Type or Print Clearly	
Full Name JOHN T. Mac DONATO Work Address P.O. BOX 968, WOLFE	bono FAILS, NH
Primary Occupation Retined, A Horney, BUAT e-mail JOHANAC @ METHOCAST. NET Work Phone 60	B-387-5255
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
1. NH Retinement System, 54 Regional Drive, concord NH 03301-	Retined
1. NH Retinement System, 54 Regional Drive, concord NH 03301- 2. Lindas Fluwers CLC, Center St, Wolfebono, NH 03894	
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public:	grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: WH Comment in Boat openators Cicense	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Normalicipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Enterprise Tax Business Interest and Dividends Tax Business Enterprise Tax Business Enterprise Tax Business Interest and Dividends Tax Business Enterprise Tax Busi	rea in which you have a owen Shop
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. RS person who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
	RECEIVED
Date 6 1 22 Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Wayne Douglas MacDonald Work Address 11 Die 4ey St., Londonden
Primary Occupation Retred e-mail elephanton arching Work Phone 434-8191
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N. H. Retrement System, Regional Drive
2. Social Security Admin, Elizaberter, N. H.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022 Signature of Filer Weyner, horself 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STA

Type or	Print Clearly					_		4	
Full Nar	me Nic	olas	Antonio	Macri		Work Address	Dartmouth	College, Hinman	1 Box #2672, Hanovar
Primary	Occupation	Stud	ent		e-mail Nicolo	as. macri @	me.com	Work Phone	+1 (979) 219-6663
director		mploymen	d or commission at with state NO ACRON	or county					
propriet	tor, or employ	ee, or ser	ved in any ot	her professiona	al or advisory capacit	ty, and from which	ch any income in		ficer, director, associate, partner, as derived during the preceding necessary.)
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reporta discipli	able special infine a licensee of all effect on you	terest in ar or permitte u or a fam ofession, o	n item on this li ee, or other de ily member tha	st if a change in cision by gover an it would on ousiness license	n law, a change in adr	ninistrative rule, a isted business, pro	decision whether ofession, occupation	or not to award a con on, group, or matter w	os, or matters. A person has a tract, grant a license or permit, rould potentially have a greater
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	7. N.H. Retirei ystem	ment		ent use land ent program	9. Resta	urants/	10. Sale and beverages	distribution of alcoho	lic 11. Practice of law
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	6. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest ar Dividends		otional: Specify any ot special interest —	her area in which you have a
l have re person	ead RSA 15-A a who knowing	and hereby by fails to c	/ swear or affir omply with the	m that the fore provisions of	going information is t this chapter or knowi	rue and complete ngly files a false st	e to the best of my tatement shall be	knowledge and belie guilty of a misdemean	RSA 15-A:9 Penalty. Any
Date	June	9, 2	022		Signatur	e of Filer	Nicolas	Macri	JUN 1 3 2022
		Ret	urn to: Office o	f Secretary of S	tate, 107 North Main	Street, State Hous	e Room 204, Conc	ord, NH 03301	DEPART NT OF STATE

Type or F	Print Clearly				
Full Nam	MICHAEL A. MACFADZEN	Work Address	34 COUNTY D	R. LACONIA	NH 03246
Primary (Director, Restorative Justice	e-mail mmacfadzen@belk	napcounty.org	Work Phone	603-527-5493
directors,	e office, position, board or commission, board of etc. or employment with state or county ent held by you. NO ACRONYMS	Director of the Belknap Count	y Restorative Jus	tice Program	
proprieto	elow the name, address, and type of any profess r, or employee, or served in any other profession year. Sources of retirement benefits other than fed	onal or advisory capacity, and from wh	nich any income in ex	cess of \$10,000 w	as derived during the preceding
1.	Michael A. MacFadzen NH State Police	ce (RET SGT) 2010 receive a m	onthly payment fr	om the NH Re	tirement system
2.	Jane E. MacFadzen Meredith Police D	ept. (RET) 2020 receives mont	hly payment from	NH Retiremen	t system Group I
If you hav	re no qualifying income indicate by writing your i	nitials next to the following statement.	My incom	e does not qualify	
reportab disciplin	the below whether you or a family member has a sole special interest in an item on this list if a change a licensee or permittee, or other decision by goverflect on you or a family member than it would on the second of the sec	e in law, a change in administrative rule, vernment affecting the listed business, p on the general public:	a decision whether or profession, occupation,	not to award a cor group, or matter v	ntract, grant a license or permit,
2.	Mealth Care II IS Inclirance II I		5. Banking or financial ervices	114/	ite of New Hampshire, county, or ipal employment
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16	. Agriculture 17. N.H. taxes: Profits Ta			onal: Specify any o special interest	ther area in which you have a
	d RSA 15-A and hereby swear or affirm that the fo				
person w	To knowingly fails to comply with the provisions	of this chapter of knowlingly files a faise	AA Ooo	1	RECEIVED
Date	June 01, 2022	Signature of Filer	1148011	Jato	JUN 0 2 2022
	Return to: Office of Secretary of	of State, 107 North Main Street, State Hou	use Room 204. Concord	d. NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ADDENDUM TO 2022 NH STATEMENT OF FINANCIAL INTERESTS RSA 15-A

Jane E. MacFadzen, part time employment Meredith Police Department Dispatch

Jane E. MacFadzen, part time employment Gilford Police Department Dispatch

I also have two siblings who are employed by the NH State Police neither are domiciled in Belknap County or receive any financial support from me.

I also have a son who is employed by the NH Fish and Game Department and is not domiciled in Belknap County or receives any financial support from me.

Michael A. MacFadzen

Type or Print Clearly			
Full Name Jim MACK AY	Work Address	139 No States	ne 603-2240628
Primary Occupation Retired Soud worken	e-mail JAMES, MALKA	Y D MY GULT. Work Phon	ne 603-2248628
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Represe		
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional ocalendar year. Sources of retirement benefits other than federal retained.	r advisory capacity, and from wh	ch any income in excess of \$10,0	00 was derived during the preceding
1. Mc Aulth Skepard Desco	reng Conter		
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			State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of a beverages	Icoholic 11. Practice of law
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16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest a Dividends		ny other area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoin person who knowingly fails to comply with the provisions of this	ng information is true and complet chapter or knowingly files a false	e to the best of my knowledge and tatement shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any meanor. RECEIVED
Date Jame 10, 2022	Signature of Filer	the Ribert	JUN 1 0 2022
		Daniel State and All Carret	NEW HAMPSHIRE

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

ype or Print Clearly					
ull Name Murk S. Mucken	210	Work Address			
rimary Occupation Retired	e-mail		Work P	hone 60	36689119
ame the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	High wy	y Commis	· / ci - Munch	ester.	
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession lendar year. Sources of retirement benefits other than federal	al or advisory capacit	ty, and from which	any income in excess of \$1	0,000 was derive	ed during the preceding
you have no qualifying income indicate by writing your init	ials next to the follow	ing statement.	My income does not	qualify	
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7. N.H. Retirement 8. Current use land assessment program	9. Resta		10. Sale and distribution beverages	of alcoholic	11. Practice of law
	13. Horse or dog racin f gambling	ng, or other legal for	14. Education	15. Water Re	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta	If I are a sin limit	fy any other area erest —	in which you have a
ave read RSA 15-A and hereby swear or affirm that the fore rson who knowingly fails to comply with the provisions of	going information is t this chapter or knowi	true and complete to ingly files a false stat	o the best of my knowledge a ement shall be guilty of a mis	nd belief. RSA sdemeanor.	15-A:9 Penalty. Any
ate $6/10/2022$	Signatur	re of Filer	mustles-		RECEIVED
Return to: Office of Secretary of S	State, 107 North Main	Street, State House F	Room 204, Concord, NH 0330	1	JUN 13 2022 NEW HAMPSHIRE

Type or Print Clearly	
Full Name Jim Maggiore Work Address 17A Hobbs Rd, North	L Hampton
Primary Occupation Civil Service e-mail mimaggiore comeast. M Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	during the preceding
1. Helonie Maggiore, 17a Hobbs Rd North Hampton NH 03862 2. Fidelity Investments	(wife)
2. Fidelity Investments	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	Gue
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant 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:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of New Hard services	ampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resou	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
	RECEIVED
Date 06/01/2022 Signature of Filer Jule Maggiore	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	,					
Full Name 68	ORGE MAGLARAT		Work Address	33 Coc1	12 CO St	Doven N.H.
Primary Occupation	Self Employed	e-mail	GEURGES MARWA	€ COMMONT Ner	Work Phone	603-741-4089
	tion, board or commission, board of mployment with state or county you. NO ACRONYMS	COUN	74 COMMISSIONER	,		
proprietor, or employ	me, address, and type of any profession yee, or served in any other profession es of retirement benefits other than feder	nal or advisory	capacity, and from which	any income in exces	s of \$10,000 wa	s derived during the preceding
1. 680	F685 MARWA					_
2. 57K4	FFORD COUNTY					
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12. Any busines Utilities Commis		13. Horse or do of gambling	og racing, or other legal fo	rms 14. Education	on 15. V	Vater Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax	Busines Enterpri	Interest and see Tax Dividends T		d: Specify any ot ecial interest —	her area in which you have a
	and hereby swear or affirm that the fore					
Date 6-2-2	-	S	ignature of Filer	Senfly		PECEIVED JUN 0 2 2022
	Return to: Office of Secretary of	State, 107 North	n Main Street, State House	Room 204, Concord, N	IH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Everil 5 Ma honey	Work Add	ress 3 - Killy Ail	PD.
Primary Occupation Refired	e-mail son map in	y 33 Dychoo Work P	hone 603-680-14-51
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession or or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from	which any income in excess of \$1	0,000 was derived during the preceding
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12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other le of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		ends Tax 18. Optional: Special into	fy any other area in which you have a erest —
have read RSA 15-A and hereby swear or affirm that the foreign who knowingly fails to comply with the provisions	regoing information is true and com of this chapter or knowingly files a fa	plete to the best of my knowledge a lse statement shall be guilty of a mis	nd belief. RSA 15-A:9 Penalty. Any demeanor.
Date Jrune 9, 2022	Signature of Filer	Ent & Moher	JUN 1 0 2022
Return to: Office of Secretary of	f State, 107 North Main Street, State	() House Room 204, Concord, NH 0330	NEW HOW SHIRE

/pe or Print Clearly					·
Ill Name Rachel Maidment		Work Address	248 Carley	Road	
rimary Occupation N/A	e-mail (niles, railegm	ail. com	Work Phone	978-587-5186
ame the office, position, board or commis rectors, etc. or employment with star overnment held by you. NO ACRO	e or county	-			
List below the name, address, and type prietor, or employee, or served in any endar year. Sources of retirement benefits	other professional or advisory	capacity, and from which	any income in exce	ess of \$10,000 was	derived during the preceding
Americans for Pros	perity New Han	pshire 80e	25 S. Willow	St. Mand	hester NH 03103
ou have no qualifying income indicate by	writing your initials next to the	following statement.	My income	does not qualify	DU
1. Any profession, occupation, o profession, occupation, or categor	business licensed or certified by		shire. List each such		
2. Health Care 3. Insurance	4. Real Estate, including agent, developers, and		anking or financial ces	11 1	of New Hampshire, county, or al employment
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ave read RSA 15-A and hereby swear or af rson who knowingly fails to comply with t	firm that the foregoing informat he provisions of this chapter or	ion is true and complete knowingly files a false sta	to the best of my kno tement shall be guilt	wledge and belief. y of a misdemeano	r.
			711	7	RECEIVE
te June 10, 2022	Sign	gnature of Filer	should	a	JUN 1 3 202
Patura to: Office	of Secretary of State, 107 North	Main Street, State House	Room 204. Concord.	NH 03301	NEW HAMPSHI DEPARTMENT OF

