Dividends Tax

Business

Enterprise Tax

Date 6/17/20

16. Agriculture

17. N.H.

taxes:

Business

Profits Tax

Signature of Reporting Individua

RECEIVED

18. Optional: Specify any other area in which you have a

special interest ---

JUN 17 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type o</b> Full Na	r Print CLEARLY	ARY E GRI	FEIN		Work Address: _			
Primary	y Occupation	RETIRE-	<u> </u>	E-mail_			Work Phone	
director	he office, position, boar rs, etc. or employment v NO ACRONYMS.							
A.	proprietor, or employe	ee, or served in any othe	er professional or	advisory capacity, a	nd from which a	you or a family member wany income in excess of \$10 s shall be included. (Use as	,000 was derived	during the preceding
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Γ	2. Health Care	3. Insurance	4. Real Estate, included agent, developers		5. Ban service	king or financial	6. State of New municipal emp	w Hampshire, county, or ployment
Γ	7. N.H. Retirement System	8. Current us	ogram	9. Restaurant lodging	1	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulated Utilities Commission	1 by the Public	13. Horse gambling	or dog racing, or ot	ner legal forms of	14. Education	15. Water Re	esources
Γ	16. Agriculture			Business Interprise Tax	Interest and Dividends Tax	18. Optional: Special i	cify any other area in nterest	which you have a
I have	e read RSA 15-A and lty. Any person who	hereby swear or affir knowingly fails to co	m that the foregomply with the pr	oing information i	s true and comp napter or know	olete to the best of my kingly files a false statem	nowledge and bel	lief. RSA 15-A:9 y of a misdemeanor.
Date	June 9.	2020			Sig	nature of Reporting Indivi	dual	

	Work Address:
Primary Occupation (No. ch., Educator E-mail	Willis Frestatelip @grail.com Work Phone Ma
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	
1. New Hampton School, 70 Main Street, New	- Hampton, NH
2.	
If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	
agent, developers, and landlords	services municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaur	beverages law
T 12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or gambling	r other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information	
<b>Penalty</b> . Any person who knowingly fails to comply with the provisions of thi Date $0/4/20$	RECEIVED
	Signature of Reporting Individual JUN - 8 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 Full Na	r Print CLEARI	Y Y	opher	John G	ronski	Work	Address: 2	.00	anal ST. S	Suite 318	FRANKLIN, N.H.
Primary	Occupation	REED	som C	onsolter	1 <del>1</del> E	-mail Freed	lonker	500	iski @	_ Work Phone	003-366-6131
director	he office, position rs, etc. or employn NO ACRONYM	nent with				TATE	RE	7	Ya huo .Com		
A.	proprietor, or en	ployee, o	r served in ar	ny other profession		pacity, and fr	om which any	y incon	ne in excess of \$1	0,000 was derived	ctor, associate, partner, I during the preceding s necessary)
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K	2. Health Care	区 3. Ins	surance		tate, including brok velopers, and landle		5. Banki services	_	inancial	反 6. State of No municipal en	ew Hampshire, county, or ployment
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又τ	12. Any business re Itilities Commiss	gulated by	the Public		13. Horse or dog rac ambling	ing, or other le	gal forms of	区	14. Education	15. Water 1	Resources
又	16. Agriculture	į	17. N.H. taxes:	Business Profits Tax	Business Enterprise T	ax 🗸 In	terest and vidends Tax	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	18. Optional: Sp special	ecify any other area interest FR	in which you havea EDOM + SECURIAL RIGH
Pena	lty. Any person	who kno	eby swear owingly fails	s to comply wit	e foregoing infor th the provisions	mation is tru of this chapte	e and compl er or knowin	lete to igly fil	the best of my l	mowledge and b	elief. RSA 15-A:9 ty of a misdemeanor.
Date	Jue	- ( )	, 20	<u> </u>			Sign	ature &	f Reporting Indiv	cidual	REGENTED
			D -4	Office of County	ary of State, 107 N	orth Main St	at State Uov	ne Doo	om 204. Concord	NH 03301	JUN 1 2 2020
			Keturn to:	Office of Secreta	ary of State, 107 N	orm Main Sin	oi, sidie HUI	ase Ruc	mi 204, Colloolu	, 141 05501	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Prin Full Name _	CLEARL CLAB	gross	MAN		Work Add	ress: 31	WINTER	ST. EX	ETER NH 0383
		XTIST ISTA	TE REP	E-mail	gaby	qrossv	manfornl	Workshone	1. COM
Name the off	ice, position or employn	, board or commission nent with state or coun	, committee, board	of		J		603	4184685
prop cale	orietor, or em ndar year. So	ame, address, and type aployee, or served in a cources of retirement be	ny other profession enefits other than fe	al or advisory capacity deral retirement and/	y, and from v or disability	hich any inco penefits shall	ome in excess of \$1 be included. (Use a	0,000 was derived	during the preceding necessary)
1. <u>H</u>	ARRIS	INDUSTRI	ES DAN	GROSSMA	N (H	usban	ID ) UN		30/2019
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T 16. A	griculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividen	N	18. Optional: Sp special	ecify any other area in interest	which you have a
		and hereby swear of who knowingly fail				•	to the best of my	knowledge and be	lief. RSA 15-A:9
Date		· · · · · · · · · · · · · · · · · · ·			~	Signature	e of Reporting Indiv	vidual	RECEIVED
		Return to:	Office of Secretary	y of State, 107 North I	Main Street, S	State House R	Room 204, Concord	, NH 03301	JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print		JAa	GROTE			Work Ac	ldress:	24 Washir	istm	PL	
rimary Occup	oation	Retire	G POTE		E-mail	010	gote	e me.com	Work Phone	603-23	35-6287
	or employme	board or comm ent with state or	ission, committ	ee, board of _	Budget Rye Cn	rsin	mittation	24 Washir 2 me.com ce Chair Commuss	Rye un - N	lemb	eV
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 8 2020