Type or Print Clearly			
Full Name Dennis MALLOY	Work Address	10 VAN ETTER	Drive Greenland NHO.
Primary Occupation Retired	e-mail dennis 4-denni	smalloy. Comwork	Phone 603 970 1827
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE Representa	tive	
A. List below the name, address, and type of any profession, I proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal retirement benefits of the server of	or advisory capacity, and from which	h any income in excess of \$	10,000 was derived during the preceding
1. N.A			
2. W.A.			
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B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in la discipline a licensee or permittee, or other decision by government of the financial effect on you or a family member than it would on the land of th	aw, a change in administrative rule, a nent affecting the listed business, pro e general public:	decision whether or not to av fession, occupation, group, o	vard a contract, grant a license or permit,
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16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends		cify any other area in which you have a nterest —
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of thi	ing information is true and complete is chapter or knowingly files a false st	to the best of my knowledge atement shall be guilty of a m	isdemeanor.
		1.1 1.11	RECEIVED
Date June 3 2022	Signature of Filer	XXIII Wall	JUN 0 6 2022
Return to: Office of Secretary of Stat	te, 107 North Main Street, State House	Room 204, Concord, NH 033	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or	Print Clearly					
Full Nan	ne Scott Maltzie		Work Address	379 Belmont Rd La	iconia, NF	1 03246
Primary	Occupation Professor	e-mail	smaltzie@ccsnh.edu	·	ork Phone	603-366-5237
director	ne office, position, board or commission, board of s, etc. or employment with state or county nent held by you. NO ACRONYMS	Associate	e Professor of Busines	s - Lakes Region Co	mmunity (College
propriet	pelow the name, address, and type of any profession, or employee, or served in any other profession year. Sources of retirement benefits other than federal	nal or adviso	ory capacity, and from which	n any income in excess of	f \$10,000 w	as derived during the preceding
1.	None					
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If you ha	eve no qualifying income indicate by writing your in	nitials next to	the following statement.	My income doe	s not qualify	
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	N.H. Retirement 8. Current use land assessment program		9. Restaurants/	10. Sale and distribution beverages	tion of alcoh	olic 11. Practice of law
	. Any business regulated by the Public ities Commission	13. Horse or of gambling	dog racing, or other legal fo	rms 14. Education	15.	Water Resources
1	6. Agriculture 17. N.H. Business taxes: Profits Ta	x Busin	ness Interest an prise Tax Dividends 1		specify any o	ther area in which you have a
	ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions					00
Date	6/15/2022		Signature of Filer	Scott M/	1	JUN 1 5 2022
	Return to: Office of Secretary o	f State, 107 No	orth Main Street. State House	Room 204, Concord, NH	03301	NEW HAMPSHIRE

Type or Print Clearly
Full Name Darlene March "Gildersteeve" Work Address 77 Pamela DV Hupkintw, NH 03229
Primary Occupation Owener Phoenix Transportationall phoenix trans 88 alguman . comwork Phone 603-132-8442
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Phoenix Transportation, LLC 77 Pamela Dr Hopkinton, NH 03229
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Trucking Transportion NEW HAMPSHIRE
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire provintly DOF STATE municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax Business Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date Tiple 10 2077 Signature of Filer Danlene Manch Gildslewe

JUN 6'22 ANTO:46

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly
Full Name Latha Mangipudi Work Address 20 Sallmon Brook Dr Nashere
Primary Occupation Con sultant e-mail Lathadma Courcest not Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Rep
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. Krishna Mangipudi Spouse.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance agent, developers, and landlords 5. Banking or financial services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 6 2022 Signature of Filer Lagha 1) HINES 2022

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

Type or Print Clearly					
Full Name JONATHAN F. MANCEY	9	Work Address			
Primary Occupation RETIRED	e-mail		Work	Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professions calendar year. Sources of retirement benefits other than federal	al or advisory capacit	y, and from which a	iny income in excess of	10,000 was de	rived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your initia	als next to the followi	ng statement.	My income does n	ot qualify	AM
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the	n law, a change in adn nment affecting the li	ninistrative rule, a de	cision whether or not to a	ward a contract,	grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the St	tate of New Hampsh	re. List each such		
I I / Health (are II IX Inclirance III I	tate, including broker evelopers, and landlor		nking or financial	6. State of I	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restail	urants/	10. Sale and distributio beverages	n of alcoholic	11. Practice of law
	Horse or dog racing gambling	g, or other legal form	14. Education		Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		ecify any other a interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of	going information is t this chapter or knowi	rue and complete to ngly files a false state	the best of my knowledge ment shall be guilty of a n	and bellet. R	SA 15-A:9 Penalty Any
Date 6/9/22	Signatur	e of Filer	orathe Me	DEP/	JUN 18 ?

Type or Print Clearly		
Full Name ANNE MANNING	Work Address RETINED	
Primary Occupation	e-mail YAKKIN@ AOL, COM Work Phone	03 512 0519
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE REPRESENTATIVE	
proprietor, or employee, or served in any other professi	sion, business, or other organization in which you or a family member was an officer, disional or advisory capacity, and from which any income in excess of \$10,000 was derived and retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ved during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your i	initials next to the following statement. My income does not qualify	
1. Any profession, occupation, or business licer profession, occupation, or category of business:	nsed or certified by the State of New Hampshire. List each such	ew Hampshire, county, or
I / Health Lare II Is Institrance II I	al Estate, including brokers, 5. Banking or financial 6. State of New t, developers, and landlords services municipal em	
7. N.H. Retirement 8. Current use land assessment program		11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water R	Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	cnocial interest	ea in which you have a
have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	oregoing information is true and complete to the best of my knowledge and belief. RSA of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
Date JUNZ 10, 2022	Signature of Filer	RECEIVE
Return to: Office of Secretary of	of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 13 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Pri	nt Clearly					
Full Name	Dennis John Mannion	Wo	rk Address	14 Village Gr	een Pelham, N	H 03076
Primary Occ	cupation Police Officier	e-mail dlmannion(gcomcas	t.net	Work Phone	603-635-2
directors, e	office, position, board or commission, board of etc. or employment with state or county theld by you. NO ACRONYMS					
proprietor,	ow the name, address, and type of any profession or employee, or served in any other profession ar. Sources of retirement benefits other than federal	al or advisory capacity, and	d from which	th any income in e	excess of \$10,000 w	as derived during the precedir
1.						
2.		-				
If you have	no qualifying income indicate by writing your init	ials next to the following st	atement.	My inco	me does not qualify	(D)
reportable discipline a financial ef	below whether you or a family member has a special interest in an item on this list if a change is licensee or permittee, or other decision by gover fect on you or a family member than it would on . Any profession, occupation, or business license rofession, occupation, or category of business:	n law, a change in administ rnment affecting the listed l the general public:	rative rule, a pusiness, pro f New Hamp	decision whether of	or not to award a co n, group, or matter	ntract, grant a license or permit,
2. He	pairn care il is insurance il i	state, including brokers, evelopers, and landlords	1 1	Banking or financia		ate of New Hampshire, county, o cipal employment
7. N.	H. Retirement 8. Current use land assessment program	9. Restaurant lodging	s/	10. Sale and o	distribution of alcoh	nolic 11. Practice of law
		 Horse or dog racing, or of gambling 	other legal fo	orms 14. Edu	cation 15.	Water Resources
16. A	griculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends		ional: Specify any o special interest	other area in which you have a
	RSA 15-A and hereby swear or affirm that the fore knowingly fails to comply with the provisions of					
Date	6/10/22	Signature of F	iler	Il.		JUN 15 2022
	Return to: Office of Secretary of S	itate, 107 North Main Street	, State Hous	e Room 204, Conco	rd, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name TOM MANNION	Work Address 554 CLARK RN TEWESBURY MA
Primary Occupation SOFTWARE ENGINEER e-mail	Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	he following businesses, professions, occupations, groups, or matters. A person has a a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restaution System lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowir	rue and complete to the best of my knowledge and belief. ngly files a false statement shall be guilty of a misdemeanor. JUN 0 2 2022
Date C///2022 Signature	of Filer NEW HAMPSHIRE DEPAR AND OF STATE

Type or Print Clearly				
Full Name ZOE R. MANOS	Work Address	PO Box	71, STR.	ATHAM, NH
Primary Occupation Afformed e-mail	ZOE MANOS	FORNHO WO	ork Phone	03) 793-66
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	111100	χ. (οπ)		
A. List below the name, address, and type of any profession, business, o proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement of	capacity, and from which	h any income in excess o	f \$10,000 was deriv	red during the preceding
1. None				
2.				
If you have no qualifying income indicate by writing your initials next to the	e following statement.	My income does	not qualify	200
B. Indicate below whether you or a family member has a special interest is reportable special interest in an item on this list if a change in law, a chang discipline a licensee or permittee, or other decision by government affect financial effect on you or a family member than it would on the general process.	ge in administrative rule, a ing the listed business, pro	decision whether or not to	award a contract, g	rant a license or permit,
Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	by the State of New Hamp	shire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and		Banking or financial ices	6. State of Ne municipal em	w Hampshire, county, or ployment
	9. Restaurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or do of gambling	og racing, or other legal fo	14. Education	15. Water R	
16. Agriculture 17. N.H. Business Busines Enterp	rise Tax Interest an Dividends 1	14 1	pecify any other are il interest —	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing inform person who knowingly fails to comply with the provisions of this chapter of	ation is true and complete or knowingly files a false st	to the best of my knowled atement shall be guilty of a	ge and belief. RSI misdemeanor.	A 15-A:9 Penalty. Any
) 1		- On		RECEIVED
Date 6/18/22	Signature of Filer	Let 11	gins	JUN 13 2022
		D 204 Co NUI 0	2201	NEW HAMPSHIRE DEPARTMENT OF STATE

County treasures
2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type o	r Print Clearly				
Full Na	1 / Colard 1 carde	Work Address	15-6 Oak		, 03045
Primar	y Occupation Consultant e-mi	ail manzopwe	agesquared.comWo	rk Phone	03 269 5929
directo	the office, position, board or commission, board of ers, etc. or employment with state or county ment held by you. NO ACRONYMS				
proprie	below the name, address, and type of any profession, busine etor, or employee, or served in any other professional or advantage ar year. Sources of retirement benefits other than federal retirement	risory capacity, and from which	any income in excess of	\$10,000 was der	rived during the preceding
1.					
2.		•			2111
lf you h	nave no qualifying income indicate by writing your initials next	to the following statement.	My income does	not qualify	AM
report discip	icate below whether you or a family member has a special interable special interest in an item on this list if a change in law, a cline a licensee or permittee, or other decision by government a ial effect on you or a family member than it would on the general. Any profession, occupation, or business licensed or cert profession, occupation, or category of business:	change in administrative rule, a ffecting the listed business, pro eral public:	decision whether or not to fession, occupation, group	award a contract,	grant a license or permit,
7	2. Health Care 3. Insurance 4. Real Estate, inc		Banking or financial	6. State of I	New Hampshire, county, or mployment
	7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	2. Any business regulated by the Public 13. Horse of gamblir	e or dog racing, or other legal fong	14. Education		Resources
	16 Agricultura	usiness Interest an nterprise Tax Dividends		pecify any other a al interest —	rea in which you have a
have	read RSA 15-A and hereby swear or affirm that the foregoing in who knowingly fails to comply with the provisions of this cha	formation is true and complete	to the best of my knowled	ge and belief. R	SA 15-A:9 Penalty. Any
person	who knowlingly falls to comply with the provisions of this chap	pter of knowingry mes a false se	10000	TING CONTROL	RECEIVED
Date	6/10/2022	Signature of Filer	Dury / Ja	up	JUN 1 0 2022
	Poture to: Office of Secretary of State 107	North Main Street State House	Poor 304 Concord NH	8301	NEW HAMPSHIRE

Type or Print Clearly					
Full Name WILLIAM M MARSH	Work	k Address 742	PLEASANT	VALLEY R	D WOLFEBORD NH C
Primary Occupation RETIRED	e-mail WMARSH M	DOGMAIL . COM	4 Work P	hone 603	D, WOLFEBIRO NA 0 -569-6382
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	currently State Re	fresentative, ru	nning for	State Sen	ate
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and	from which any incom	e in excess of \$1	0,000 was derive	d during the preceding
1. NONE					
2.					
If you have no qualifying income indicate by writing your init	ials next to the following stat	tement. M	y income does not	qualify	West
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the listed by the general public: ed or certified by the State of	usiness, profession, occu	ipation, group, or	matter would pot	tentially have a greater
I A GENULCARE I D. INSUIANCE II I	state, including brokers, evelopers, and landlords	5. Banking or file services			Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/		e and distribution	of alcoholic	11. Practice of law
	3. Horse or dog racing, or ot gambling	ther legal forms 1	4. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business Profits Tax		Interest and Dividends Tax	18. Optional: Spec special in	terest - TRUSTE	In which you have a E, Huggens Mosfitt
have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and this chapter or knowingly file	d complete to the best of es a false statement sha	of my knowledge a Il be guilty of a mi	and belief S RSA	15-A:9 Penalty. Any
Date JUNE 10, 2022	Signature of File	er Will	in h. Th	SOSS CERT	O. I NOS

Type or Print Clearly	
Full Name Richard A Marston	Work Address N/A
Primary Occupation Retired e-mail R	Camaraton 2@ 9 mail Work Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	e Rep.
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
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2.	
If you have no qualifying income indicate by writing your initials next to the followi	ring statement. My income does not qualify Raym
reportable special interest in an item on this list if a change in law, a change in adn	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Restal assessment program lodging	aurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission 13. Horse or dog racing of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	true and complete to the best of my knowledge and belief. ingly files a false statement shall be guilty of a misdemeanor. JUN 0 2 2022
Date 6/1/22 Signature	re of Filer R9 Warston NEW HAMPSHIRE DEPARTMENT OF STATE

Type o	r Print Clearly			
Full Na	me Joanne Michelle Martin	Work Address	40 North Spring Street	
Primary	Occupation Attorney	e-mail JMM@VENUE1.com	1 Work Phone	603 228 1611
director	he office, position, board or commission, board of rs, etc. or employment with state or county ment held by you. NO ACRONYMS	none		
proprie	below the name, address, and type of any profess tor, or employee, or served in any other profession or year. Sources of retirement benefits other than fed	onal or advisory capacity, and from which	h any income in excess of \$10,000 v	vas derived during the preceding
1.	Joanne M. Martin, Attorney, 40 North	Spring Street, Concord NH 0330	1	
2.				
If you h	ave no qualifying income indicate by writing your i	nitials next to the following statement.	My income does not qualify	
reporta discipli	cate below whether you or a family member has a sable special interest in an item on this list if a changine a licensee or permittee, or other decision by goval effect on you or a family member than it would on. 1. Any profession, occupation, or business licent profession, occupation, or category of business:	e in law, a change in administrative rule, a vernment affecting the listed business, pro in the general public:	decision whether or not to award a co fession, occupation, group, or matter	ntract, grant a license or permit,
2	Thealin Care II is insurance II I			ate of New Hampshire, county, or cipal employment
	7. N.H. Retirement 8. Current use land assessment program		10. Sale and distribution of alcol beverages	nolic 11. Practice of law
	2. Any business regulated by the Public lities Commission	13. Horse or dog racing, or other legal for of gambling	orms 14. Education 15	Water Resources
1	6. Agriculture 17. N.H. Business taxes: Profits Ta			other area in which you have a
	ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions			
Date	2 June 2022	Signature of Filer	Joanne M. Martin	JUN 0 3 2022
	Return to: Office of Secretary o	f State, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW HAMPSHIRE

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name JOHN F MARTIN Work Address 96 WOODIFICE RD 30	
Primary Occupation RETIRED e-mail JFMARTIN 1950 Work Phone 603	-774-3098
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessations)	ed during the preceding
NH STATE RETIREMENT SYSTEM	
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 mai reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would 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:	ant 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 employers	w Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Res	
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date 10 JUNE 2020 Signature of Filer Jehn F. Martin	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Kathleen M. Martins Work Address Work Address Work Address	25ter NT) 03162
Primary Occupation Asynct Instructor e-mail Kmartins Occision. edu Work Phone (Levis)	D06-8000
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1. New Hampshire	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	KMM
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grandiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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	t a license or permit,
profession, occupation, or category of business: Elemental teducation and Keading and Writing Spi	ecialist
2. Health Care 3. Insurance agent, developers, and landlords services municipal emplo	Hampshire, county, or yment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	1000
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business 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 belief. RSA 1 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 (e (e 2022 Signature of Filer Walter M Market	JUN 0.7 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly					
Full Name James L. MAS	Wo	rk Address	96 old ten	Npine	Zd Salisbury NH
Primary Occupation Self	e-mail Jimm	Ason @	els. Nes Wor	k Phone 6	3-648-2888
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Representati	vc			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and	d from which ar	y income in excess of	\$10,000 was deri	ved during the preceding
1. Ag Sonveoures LCC. 2. BARN Source of New English	96 ola lud LCC 90	+ un wol	ie Rd Scriping Rd S	Alisbury 1	NH 03268
If you have no qualifying income indicate by writing your init	tials next to the following sta	atement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administr rnment affecting the listed b the general public:	rative rule, a deci pusiness, profess f New Hampshir	sion whether or not to on, occupation, group,	or matter would p	grant a license or permit, otentially have a greater
2. Health Care 3. Insurance agent, d	levelopers, and landlords	services	ing of financial	municipal em	
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants lodging	5/	Sale and distributi beverages	on of alcoholic	11. Practice of law
	Horse or dog racing, or of gambling	ther legal forms	14. Education	15. Water I	Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia		ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true an f this chapter or knowingly fi	nd complete to the	ne best of my knowledge nent shall be guilty of a	ge and belief. 'RS misdemeanor.	
					RECEIVED
Date 6-1-2022	Signature of Fi	ler	ā		JUN 13 2022
Return to: Office of Secretary of S	State, 107 North Main Street,	, State House Ro	om 204, Concord, NH 0	3301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
	ENT WOOD
Primary Occupation Shell FF e-mail Chassattos a lucks 0, ULG. Work Phone 60	3-879-9473
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS RELIGION TO THE SHOW THE SHO	=
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deriv calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	ed during the preceding
1. CLIMA Enfectéises pad.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: CETIFICE PARTIME PULLE	otentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services municipal employees and landlords	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Research	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other are special interest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 6-1-22 Signature of Filer	RECEIVED
	JUN 01 2022

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name LISa Ann Massahos	Work Address 85 Marsh Rd - Pelham NH 03076
Primary Occupation admin . assistant	e-mail massahose pelhamsd.org Work Phone 603 635-2116 x 303/
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Rockingham County Register of Probate
proprietor, or employee, or served in any other professio	on, business, or other organization in which you or a family member was an officer, director, associate, partner, hal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding ral retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) Gas oud repails Station
1. Charles Massahos, Presid	ent, CLMD Enterprises, Inc. 2 Monawa Dr. Londondery NH 03053
2.	
If you have no qualifying income indicate by writing your in	itials next to the following statement. My income does not qualify
financial effect on you or a family member than it would or	ernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public: sed or certified by the State of New Hampshire. List each such Red State Cash
1 / meann care il is insurance il a	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/ 10. Sale and distribution of alcoholic law 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any f this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6.14. 2022	Signature of Filer Signature of Filer Signature of Filer Signature of Filer New Hampshire

Type or Print Clearly
Full Name Linda A. Massimilla Work Address
Primary Occupation retired e-mail Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land 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 Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 10, 2022 Signature of Filer Linda a. Massimilla JUN 13.20

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 Stephen N. Mathieu Work Address 1361 Elm Street, Suite 100, Manchest	91,1
Primary Occupation e-mail Work Phone (603) 647-7166	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
Legacy Francial Solutions, Inc. LFS Tax Group, LLC	
LFS Tax GRoup, LLC	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such Tovestment Advisor profession, occupation, or category of business: In Swance Podewer Centre.	
2. Health Care 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment	r
7. N.H. Retirement 8. Current use land system 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus	7
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. NEW HAMPSHIRE	
Date 6 17 22 DEPARTMENT OF STATE	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	

Type or Print Clearly				
Full Name RITA JEDREY - MA	7750N	Work Address	RETIRED	
Primary Occupation	e-mail		Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NIA			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory cap	acity, and from which a	any income in excess of \$10,000 was d	erived during the preceding
. N/A				
2.	managang panggang panggang ang ang ang ang ang ang ang ang	opposition of the second of th		
if you have no qualifying income indicate by writing your in	itials next to the foll	lowing statement.	My income does not qualify	ROM
1. Any profession, occupation, or business licens profession, occupation, or category of business: 2. Health Care		he State of New Hampsh	nking or financial 6. State o	f New Hampshire, county, or
agent, 7. N.H. Retirement 8. Current use land	developers, and lan	dlords service	10. Sale and distribution of alcoholic	employment 11. Practice of
System System System System			beverages	law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog ra of gambling	acing, or other legal form	14. Education 15. Wat	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise T	Tax Interest and Dividends Tax	18. Optional: Specify any other special Interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the for				RSA 15-A:9 Penaity. Any
person who knowingly fails to comply with the provisions of	or this chapter or kn	owingly files a false state	ement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/2022	Signa	ature of Filer	Petro Jedry Matter	JUN 0 2 2022
Return to: Office of Secretary of	State, 107 North Ma	ain Street, State House R	oom 204. Concord. NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Mary Latina Mayville Work Address 360 Huntington Ave, E	so wit osus
Primary Occupation Nearse / Faculty e-mail M. May ville @ northeastern. Work Phone &	03-377-0133
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rived during the preceding
1. Northeastern university Baston, MA	
1. Northeastern university Baston, MA 2. They theen, Waburn, MA	
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public:	grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Normalization of the services	New Hampshire, county, or mployment
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 14. Education 15. Water	Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 13-A:9 Penalty And
guity of a miscentation	JUN 0 2 2022
Date Tune 1, 2022 Signature of Filer Mary S. Mayrille	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					4
Full Name Briak M	hw	Work Address	39 Shilley Par	h Ray Colleton	NH 0308
Primary Occupation Fall	e-mail bind	arwithe proto	nmail. Out Work P		5-4128
Name the office, position, board or directors, etc. or employment w government held by you.			•		
proprietor, or employee, or served	nd type of any profession, business, or other in any other professional or advisory capa the benefits other than federal retirement and/or	acity, and from which ar	ny income in excess of \$1	0,000 was derived durin	
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If you have no qualifying income inc	licate by writing your initials next to the follo	owing statement.	My income does not	qualify	
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profession, occupation, or	A Peal Estate including bro	kers. 5. Banl	king or financial	7 6. State of New Hamps	shire, county, or
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7. N.H. Retirement System	8. Current use land 9. Re assessment program lodgin	staurants/	Sale and distribution beverages		11. Practice of aw
12. Any business regulated by Utilities Commission	the Public 13. Horse or dog ra	cing, or other legal forms	14. Education	15. Water Resources	
16. Agriculture 17.	N.H. Business Business es: Profits Tax Enterprise Ta	Interest and Dividends Tax	18. Optional: Special int	fy any other area in whic terest —	h you have a
I have read RSA 15-A and hereby swe person who knowingly fails to comp	ear or affirm that the foregoing information ly with the provisions of this chapter or kno	is true and complete to to wingly files a false staten	he best of my knowledge a nent shall be guilty of a mis	nd belief. RSA 15-A:9	
Date 6/6/22	Signa	ture of Filer	Sue-	JON 08 2022	
` \	o: Office of Secretary of State, 107 North Ma	in Street, State House Ro	om 204, Concord, NH 0330	PERABUMENT OF ST	ATE

2022 NEW HAMPS

	Type or Print Clea
Type or Print Clearly	Full Name
Full Name Christopher Marcrail	Primana Occupation
Primary Occupation Scientist	Primary Occupation
Name the office, position, board or commission, board directors, etc. or employment with state or cour government held by you. NO ACRONYMS A. List below the name, address, and type of any proprietor, or employee, or served in any other profecalendar year. Sources of retirement benefits other than	Name the office, p directors, etc. or government held leads to the proprietor, or emporal calendar year. So
1. Bristola Hyrers	1. hega 2. LFS
2.	If you have no qual
If you have no qualifying income indicate by writing yo	ii you have no quai
B. Indicate below whether you or a family member ha reportable special interest in an item on this list if a ch discipline a licensee or permittee, or other decision by financial effect on you or a family member than it wou	B. Indicate below reportable special discipline a license financial effect on
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7. N.H. Retirement 8. Current use assessment pro	System
12. Any business regulated by the Public Utilities Commission	12. Any busin
16. Agriculture 17. N.H. Busi taxes: Profi	16. Agriculti
I have read RSA 15-A and hereby swear or affirm that to person who knowingly fails to comply with the provision	I have read RSA 15- person who knowl
Date 6/10/22	Date
Return to: Office of Secret	