NEW HAMPSHIRE

type of Print CLEARLY 44. 1 / 0 1	1
ype or Print CLEARLY Michael Gunsh Work Address: 30 Lany Dr. Goffst	own 03045
rimary Occupation PRSIDENT / Warrager E-mail mgunshi & Sp55pinsk. Com Work Phone 60.	3-296-0360
lame the office, position, board or commission, committee, board of	
irectors, etc. or employment with state or county government held	
y you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other 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	ring the preceding
1. Incorporator - Franklino Savings Bank - No income	
2.	
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	1
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:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Business Owner - SPS Spinale, Quantum Pred	asion Grang
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New I municipal emplo	Hampshire, county, or syment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Research	
16. Agriculture Business Business Enterprise Tax Dividends Tax Special interest — 18. Optional: Specify any other area in w	vhich 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 believed to the best of my knowledge and the my	ef. RSA 15-A:9
Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of	of a misdemeanor.
Date June 3, 2020	RECEIVED
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	ুৰ্বাহেণ্ডৰ হাত ল (১৮০১)-কাৰ্ড প্ৰতাহ
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Type or Print CLEAR! Full Name MADA	LASA	GURUN	<b>៤</b> .	Worl	k Address:		neit c	em).
Primary Occupation	None	•		E-mail E-mail	unghal	2018	Work Phone	
Name the office, position lirectors, etc. or employs by you. NO ACRONYN	ment with state							
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reportable spect discipline a lice financial effect  1. Any profe	ial interest in an nsee or permitte on you or a fam	y item on this list it se, or other decision ily member than it , or business license	f a change in law, a	change in admini fecting the listed l al public:	strative rule, a pusiness, profes	decision whether or not sion, occupation, group	to award a con	r matters. A person has a tract, grant a license or permit, ald potentially have a greater
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Penalty. Any person	n who knowing			ons of this chap		gly files a false staten		belief. RSA 15-A:9 uilty of a misdemeanor. RECEIVED
Date	<u> </u>					ture of Reporting Inch	idual	JUN 2 3 2020
	Das	um to: Office of S	languatury of State 1	07 North Main St	raat Stata Usu	se Room 204 Concord	NH 03201	NEW HAMPSHIRE

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director	ne office, position, board or s, etc. or employment with NO ACRONYMS.	commission, co state or county	ommittee, board of _ government held	Sole	tman /5	The Rep.	· · · · · · · · · · · · · · · · · · ·	
Α.	List below the name, addr proprietor, or employee, of calendar year. Sources of	or served in any	other professional or	advisory capacity	, and from which a	ny income in excess of S	\$10,000 was derived d	uring the preceding
1.	•							·
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If you h	ave no qualifying income i	ndicate by writing	ng your initials next	to the following st	atement.	My inco	me does not qualify	J. H.
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Date	Jungo	<u> </u>		·.	Sig	nature of Reporting Ind	ividual	RECEIVE

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

JUN 0 5 2020 MEW MARPSHIRE DEPARTMENT OF STATE