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA

Type or Print Clearly		,			
Full Name Jean Marie Mathien	Work Address	1361 Elv			
Primary Occupation Financial Planner e-mail In	ATHIEUC 1	EGACYNY			
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	presentation	ie			
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacalendar year. Sources of retirement benefits other than federal retirement and/or	city, and from which	any income in			
1. Legacy Financial Solutions, 1361 Elm	St #100 M	anchester N			
2. LFS Tax Group, 1361 Elm St. # 100, Mai	ichester NH.	03101			
If you have no qualifying income indicate by writing your initials next to the following		My inco			
B. Indicate below whether you or a family member has a special interest in any of the following businesses, profession reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupatio 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 profession, occupation, or category of business:	Producer, Re	1 1			
2. Health Care 3. Insurance 4. Real Estate, including bro agent, developers, and land	14/	anking or financia			
7. N.H. Retirement 8. Current use land sssessment program lodgin	taurants/	10. Sale and beverages			
12. Any business regulated by the Public Utilities Commission 13. Horse or dog radio of gambling	ing, or other legal for	rms 14. Edu			
16. Agriculture 17. N.H. Business Frofits Tax Business Enterprise Tax	Interest and Dividends T				
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or known of the chapter of the	s true and complete to wingly files a false sta	to the best of my litement shall be g			
	ure of Filer	2 1			

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Conco

ype or Print Clearly	
Full Name CHRISTOPHER R. MCALEER Work Address PO BOX 74, 74 WHIT	ENEY HILL LOOP JACK
Primary Occupation RefIRED e-mail CHRUSMACY NHO YAHOO, LON Work Phone G	78-314-4592 NH
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS Delegate Canear Coupty; STATERED CANEAR TRUST FUNDS + PANNING BOARDS	ND JACKERU
. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was dalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary parts).	erived during the preceding
REALTOR, BHIS VERANI REALTY; VARIOUS IRA RETIREMENT	ACCOUNTS
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, o eportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contractive listing the listed business, profession, occupation, group, or matter would inancial effect on you or a family member than it would on the general public:	t, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: REAL ESTATE LICENSE N H	
	New Hampshire, county, or 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. Water	er Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other special interest —	area in which you have a
nave 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. erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
ate 6/1/2022 Signature of Filer EMallen	PECEIVED JUN 0 7 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Relacca Susan McBeath Work Address ONENH And 425 Portsmath, NH 0380
Primary Occupation Attorney e-mail BUCKeconicust. net Work Phone 603.431-2324
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Howard: McBedy, PUC ONE Du Haupster Anethos Porknally NH 0360
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
4 Peal Estate including brokers 5 Rapking or financial 5 State of New Hampshire county or
2. Health Care 3. insurance agent, developers, and landlords services of the municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-At Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date Signature of Filer Signature of Filer NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly	
Full Name Dian McCarthy	Work Address FO Box 411 Gefstewn NH 03045
Primary Occupation Executive Difector	e-mail driccarthy @ crispinshow or Work Phone 603 497 3499
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initial	Is next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in	ial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ment affecting the listed business, profession, occupation, group, or matter would potentially have a greater ne general public
Any profession, occupation, or business licensed profession, occupation, or category of business:	or certified by the State of New Hampshire. List each such
I I I Ligarden Caro II de Incliganço II /I	ate, including brokers, 5. Banking or finandal 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging beverages
	. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Interest and Specify any other area in which you have a special interest —
Thave read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of the	oing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 10, 2022	Signature of Filer

Type or Print Clearly	
Primary Occupation US MUTTARY e-mail Selendin 17923 Work Phone	
Primary Occupation US MILITARY e-mail Schewlip 17, 923 Work Phone	N/Vt
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets)	was derived during the preceding
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groreportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a confidence of permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	contract, grant a license or permit,
	State of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholding	pholic 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.	5. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax 18. Optional: Specify any special interest	other area in which you have a
Thave 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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and be guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and be guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and be guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and be guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and the guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and the guilty of a misdement of the best of my knowledge and be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement and the guilty of a misdem of the false o	RECEIVED JUN 13 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STAT

Type or Print Clearly	
Full Name JOHN W Mc CARTHY Work Address 133 Square	ntum Rd, Jaffrey NH 03453
Primary Occupation retired e-mail john. w. mccarthy @ gmail	1. Com Work Phone 603-703-8602
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a far proprietor, or employee, or served in any other professional or advisory capacity, and from which any income is calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (No	n excess of \$10,000 was derived during the preceding
1. Teacher (spouse) SAU 47 Jaffrey-Rindge School District (r	etired 6-30-21)
2. N.H. Retirement System	
If you have no qualifying income indicate by writing your initials next to the following statement. My in	come does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, profession reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation financial effect on you or a family member than it would on the general public:	er or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each profession, occupation, or category of business:	such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or finance services	cial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages	nd distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling	Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 18. 0	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 merson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	ny knowledge and belief. RSA 15-A:9 Penalty. Any e guilty of a misdemeanor.
Date 6-02-22 Signature of Filer	A

Type	or Print Clearly				
Full Na	Maitlyn Elizabeth McCarthy	Work Address	61 Glen St Fari	mington NH 0	3835
Primar	Commercial Mortgage Broker	e-mail kmccarthy@easternu	ınion.com	Work Phone	6034987121
directo	the office, position, board or commission, board of ors, etc. or employment with state or county orment held by you. NO ACRONYMS				
proprie	below the name, address, and type of any profession etor, or employee, or served in any other profession ar year. Sources of retirement benefits other than federal	al or advisory capacity, and from whic	h any income in exc	ess of \$10,000 w	as derived during the preceding
1.	Mentor Network				
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if you h	nave no qualifying income indicate by writing your initi	ials next to the following statement.	My income	does not qualify	
discip	table special interest in an item on this list if a change in line a licensee or permittee, or other decision by gover ial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	nment affecting the listed business, pro the general public:	fession, occupation, o		
	/ Mealth Lare II Is insurance II I		Banking or financial	10	te of New Hampshire, county, or ipal employment
- 1	7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and dist	tribution of alcoh	olic 11. Practice of law
		Horse or dog racing, or other legal for gambling	orms 14. Educa	tion 15.	Water Resources
	16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest an Dividends		nal: Specify any o special interest	ther area in which you have a
	ead RSA 15-A and hereby swear or affirm that the fore who knowingly fails to comply with the provisions of				nor.
					RECEIVED
Date	06/09/2022	Signature of Filer	11/2	9	JUN 1 0 2022
	Return to: Office of Secretary of Si	tate, 107 North Main Street, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Z0:01	JUN 6 '22 AM	
The state of the s	REC'D CITY CLI	

Type or Print Clearly	
Full Name Michael McCarthy	Work Address 234 Washington St. Providence RIO.
Primary Occupation telephone repair e-mail	MJMc Carty 72 @ Allicon Work Phone 8781-7749630
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	ther organization in which you or a family member was an officer, director, associate, partner, pacity, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the fo	llowing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change i	
2. Health Care 3. Insurance 4. Real Estate, including b	
7. N.H. Retirement 8. Current use land 9. System assessment program lodg	estaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	acing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise	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 person who knowingly fails to comply with the provisions of this chapter or k	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any nowingly files a false statement shall be guilty of a misdemeanor.
	ature of Filer Wichael Mc South
Return to: Office of Secretary of State, 107 North №	ain Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name SEAN FRANCIS MCCARTHY Work Address	
Primary Occupation RETIRED CYBER SELVITY e-mail BOATJOCKEY DEARTHUNK NEW Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessional or advisory capacity).	erived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public:	, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
	New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System lodging beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water	r Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other a special interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Derson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
	RECEIVED
Date JUNE 8, 2022 Signature of Filer S.C. M'CLT	JUN 15 2022
	NEW HAMPSHIRE

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

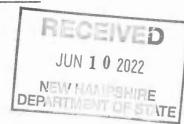
LUEPARTMENT OF STATE

Type or Print Clearly	
Full Name SEAN FRANCIS MCGARTHY Work Address	
Primary Occupation CYBER SECURITY e-mail BOAT JOCKEY DEARSHLINK, NET Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment 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, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	I during the preceding
RETIRED	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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:	nt a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial fundicipal emplo	Hampshire, county, or syment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal form; 14. Education 15. Water Resolution 15. Water Res	ources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest —	n which you have a
nave 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 18 erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Pate June 1 7022 Signature of Filer C. M.C.	RECEIVED
Poture to Office of Secretary of State 107 North Main Street State House Room 204 Concord NH 03301	JUN 15 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name TERRY MULLARTHY Work Address 95 WATER VILLAGERD OSSIPER	c Nh
Primary Occupation RETIRED / Compressions mail t Mc CARthy OCARROLL COUNTWOOK Phone	
Primary Occupation RETIRED / Commission, board of directors, etc. or employment with state or county government held by you. No ACRONYMS Work Address 95 WHER VILLAGERA OSSIPER Work Address 95 WHER VILLAGERA OSSIPER CARTOLL COUNTY Commission, board of CARTOLL COUNTY Commission, board or commission, board of directors, etc. or employment with state or county NO ACRONYMS	oMATH workfallers and Athle associated
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, p 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 precalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.	mayo markay makan week anamaninin
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 ha reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rmit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, cour services	nty, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practic beverages	e of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest	e a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	٩ny
RECEIVE	
Date Signature of Filer Signatur	<u>}</u>
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF \$	RE STATE

Type or P	rint Clearly						
Full Name	Sean Michael Mc	Conaghy		Work Address	12 Staniels Rd,	Loudon, NH 03307	
Primary O	Occupation Gas Stati	on Clerk	e-mail			Work Phone	
directors,		or commission, board of twith state or county NO ACRONYMS					
proprietor	r, or employee, or sen		ional or advisory cap	acity, and from whi	ich any income in e	excess of \$10,000 was d	r, director, associate, partner erived during the preceding cessary.)
1.	Northeast Deaf and H	ard of Hearing Services	s. 56 Old Suncook R	d #6, Concord, NH	03301. Non-profit.		
2.							
f you have	e no qualifying income	indicate by writing your	initials next to the foll	lowing statement.	My Inco	me does not qualify	SM
eportable discipline inancial e	e special interest in an i a licensee or permittee ffect on you or a family 1. Any profession, occ		e in law, a change in a vernment affecting th on the general public:	administrative rule, a ne listed business, pro :	decision whether o ofession, occupation	r not to award a contract , group, or matter would	matters. A person has a , grant a license or permit, potentially have a greater
2. H	Health Care 3. Ins	urance II	I al Estate, including bro t, developers, and lan		. Banking or financia		New Hampshire, county, or employment
	N.H. Retirement Item	8. Current use lan assessment progra	d _ 9. Re	estaurants/	_ 10. Sale and o	distribution of alcoholic	11. Practice of law
	Any business regulated les Commission	by the Public	13. Horse or dog ra of gambling	acing, or other legal	forms 14. Edu	cation 15. Water	er Resources
16.	Actriculture	17. N.H. Busines Profits T		lnterest a		tional: Specify any other special interest	area in which you have a
		swear or affirm that the f imply with the provisions					RSA 15-A:9 Penalty. Any
Date 6	/10/22		-	Ch		to di dalent	
'				SI	gnature of Reporting	g individual	

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



Type or Print Clearly
Full Name MANK E. McCon Keel Work Address 10 Chaven Lw + 1 treed un NH
Primary Occupation Sales e-mail Mexmcankouse amail Mexmcankouse amail Sales
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE Repres.
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. McGenkey anstruction LC Crossway Property LC
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business ilcensed or certified by the State of New Hampshire List each such Licensed Septic Ects Water Permitted Septic Desgreen Installer Water 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 municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages M+V Convened law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/2/2022 Signature of Filer

Type or Print Clearly	
Full Name Kirk McConville Work Address NA	
Primary Occupation RETIRED e-mail Kink 1920 Hotmail. Com Work Phone N	4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
1. Social	
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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:	nt 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 employers	Hampshire, county, or byment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resolution 1	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest—	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
	RECEIVED
Date Signature of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Pri	int Clearly							
Full Name	Mic	hall M. MCCOND		Work Address	HOME: 13	o water St. #		eter, NH 03833
Primary Oc	cupation	Self-employed	e-mail	mmccorp 1 egu	ALL.COM	Wark Phone	cell:	603.793.257
Name the directors,	office, posit	ion, board or commission, board of opposite the plant of						
proprietor,	or employ	ne, address, and type of any profession ee, or served in any other profession as of retirement benefits other than fede	nal or adviso	ory capacity, and from whic	h any income in e	xcess of \$10,000 w	as derived d	
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2.								
If you have	no qualifyi	ng income indicate by writing your in	itials next to t	the following statement.	My inco	me does not qualify	(MM
reportable discipline	e special int a licensee o	ether you or a family member has a sperest in an item on this list if a change or permittee, or other decision by gove u or a family member than it would or	in law, a cha ernment affec	nge in administrative rule, a cting the listed business, pro	decision whether of	or not to award a co	ntract, grant	a license or permit,
1 1		fession, occupation, or business licens occupation, or category of business:	sed or certifie	ed by the State of New Hamp	oshire. List each sui	rh		
2. H	ealth Care	II IS INSUITANCE II I	Estate, includ developers, a		Banking or financia		ate of New Ha	ampshire, county, or ment
7. N Syst	.H. Retirer em	8. Current use land assessment program		9. Restaurants/	10. Sale and beverages	distribution of alcoh	olic	11. Practice of law
	ny business es Commis	regulated by the Public sion	13. Horse or of gambling	r dog racing, or other legal fo	orms 14. Edu	cation 15.	Water Resou	rces
16.	Agriculture	17. N.H. Business taxes: Profits Tax		ness Interest an prise Tax Dividends		tional: Specify any c special interest	other area in	which you have a
		and hereby swear or affirm that the for y fails to comply with the provisions					ef. PSANS	DEWARMEDE GE
Date	6.	8.2012		Signature of Filer	Wichael V	Welved		10N I 2 5055
				1		7.8		RECEIVE

Type o	r Print Clearly						
Full Na	me John G	regory McCormick		Work Address	55 School Stre	et, Stuite 141	, Lancaster, NH 03584
Primary	y Occupation	attorney	e-mail john.m	ccormick@co	oscountynh.us	Work Phone	603-788-5559
director		on, board or commission, board of ployment with state or county ou. NO ACRONYMS	Coos County Atto	orney			
roprie	tor, or employe	e, address, and type of any professions, or served in any other professions of retirement benefits other than federal	nal or advisory capacit	ty, and from which	ch any income in ex	cess of \$10,000 v	was derived during the preceding
	University	of New Hampshire Coos C	County Extension,	629A Main St	reet, Lancaster,	NH 03584	
2.	Coos Cour	nty, New Hampshire, PO Box	10, West Stewart	tstown, NH 03	597; Office of the	e Coos Count	y Atty., 55 School St., Suite
f you h	ave no qualifyin	g income indicate by writing your in	itials next to the follow	ing statement.	My incom	e does not qualify	/
	1. Any prof	r permittee, or other decision by gov or a family member than it would or ession, occupation, or business licen ccupation, or category of business:	n the general public: sed or certified by the S	itate of New Ham			ate of New Hampshire, county, or
	2. Health Care	agent,	Estate, including broke developers, and landlo		vices	muni	icipal employment
	7. N.H. Retirem System	8. Current use land assessment program	9. Resta	urants/	10. Sale and di beverages	stribution of alco	holic 11. Practice of law
	2. Any business	regulated by the Public	13. Horse or dog racin of gambling	g, or other legal f	orms 14. Educ	ation 15	. Water Resources
	16. Agriculture	17. N.H. Business taxes: Profits Tax	Business	Interest a		onal: Specify any special interest -	other area in which you have a
		nd hereby swear or affirm that the fo fails to comply with the provisions					
Date	June 🖏 202	22	Signatur	re of Filer	J-ss Wic		NOW HAMILIANTE STA
		Return to: Office of Secretary of	State, 107 North Main	Street, State Hous	se Room 204, Concord	d, NH 03301	DE. THE

Type or Print Clearly	1
Full Name Boxuni e McDermott Work Address 80 2. Douge Rd	
Primary Occupation Retired e-mail b-Ca comenst. Net Work Phone 603	868-7822
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you. NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly or or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessal	d during the preceding
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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 mai reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would 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:	ant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services municipal employers.	v Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Signature of Filer Bonnie McDernott	JUN 0 8 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name Valerie McDonnell	Work Address	2 West Du	iston Road, Salem	NH
Primary Occupation Student e-ma	all Valeriemedon	nell 525@gma,	ork Phone (603) 327-6	6718
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	/A			
A. List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or adv calendar year. Sources of retirement benefits other than federal retirement	isory capacity, and from which	h any income in excess of	of \$10,000 was derived during the pro-	
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2.				
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income doe	s not qualify	
B. Indicate below whether you or a family member has a special inter reportable special interest in an item on this list if a change in law, a c discipline a licensee or permittee, or other decision by government at financial effect on you or a family member than it would on the gene 1. Any profession, occupation, or business licensed or certification.	hange in administrative rule, a fecting the listed business, pro ral public:	decision whether or not to fession, occupation, grou	award a contract, grant a license or pe	ermit,
profession, occupation, or category of business:		e endocado dos aguantes. El ser e e suas ajus e e seu esta esta distinción esta	and a series of the series of	
2. Health Care 3. Insurance 4. Real Estate, include agent, developers		Banking or financial rices	6. State of New Hampshire, cou municipal employment	nty, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	tion of alcoholic 11. Practi	ce of
12. Any business regulated by the Public 13. Horse Utilities Commission of gamblin	or dog racing, or other legal fog	L 14. Education	15. Water Resources	
16 Agricultura	usiness Interest an terprise Tax Dividends		Specify any other area in which you hav al interest	/e a
I have read RSA 15-A and hereby swear or affirm that the foregoing inf person who knowingly fails to comply with the provisions of this chap	ormation is true and complete oter or knowingly files a false st	to the best of my knowled atement shall be guilty of	dge and belief. a misdemeanor.	
Date 06/01/2022	Signature of Filer	Tabie Med	JUN - 3 20)22
			NEW HAMPSH DEPARTMENT OF	HIRE

	Donald McFarlane		· con Cost	Work Address	280 Burnt Hill Ros	d, Orange,	NH
imary Occ	upation Information S	Security & IT Risk	e-mail donald	4nh@sc3d.org	W	ork Phone	
rectors, e	ffice, position, board or co tc. or employment wit	mmission, board of N	one at present (filing as candi	date for state repres	sentative)	
oprietor, o	w the name, address, and or employee, or served in ar. Sources of retirement b	any other professional	or advisory capacity	, and from which	any income in excess	of \$10,000 was	derived during the pred
A	IG Employee Service	es Inc., 175 Water S	street, New York	, NY (Insura	nce)	and the second second second	
M	cFarlarie Associates	LLC, 280 Burnt Hill	Road, Orange,	NH (Manag	ement Consulting 8	IT Services	5)
you have r	o qualifying income indic	ate by writing your initial	s next to the followir	ng statement.	My income doe	s not qualify	
iscipline a nancial eff	special interest in an item licensee or permittee, or d ect on you or a family med Any profession, occupation, or con-	other decision by government than it would on the	ment affecting the list e general public:	ted business, profe	ession, occupation, group		
	oresitory occupation, or or						
pro	alth Care 3. Insurance		te, including brokers, elopers, and landlord		nking or financial es		of New Hampshire, count
pro 2. Hea	alth Care 3. Insurance	agent, deve 8. Current use land assessment program	elopers, and landlord 9. Restaur	servic	es 10. Sale and distribut beverages	municipa	al employment
2. Hea 7. N.H System	alth Care 3. Insurance	8. Current use land assessment program e Public 13.	elopers, and landlord 9. Restau	servic	es 10. Sale and distribut beverages	municipa tion of alcoholic	al employment
2. Head 7. N.H. System 12. Any Utilities	alth Care 3. Insurance H. Retirement m r business regulated by the	agent, development agent,	9. Restautioned good ging Horse or dog racing,	servic	10. Sale and distribute beverages 14. Education 18. Optional: S	municipation of alcoholid	al employment 11. Practice law

Type or Pr	int Clearly						•
Full Name	Donald McF	arlane	and a	Work Address	280 Burnt Hill	Road, Orange,	NH
Primary Oc	coupation Inform	ation Security & IT R	isk MAFIACE donald	d4nh@sc3d.or	g	Work Phone	
lame the directors,	office, position, boa	ard or commission, board or ent with state or count NO ACRONYMS	of None at present	(filing as cand	idate for state re	presentative)	
roprietor,	or employee, or s	ess, and type of any profe erved in any other profes ement benefits other than fo	sional or advisory capaci	ity, and from which	h any income in ex	cess of \$10,000 was	cer, director, associate, partner, derived during the preceding necessary.)
. [AIG Employee	Services Inc., 175 W	ater Street, New Yor	rk, NY (Insura	ance)		
	AcFarlarie Asso	ciates LLC, 280 Burn	nt Hill Road, Orange	, NH (Manag	gement Consulting	ng & IT Services	s)
you have	no qualifying Incor	ne indicate by writing you	r initials next to the follow	ing statement.	My income	does not qualify	
2. He	ealth Care 3.	insurance ager	Professional En al Estate, including broke nt, developers, and landlo	ngineer rs, 5. B rds servi	anking or financial		of New Hampshire, county, or al employment
7. N Syste	.H. Retirement em	8. Current use lar assessment progra	m Lodging		beverages	tribution of alcoholi	11. Practice of law
	ny business regulate s Commission	ed by the Public	13. Horse or dog racin of gambling	g, or other legal for	ms 14. Educa	tion 15. Wa	ater Resources
16.	Agriculture	17. N.H. Busines taxes: Profits 1		Interest and Dividends To	a locopios	nal: Specify any otherspecial interest	er area in which you have a
have read erson who	RSA 15-A and here knowingly fails to	by swear or affirm that the comply with the provisions	foregoing information is to of this chapter or knowle	rue and complete t ngly files a false sta	to the best of my kno tement shall be guilt	owledge and belief. by of a misdemeanor	RSA 15-A:9 Penalty. Any
Date Ju	ine 3 1 20	22	Signatur	e of Filer	gow		RECEIVED
	Re	turn to: Office of Secretary	of State, 107 North Main 5	Street, State House	Room 204, Concord	NH 03301	JUN 0 9 2022
					ar y concord,	11,703301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly			
Full Name Kothy MC Chee	Work Address	N/A (LOB)	
Primary Occupation State Rep	e-mail Kmcghee257	Damail Com Work Phone	003465.2033
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State of	New Hampshire	Rep.
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	l or advisory capacity, and from which	any income in excess of \$10,000 was de	rived during the preceding
1. NA			
2.			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not qualify	
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would on the profession, occupation, or business license profession, occupation, or category of business:	nment affecting the listed business, profeshe general public: dor certified by the State of New Hamps!	hire. List each such	potentially have a greater
I I I Houlth Caro II I I Inclirance II I	tate, including brokers, evelopers, and landlords 5. Basel		New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	Horse or dog racing, or other legal for gambling	14. Education 15. Water	r Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta		rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregonerson who knowingly fails to comply with the provisions of	going information is true and complete to this chapter or knowingly files a false stat	o the best of my knowledge and belief. Retement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
person who who who have a comply that I	<u></u>	1/- 1200 5/-	RECEIVED
Date (0/8/22	Signature of Filer	for III shee	JUN 0 9 2022
Return to: Office of Secretary of Si	tate, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or	Print Clearly					
Full Nan	Tim McGough		Work Address	PO Box 1717	**************************************	
Primary	Occupation Chief Commercial Officer	e-mail	Tim@McGough.org		Work Phone	603-512-0484
directors	ne office, position, board or commission, board of s, etc. or employment with state or county ment held by you. NO ACRONYMS	None				
propriet	pelow the name, address, and type of any profession, or employee, or served in any other profession year. Sources of retirement benefits other than federal	nal or adviso	ory capacity, and from whic	h any income in ex	cess of \$10,000 w	vas derived during the precedin
1.	SQI Diagnostics Inc					
2.	Vitruvian Team LLC					
lf you ha	ve no qualifying income indicate by writing your in	nitials next to	the following statement.	My incom	e does not qualify	
reporta discipli	cate below whether you or a family member has a so ble special interest in an item on this list if a change one a licensee or permittee, or other decision by gov all effect on you or a family member than it would on	e in law, a cha ernment affe	nge in administrative rule, a cting the listed business, pro	decision whether or	not to award a co	ntract, grant a license or permit,
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2	Health (are II IS Insurance II I	Estate, includ developers, a	_	Banking or financial ices		ate of New Hampshire, county, or cipal employment
l I .	. N.H. Retirement system 8. Current use land assessment program		9. Restaurants/	10. Sale and di beverages	stribution of alcoh	nolic 11. Practice of law
	. Any business regulated by the Public ities Commission	13. Horse or of gambling	dog racing, or other legal fo	orms 14. Educ	ation 15.	Water Resources
1	6. Agriculture 17. N.H. Business taxes: Profits Tax		ness Interest an rprise Tax Dividends	11 1	onal: Specify any of special interest	other area in which you have a
	ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions					
Date	6-1-2022		Signature of Filer	July		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or	Print Clearly					
Full Na	The Judith A. McGrath		Work Address	64 Court Street	, Laconia, NI	1 03246
Primary	Occupation Register of Deeds	e-mail	jmcgrath@nhdeeds	s.com	Work Phone	603-527-5420
	he office, position, board or commission, board of		County			
	directors, etc. or employment with state or county government held by you. NO ACRONYMS		of Deeds			
proprie	below the name, address, and type of any profestor, or employee, or served in any other professor year. Sources of retirement benefits other than features.	ional or adviso	ory capacity, and from wh	ich any income in exce	ess of \$10,000 w	as derived during the preceding
1.	Belknap County Registry of Deeds, 6	4 Court Stre	eet, Laconia, NH 032	246		
2.						
If you h	ave no qualifying income indicate by writing your	initials next to	the following statement.	My income	does not qualify	
reporta discipli	cate below whether you or a family member has a able special interest in an item on this list if a chang ne a licensee or permittee, or other decision by go al effect on you or a family member than it would 1. Any profession, occupation, or business lice profession, occupation, or category of business:	ge in law, a cha evernment affe on the genera ensed or certifie	nge in administrative rule, cting the listed business, p I public:	a decision whether or n rofession, occupation, g	ot to award a co	ntract, grant a license or permit,
	Health Care 3 Insurance 4. Rea	al Estate, includ t, developers, a		. Banking or financial rvices		te of New Hampshire, county, or ipal employment
	7. N.H. Retirement 8. Current use lan- ystem assessment program	d F	9. Restaurants/	10. Sale and dist	ribution of alcoh	olic 11. Practice of law
	. Any business regulated by the Public litles Commission	13. Horse or of gambling	r dog racing, or other legal	forms 14. Educat	ion 15.	Water Resources
<u> </u>	6. Agriculture 17. N.H. Busines taxes: Profits To		ness Interest a		al: Specify any o pecial interest —	ther area in which you have a
	ead RSA 15-A and hereby swear or affirm that the fi who knowingly fails to comply with the provisions					
Date	June 1, 2022		Signature of Filer	judith a.	MCHIOT	K

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

JUN 0 3 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

ype or Print Clearly	
Ull Name COREY ROBERT JAMES 1	MACLEAN Work Address 350 LOWELL ST. ANDOVER MA
mary Occupation MANAGAR	e-mail navyMaclear 1992 @ GMAIL.com Work Phone 603 402 6769
me the office, position, board or commission, board of rectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	
prietor, or employee, or served in any other profession	n, business, or other organization in which you or a family member was an officer, director, associate, partner all or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding in the preceding retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
RAYTHEON TECHNOL	o GIES
ou have no qualifying income indicate by writing your init	tials next to the following statement. My income does not qualify
	my meaning does not qualify
scipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the State of New Hampshire. List each such
	state, including brokers, 5. Banking or financial 6. State of New Hampshire, county, of the services are serviced as services and landlords
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any f this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 03 JUNE ZOZZ	Signature of Filer Celled Son
	REC'D CIT

Type or Print Clearly		,	
Full Name Keth Mcbuigan	Work Address	51 Kelsey Mill Rel,	Northwood, NH
Primary Occupation Software engineer	e-mail Kamegg @gmal-	Work Phone	603-942-9287
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Chairman Northwood Budge Northwest Town and Scho	THE RESERVE THE PROPERTY OF TH	er
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	I or advisory capacity, and from which any i	income in excess of \$10,000 was	derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My Income does not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special series of the series	law, a change in administrative rule, a decision ment affecting the listed business, profession, the general public:	n whether or not to award a cont , occupation, group, or matter wo	ract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	Lor certified by the State of New Hampshire. I	ist each such	
Hoalth Caro II K Inclirance	tate, including brokers, 5. Banking velopers, and landlords services	1102	of New Hampshire, county, or al employment
7. N.H. Retirement System 8. Current use land assessment program		 Sale and distribution of alcohol everages 	ic 11. Practice of law
, , , , , , , , , , , , , , , , , , , ,	3. Horse or dog racing, or other legal forms gambling		ater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any oth special interest —	ner area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of	joing information is true and complete to the links chapter or knowingly files a false statemen	best of my knowledge and belief. It shall be guilty of a misdemeand	RSA 15-A:9 Penalty. Any
Date 6/8/20	Signature of Filer		JUN 13 2022
Return to: Office of Secretary of St	tate, 107 North Main Street, State House Room	204, Concord, NH 03301	NEW HENT OF ST

Type or Print Clearly				
Full Name Carol M & Guive		Work Address		
Primary Occupation	e-mail		Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacit	y, and from which	any income in excess of \$10,000 v	vas derived during the preceding
1.				
If you have no qualifying income indicate by writing your init	ials next to the followi	ng statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business licensee.	n law, a change in adm rnment affecting the li- the general public:	ninistrative rule, a de sted business, profes	ecision whether or not to award a cossion, occupation, group, or matter	ntract, grant a license or permit,
profession, occupation, or category of business:				
	state, including broker evelopers, and landlor			ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restailodging	urants/	Sale and distribution of alcol beverages	nolic 11. Practice of law
	Horse or dog racing f gambling	g, or other legal form	14. Education	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify any special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is t this chapter or knowi	rue and complete to ngly files a false state	the best of my knowledge and beli ement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date	Signature	e of Filer	and M Len	کع
Return to: Office of Secretary of S	itate, 107 North Main S	Street, State House R	oom 204, Concord, NH 03301	tacked

2021 FINANCIAL DISCLOSURE FORM

FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

Name of Legislator Officer_Carol	arol McGuire	
	(print name)	
Address 700 Suncook Valley Highway	Epsom	03234-4333
(street)	(town/city)	(zip code)
Office held Representative County/District M	Merrimack District 29 Telephon	e Number 6037824918
I. Sources of Income Identify below the name, address, and type of any of government) in which you or a household member partner, or proprietor, or in any other professional derived any income in excess of \$10,000 during the any business, professional, or other organization dederal disability benefits do not need to be included for purposes of this form a "household member" in the shares a common economic interest in the expense or parent.	per served as an employee, mel or advisory capacity, from ver preceding calendar year. So must be included. Social Seed. The served as an employee, means any person living in the served as an employee, means any person living in the served as an employee, means any person living in the served as an employee, mental and served as a serve	ember, officer, director, associate, which you or a household member ources of retirement benefits from ecurity, federal retirement and/or the same domicile as you and who
I I amin'ny faritr'i Mandan	On well Ma Covin	- 0 Daniel Helman CDI III
Legislator	organization Carol McGuiro	e & Daniel Helman CRU
b) Address of organization 700 Suncook	(Valley Highway, Epsom	
c) Type of organization Charitable rem	ainder trust	
Legislator	organization Carol McGuiro K Valley Highway, Epsom	e & Daniel Helman CRUTZ
c) Type of organization Charitable rema	ainder trust	
(C	Coton to a to at a to	INCEDMING MOUD INDICATE

If you or a household member had no qualifying income, indicate by INSERTING YOUR INITIALS after the following statement.

My or my household member's income does not qualify.

II. Disclosure of Financial Interests

Identify and describe below any financial interest you or a household member may have. You have a "financial interest" in a business, profession, occupation, group, or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a financial effect on you or a household member that is distinct from and greater than the interests of the public at large.

Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form in accordance with section 6 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a household member than other members of a group identified in this form, a Declaration of Intent Form is required. See section 6 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

(over)

Do you or a household member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your household member's financial interest:

Legis- lator	Househo Member	
X	X	(a) Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Restaurant
		(b) Health Care
		Describe:
X	X	Describe:
		(e) Banking or financial services
		Describe:
		Describe:
		Describe:
X	KI	Describe:
K	Z	Describe: Murphy's (j) The sale and distribution of alcoholic beverages Murphy's
		Describe: Murphy's (k) Practice of law
		Describe:
X	X	Describe: (q) New Hampshire taxes: Business Profits Tax, Interest and Dividends Tax Business Enterprise Tax,
	K	Describe: As retirees and capitalists nearly all our income is subject to the I & D (r) Other Describe: Angel investing
know	ledge ar	ar or affirm that the foregoing information is true and complete to the best of my ad belief. Notice to electronic filers: Typing your first and last name states your in the electronically, in accordance with RSA 294-E:2, VIII.

ntent

Carol McGuire

12/24/2020

Signature or typed first and last name of Legislator/Officer

Date

RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed personally or electronically.)

X Legislat	or Household Member
3) a)	Name of business, profession, or other organization McGroen Partners LLC
b)	Address of organization 120 Washington Street Rochester NH
c)	Type of organization Commercial developers & landlords
₩ 1	Muse I I Week a
Legislat 4) a)	Name of business, profession, or other organization Murphy's Taproom
b)	Address of organization 494 Elm St Manchester NH
c)	Type of organization Restaurant & bar
-/	
X Legislat	Household Member Murphy's Tanroom & Carriage House
5) a)	Name of business, profession, or other organization Murphy's Taproom &Carriage House
b)	Address of organization 393 Rte 101 Bedford NH
c)	Type of organization Restaurant
V	
Legislat	Name of business, profession, or other organization Metropolitan Tower Life insurance
b)	Address of organization 5601 S. 59th St, Lincoln NE
	Type of organization Insurance annuity
9	Type of organization.
Legislat	tor Household Member
7) a)	Name of business, profession, or other organization
b)	Address of organization
c)	Type of organization
Legislat	Name of business, profession, or other organization
	Address of organization
	Type of organization
c)	Type of organization
Legislat	tor Household Member
9) a)	Name of business, profession, or other organization
b)	Address of organization
c)	Type of organization
Legislat	
	Name of business, profession, or other organization
,	Address of organization
c)	Type of organization

Additional Information:

All income and interests above, except my pension, apply equally to me and my husband.

Type or Print Clearly Howe
Full Name Daniel R. McGrive Work-Address 700 Suncook Valley they Epsour Of
Primary Occupation refired e-mail danningvire aguail.com Work Phone 603-782-4918
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. 1 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. See affactued 2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Restaurant, commercial landlers, angel investing (not licensed)
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial 6. State of New Hampshire, county, 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. taxes: Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date b/2/22 Signature of Filer Annua Milling

2021 FINANCIAL DISCLOSURE FORM

FOR STATE SENATORS, STATE REPRESENTATIVES AND OFFICERS OF THE GENERAL COURT

As prescribed by RSA 14-B:8

MACC ...

Name of Legislator Officer Van 113011
Address 700 Soncook Valley Hwy Exsom 03234 Office held Representative County/District Merri Mack Telephone Number 603-782-4918 District 14
I. Sources of Income
Identify below the name, address, and type of any business, profession, or other organization (including any unit of government) in which you or a household member served as an employee, member, officer, director, associate, partner, or proprietor, or in any other professional or advisory capacity, from which you or a household member derived any income in excess of \$10,000 during the preceding calendar year. Sources of retirement benefits from any business, professional, or other organization must be included. Social Security, federal retirement and/or federal disability benefits do not need to be included.
For purposes of this form a "household member" means any person living in the same domicile as you and who shares a common economic interest in the expenses of daily living, including, but not limited to, a spouse, child, or parent. Legislator Household Member 1) a) Name of business, profession, or other organization Carol WGoire and Daniel Haman CRUTI b) Address of organization 700 Suncook Valley Huy Epsom NH 03234 c) Type of organization Charitable remainder Hust
Legislator Address of organization 100 Schook Valley Hwy Epsom HH 83234 c) Type of organization Charles le remainder trust
(continue on page 3 if necessary)

If you or a household member had no qualifying income, indicate by INSERTING YOUR INITIALS after the following statement.

My or my household member's income does not qualify_____.

II. Disclosure of Financial Interests

Identify and describe below any financial interest you or a household member may have. You have a "financial interest" in a business, profession, occupation, group, or matter listed in this section if a change in law, administrative rule, or other official action by the General Court affecting the listed business, profession, occupation, group, or matter would potentially have a financial effect on you or a household member that is distinct from and greater than the interests of the public at large.

Please note: If your participation in an official activity creates a conflict of interest not disclosed by the information on this form, you must complete and file a Declaration of Intent Form in accordance with section 6 of the Ethics Guidelines. Also, if such activity could reasonably have greater benefit or detriment to you or a household member than other members of a group identified in this form, a Declaration of Intent Form is required. See section 6 of the Ethics Guidelines for information regarding particular conflicts of interest you may have.

Do you or a household member have a financial interest, as defined above, in any of the following businesses, professions, occupations, groups, or matters? Check any of the following which apply and describe the nature of your or your household member's financial interest:

Legis- lator	Househo Membe	r (a) Any profession, occupation, or business licensed or certified by the State of New Hampshire
		(b) Health Care
		Describe:
Ø	X	Describe: (d) Real estate, including brokers, agents, developers, and landlords Describe: Commercial real estate: McGroen (blg in Rochester) and Taproon Bedfore (e) Banking or financial services
		Describe:
		Describe:
		Describe:
X	X	Describe:
Ø	X	Describe: MUPPhy's Toproom (j) The sale and distribution of alcoholic beverages
		Describe: Murphy's Taproom (k) Practice of law
		Describe:
	N Z	Describe: (q) New Hampshire taxes: Business Profits Tax, Business Enterprise Tax,
X	Ø	we're referred so a large port of our income comes under ItD. (r) Other Describe: Angel investing (starters)
knowl Notice	edge an	ar or affirm that the foregoing information is true and complete to the best of my and belief. Stronic filers: Typing your first and last name states your intent to sign the form to accordance with RSA 294-F/2 VIII. Signature or typed first and last name of Legislator/Officer Date

RSA 14-B:10 Penalty. Any representative, senator, or officer of the House of Representatives or Senate who knowingly fails to file the form required under RSA 14-B:8 or who knowingly files a false statement on such form shall be guilty of a misdemeanor. (This penalty applies whether the form is signed personally or electronically.)

M	Legisla	Name of business, profession, or other organization Moroen Partners LLC
	3) a)	Address of organization 120 Was hington St Rochester HH
	b)	Address of organization 120 0005 011 1970 17 17 17 17 17 17 17 17 17 17 17 17 17
	c)	Type of organization Commercia Candlord.
ĮX.	Legisla 4) a) b)	Name of business, profession, or other organization Address of organization Lype of organization Restaurant to Low Low Manchester NH Type of organization Restaurant to Low Low Low Low Low Low Low L
	c)	Type of organization
Ø	Legisla 5) a) b) c)	Name of business, profession, or other organization Murphy 5 Toproom + Carriage + Address of organization 393 Route (0) Bedford NH Type of organization Resolution function facility
	Legisla	tor Household Member
	6) a)	Name of business, profession, or other organization
	b)	Name of business, profession, or other organization Metropoliteu Tower Life Insurance of organization Insurance annuity (my wife's)
	c)	Type of organization LNSUPance an NUTY (my WHE'S)
	Legisla	Name of business, profession, or other organization
	b)	Address of organization
	c)	Type of organization
	-	Name of business, profession, or other organization
		Address of organization
		Type of organization
	Legisla 9) a) b)	Name of business, profession, or other organization
	c)	Type of organization
	Legisla 10) a) b)	Name of business, profession, or other organization Address of organization Type of organization
	-/	
Add	litional I	nformation:

Type or Print Clearly
Full Name John J. Mc Intyre M.D. Work Address DHMC One Medical Center D., Lebunon, NH
Primary Occupation Physician e-mail John. J. Methtyre & Hitcheach Work Phone 603 650-4477
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Dartmorthflitchcock Medical Center, One Medical Center D. Lebonon, NH 03756
2. Taffsville Self Storage 57 U.S. Rfe4 Harflund, Vf
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty, Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/7/2022 Signature of Filer Jah ML Jatyre MAWPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name TANYA D. MCIN	TIRE Work Address Quechee lun Queckee VT.
Primary Occupation HOSPITALITY	e-mail Wigwam 735 @ comcast. notwork Phone 603 863-2014
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	e-mail Wigwam 735 @ comcast. notwork Phone 603 863-2014 STATE REPRESENTATIVE
proprietor, or employee, or served in any other professiona	n, business, or other organization in which you or a family member was an officer, director, associate, partner, all or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding all retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.	JUN 13 2022 NEW HAMPSHIRE
If you have no qualifying income indicate by writing your init	K A DEPARTMENT OF STATE
reportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	ecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a n law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, rument affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public:
	state, including brokers, evelopers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Dividends Tax Interest and Special interest —
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 9 2022	Signature of Filer Dange White

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

Type or Print Clearly	,
Full Name D. Chris McLaughlin Work Address 12 Court St., Keene, NG	6 0343/
Primary Occupation Cheshire County Attorney e-mail Canclaught in a co. cce stime. Work Phone 352-0	056
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associately, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during to calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	iate, partner, he preceding
1.	district a dispersion for dispersion
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	~
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially har 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 services	e, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law lodging law	Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Interest and Interest and Special interest Business Business Dividends Tax Dividends Tax Special interest	ou have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Per person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	INE D
Date L/8/2022 Signature of Filer DEPARTM	08 2022 AMPSHIRE ENT OF STAT
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	UI SIAI

Type or Print Clearly
Full Name MATHEW MCLAUGHIN Work Address NA
Primary Occupation RETIRED e-mail NOSHOW 85@gman. Com Work Phone NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. DEBS DECOR LLC
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Business Interest and special interest — 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 9, 2022 Signature of Filer Multiple JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Prir	nt Clearly					
ull Name	Martha McLeod		Work Address	348 Wells Road	, Franconia,	NH 03580
rimary Occ	upation Community Engagement	e-mail	mmcleod823@gmail	.com	Work Phone	603-491-0542
ame the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS		None				
oprietor, o	w the name, address, and type of any profession employee, or served in any other profession. Sources of retirement benefits other than federal.	nal or advisory	capacity, and from which	th any income in exce	ess of \$10,000 w	vas derived during the preceding
Ne	ew Futures, 100 N Main St, Concord,	NH 03301				
ou have n	o qualifying income indicate by writing your in	itials next to th	e following statement.	My income	does not qualify	
1 1.	Any profession, occupation, or business licensofession, occupation, or business:	sed or certified		oshire. List each such		
2. Hea	AITH (APA	Estate, includin developers, and	g brokers, 5.	Banking or financial vices		ate of New Hampshire, county, or cipal employment
7. N.H Syste	8. Current use land assessment program		9. Restaurants/	10. Sale and dist	ribution of alcoh	nolic 11. Practice of law
	business regulated by the Public Commission	13. Horse or d of gambling	og racing, or other legal f	orms 14. Educat	ion 15	. Water Resources
16. Ag	griculture 17. N.H. Business taxes: Profits Tax	Busine Enterp	ess Interest ar		al: Specify any opecial interest -	other area in which you have a -
	SA 15-A and hereby swear or affirm that the for knowingly fails to comply with the provisions					
ate 6/6	/22		Signature of Filer	matri	me	JUN 0 6 202

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

NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly	
Full Name James Mark McLean	Work Address 275 West Main Street, Hills borough NH
Primary Occupation Engineer e-mail Mmc	clean 777@Comcast, net Work Phone (603) 464-7150
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	rganization in which you or a family member was an officer, director, associate, partner, v, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Ams Osram 275 Wast Main Street	Hillsborough, NH 03244 Enginee
2. Lowell General Hospital / Mospital L	Prive Lowell, Ma 01852 Sonosapher
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	he following businesses, professions, occupations, groups, or matters. A person has a inistrative rule, a decision whether or not to award a contract, grant a license or permit, ted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the Street profession, occupation, or category of business: Diagnosti Diagn	
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau system lodging	10. Sale and distribution of alcoholic law 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission 13. Horse or dog racing	, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowin	ue and complete to the best of my knowledge and belief. gly files a false statement shall be guilty of a misdemeanor. JUN 0 2 2022
Date 1 June 2022 Signature	

Type or Print Clearly				
Full Name Rubset Todd Mulga	W	ork Address		,
Primary Occupation UN Employ sol	e-mail	:	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, ar	nd from which any income in excess	s of \$10,000 was derived	during the preceding
1.				
2.				
f you have no qualifying income indicate by writing your init	tials next to the following s	tatement. My income d	oes not qualify	
reportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the listed the general public:	business, profession, occupation, gro		
	state, including brokers, levelopers, and landlords	5. Banking or financial services	6. State of New H	ampshire, county, or ment
7. N.H. Retirement 8. Current use land assessment program	9. Restauran lodging	ts/ 10. Sale and distril beverages	bution of alcoholic	11. Practice of law
	13. Horse or dog racing, or f gambling	14. Educatio	·	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax 18. Optional Specific	: Specify any other area in ecial interest —	which you have a
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	egoing information is true a f this chapter or knowingly	and complete to the best of my know files a false statement shall be guilty	ledge and belief. RSA 15	JUN -3 2022
Date 6-1-22	Signature of	Filer	DEPAR	W HAMPSHIPE

Type or Print Clearly
Full Name CHARLES E. MCMAHON Work Address 57 Range Rd Windham NIA
Primary Occupation Real Estate Agent e-mail CMc mahon 55 cogmail. 6 m Work Phone 603. 401-4646
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Statz Rep. District 7 Windhen WII
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. Coco Early & Associates 57 Range Rd Windham NH
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 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 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-2-2022 Signature of Filer Lands E. Mr. Makin

Type or Print Clearly
Full Name Steven Douglas McMahon Work Address
Primary Occupation Retired e-mall strudnick 27 egmail.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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. BHI Energy Employee for six weeks. Waltham, MA. Staffing for energy utilities.
If you have no qualifying income indicate by writing your initials next to the following statement. My Income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 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 Interest and profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belieft. RSA 15-A:32 bankly. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. JUN 1 0 2022
Date 06/06/2022 Signature of Filer Stun Me Wahn NEW HAMPSHIRE DEPARTMENT OF STATE

Type or	Print Clearly	/						_								
Full Nan	ne	PeyT	707	~	1cma	1~ S		Work	Address	5	54	R033	RD	, Do	share, 1	NH 038
Primary	Occupation	CÉD	Soft	U482	compro	e-mai	pey	TO,2-	wcw	ANUSE	codayo	₩ork F	hone	6	03. 418.	8735
director	ne office, posi s, etc. or e nent held by	mployme	nt with		county		,									
propriet	oelow the na or, or emplo year. Source	yee, or se	erved in ar	ny other i	professiona	al or advis	ory capac	city, and	from wh	nich any in	come in e	excess of \$	0,000 v	vas derive	ed during th	
1.															· Cura	
2.	Peach	222	14018	1-52	LLC,	51	Ras J	20	15	shen	HU	0382	۲, -	Real	espate	19WVCSTRY
If you ha	ve no qualify	ing incom	e indicate	by writin	g your initi	als next to	the follow	wing state	ement.		My inco	me does no	t qualify	,		
	ne a licensee Il effect on yo 1. Any pro profession,	or a fam ofession, o	nily memb occupation	er than it n, or busin	would on ess license	the genera	al public:						matter	would po	tentially hav	e a greater
2.	Health Care	3.1	nsurance			tate, inclu evelopers,	-			5. Banking ervices	or financia	' [ate of Nev	w Hampshire loyment	, county, or
	. N.H. Retire vstem	ment		Current sessment			9. Rest lodging	taurants/			Sale and e erages	distribution	of alcoh	nolic	11. F	Practice of
	Any busines ties Commis		d by the P	ublic		Horse of gambling	_	ing, or otl	her legal	forms	14. Edu	ıcation	15.	. Water Re	sources	
10	5. Agriculture		17. N.H. taxes:	1 1	Business rofits Tax		siness erprise Tax	1 1	Interest a Dividend] 18. Op	tional: Spec special ir	ify any o terest –	other area	in which yo	u have a
	ad RSA 15-A a ho knowing														15-A:9 Pena	alty. Any
Date	6	1/20	22				Signatu	ure of File	er [Gart	M	11 M 4-	-3	JUN 1	0 / 322	
		Ret	urn to: Of	fice of Sec	retary of S	tate, 107 N	North Mair	n Street, S	state Hou	use Room 2	204, Conco	ord, NH 033	DEF		TATI	E

Type or Print Clearly
Primary Occupation LUGGER e-mail Kensange 2 () 6 mail com Work Phone 63-872-2081
Primary Occupation Logger. e-mail Kenrsnige 2 0 6 mail com Work Phone 603-872-2081
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Richard A memerana I / self.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax
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 10, 2022 Signature of Filer NEW HAMPS LIDE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Rebecca McWilliams Work Address 40 Thorndike St #21	Concord 03301
Primary Occupation Architect e-mail releccancibilians@gnail.comWork Phone	13. 227.6494
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly 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 necessare)	d during the preceding
1. Lewis Farm	
2. McWilliams Law	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	40 to
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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:	nt a license or permit,
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area 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 belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
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Date Cofif22 Signature of Filer Column McChiling	JUN 0 1 2022
Deturn to Office of Secretary of State 107 North Main Street State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

3. Independent Design, LLC 4. Barry Wehmiller Design Grap

* PAGE 2 - REBECCA NOW ILLIAMS

Type or Print Clearly			
Full Name Daniel Mecke	Work Address	13 Highland ave.	
Primary Occupation Self - employed e-mail	lizme cre@ pro	for mail. Con Work Phone	603-845-7021
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advistalendar year. Sources of retirement benefits other than federal retirement	sory capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
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Date 6-7-22	Signature of Filer	Qu m	JUN 0 8 2022
Return to: Office of Secretary of State, 107 N	North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Elizabeth Mecke	Work Address	J A	·
Primary Occupation Home Maker e-mail	12 Mecke @ Protonw	nail. OM Work Phone	(403-845-7021
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from which any	income in excess of \$10,000 wa	s derived during the preceding
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16. Agriculture 17. N.H. Business Business Enterpris		18. Optional: Specify any ot special interest —	her area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing informat person who knowingly fails to comply with the provisions of this chapter or	on is true and complete to the knowingly files a false stateme	e best of my knowledge and belief ent shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any or. RECEIVED
Date 06-07-3033 Si	nature of Filer	lelle	JUN 0 8 2022
	Marin Street State House Boom	n 204 Consord NU 02201	NEW HAMPSHIRE

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

Type or Print Clearly
Full Name Charles Russell Melvin ST Work Address 81 So. Main Newton VIH 03858
Primary Occupation Self Employed e-mail CMelvin al Newton Will Not Work Phone 68-819-6280
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. C+M Auto Repair 81 So. Main Newton N. H 03858 2. CoCo Early Real Estate Garden St Plaistow M. H.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty, my person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-1-2022 Signature of Filer JUN 0.3 2022 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly				
Full Name TOBIN PATAICK /	MENARD Work Address	1. Commerce		est Lebanon NH 03:
Primary Occupation DNP BUILDER	e-mail	Wor	k Phone 60	7) 442-4032
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from whi	ch any income in excess of	\$10,000 was de	rived during the preceding
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I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complet of this chapter or knowingly files a false s	e to the best of my knowledg tatement shall be guilty of a	e and belief. R misdemeanor.	SA 15-A:9 Penalty. Any
Date 06/08/22	Signature of Filer	Toling & New	y [REVINE
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Full Name HOY RODERT MENEAR Work Address 38 Swaln M-Lee NH 03861
Primary Occupation FINANCIAL CONSTITUTION TO THE CONSTITUTION OCCUPATION (330) 858-8551
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 5. State of New Hampshire, county, or municipal employment
2. Health Care
2. Health Care
2. Health Care

Type or Print Clearly	
Full Name GARY MERCHANT Work Address 272 PLEASANT ST	
Primary Occupation RETIRES e-mail merchant Anh house grail, on Work Phone 603	35581389
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS WH House of Representatives Supplied to the county of the county o	4
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
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16. Agriculture 17. N.H. taxes: Business Business Business Interest and Dividends Tax Dividends Tax Special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date Viange 1 2022 Signature of Filer	RECEIVED
Date June 1, 2022 Signature of Filer Signature of Filer	JUN 15 2022

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

NEW HAMPSHIRE DEPARTMENT OF STATE

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Full Nam	e Richard Alan	Merkt		Work	Address 8	0 Hurricane Rd.	Westmorel	and, NH 03467-0292
Primary (Occupation Manage	er, Comm. Real Estate	e-mail	merkt.richard	l@gmail.co	m \	Vork Phone	908-507-5033
directors,		d or commission, board of nt with state or county NO ACRONYMS	None					
proprieto	r, or employee, or se		nal or adviso	ory capacity, and	from which ar	ny income in excess	of \$10,000 wa	ficer, director, associate, partne is derived during the precedin necessary.)
1.	Donmar Realty C	co., LLC (NJ Real Esta	ite Partnei	rship), PO Box	292, West	moreland, NH 0	3467-0292	
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		y swear or affirm that the for omply with the provisions						f. RSA 15-A:9 Penalty. Any or.
Date J	une 2 , 2022			Signature of File	er /	Cicland.	Cekin	ment

Type or Print Clearly	
Full Name Troy Merner Work Address 287 main St Languste	6
Primary Occupation Retired e-mail meroero 8 a tol. Com Work Phone 603	303 6980
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
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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 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date 6/10/22 Signature of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Jocelyn A. Messier Work Address 94A SouthRoad Dear	
Primary Occupation retired e-mail joce lyn messier 30 small com Work Phone 60.	3-370-0880
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dir proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ed during the preceding
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7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
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have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date $4/2/22$ Signature of Filer $2m^2$	JUN 0 8 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly
Full Name JAMES DAVID MEUSE Work Address
Primary Occupation RETILED e-mail jdmeuse @gmail.com Work Phone 603-957-8436
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REPRESENTATIVE
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following statement. TPM My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or services
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 Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022 Signature of Filer

Type or Print CLEAR Full Name David A.			Work Address:	81 NH Route	25 Mereditt	n, NH 03253
Primary Occupation(look, Entry-Level	Lawyer	E-mail david miller 60		Work Phone (603	3) 279-0300
	on, board or commission or ment with state or county		Applicable			
proprietor, or e	imployee, or served in a	e of any profession, business, or only other professional or advisory enefits other than federal retirem	y capacity, and from which	any income in excess of \$	10,000 was derived du	iring the preceding
1. Wine-ina	Butcher - Meren	dith, LLC, 81 NH Row	te 25 Meredith, N	H 03253, Market/	Restourant, Em	ployee
2. Magic F	Toods, LLC, PG	Box 1359 Cente	er Harbor, NH 03	226, Gatering/R	estaurant, Emp	olayee
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	ession, occupation, or bus r category of business:	siness licensed or certified by the S 4. Real Estate, including by	rokers, 5. Ba	nking or financial		Hampshire, county, or
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16. Agriculture	17. N.H. taxes:	Business Business Profits Tax Enterpris		1	pecify any other area in	which you have a
		or affirm that the foregoing in				
Date 6/2/2				Miller_ ignature of Reporting Ind		RECEIVED
200 -727			S	ignature of Reporting Ind	ividual	JUN 0 2 2022
	Return to:	Office of Secretary of State, 10	7 North Main Street, State 1	House Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name Davis Miller	Work Address 46 Mendums Landing Rd
Primary Occupation Student e-mail Davi	is Mill 17@ Gmail. com Work Phone (716) 913 -8673
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
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16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	ngly files a false statement snall be guilty of a misdemeanor.
Date G/G/22 Signature	e of Filer Daw Multi DEPA

Type or Print Clearly	
Full Name Late Miller	Work Address 84 Oak Island Rd, Hereach and Conflow 52 0 gmail. Work Phone 6034916913
Primary Occupation R4A e-mail 2	of emiller 52 egmail. Work Phone 6034916913
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
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If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general publ 1. Any profession, occupation, or business licensed or certified by	
profession, occupation, or category of business: 4. Real Estate, including b	orokers, 5. Banking or financial 6. State of New Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and la	
	Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise	Interest and Dividends Tax Interest and Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or k	on is true and complete to the best of my knowledge and belief RSA 15-A:9 Penalty. Any chowingly files a false statement shall be guilty of a misdemean pr. RECEIVED
Date 6/14/22 Sign	nature of Filer JUN 1 5 2022 NEW HAMPSIAGE NEW HAMPSIAG
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name DCROTH "GOGI" MILLNER Work Address 10 Pointe SEWALL Rd.
Primary Occupation STUDIO POTTER e-mail gogi 919 @ Not mail, COM Work Phone 603-569-6520
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. CORNISH HILL POTTERY
JUN 13 2022 NEW HAMPSHIRE
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 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 Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06/06/2022 Signature of Filer Dustry Gogi Millius

Type or Print Clearly					
Full Name DAVID E MILZ	Wo	ork Address /	2R BONNE	N DELLY	NH 03038
Primary Occupation RETIRED	e-mail davidan	20 com	AST. NET Work	Phone	MA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STAR RET	PRESENTI	HTIVE		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	or advisory capacity, and	d from which any	income in excess of \$	10,000 was derive	d during the preceding
1. NONE					
2.					
If you have no qualifying income indicate by writing your initia	als next to the following st	atement.	My income does no	ot qualify	SM
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the second of	n law, a change in administ nment affecting the listed in the general public:	rative rule, a decis business, professio	ion whether or not to aw on, occupation, group, or	vard a contract, gra	int a license or permit,
profession, occupation, or category of business:			10 61 11 mmph . u the reason procession of		
	tate, including brokers, velopers, and landlords	5. Banki services	ng or financial	6. State of New municipal empl	Hampshire, county, or oyment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurant lodging		10. Sale and distribution beverages	of alcoholic	11. Practice of law
	3. Horse or dog racing, or og gambling	other legal forms	14. Education	15. Water Re	
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special in	cify any other area nterest	in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoerson who knowingly fails to comply with the provisions of t	going information is true a this chapter or knowingly f	nd complete to th	e best of my knowledge ent shall be guilty of a m	and belief. RSA isdemeanor.	15-A:9 Penalty. Any
Date 6/9/2022	Signature of F	iler S	DilE M	rus?	RECEIVED
7.70)	JUN 1 3 2022
Return to: Office of Secretary of St	ate, 107 North Main Street	t, State House Roo	m 204, Concord, NH 033	01	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name LAURENCE Apriller Miner Work Address 291 Main ST' Faen	mt, Mit
Primary Occupation Building Inspector e-mail building inspector & farming the Work Phone 895	5-3200 BX 309
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, diproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived all the calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	ved during the preceding
•	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	Sol
reportable special Interest In an Item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would position financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of Ne municipal employers	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax Special interest — 18. Optional: Specify any other are special interest —	a in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
	RECEIVED
Date JUN 0 9 2022 Signature of Filer	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly		
Full Name Be	n Ming Work Address P.O. Box 9	62, Hollis, NH
Primary Occupation Lawyer	e-mail bringnh@gmail.com	Work Phone 617-398-0852
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family monal or advisory capacity, and from which any income in excended retirement and/or disability benefits shall be included. (Use add	ss of \$10,000 was derived during the preceding
1. N/A		
2.		
If you have no qualifying income indicate by writing your in	itials next to the following statement. My income of	does not qualify
1. Any profession, occupation, or business licens profession, occupation, or category of business: 2. Health Care 1. Insurance 4. Real 1.	in law, a change in administrative rule, a decision whether or no ernment affecting the listed business, profession, occupation, grant the general public: sed or certified by the State of New Hampshire. List each such sestate, including brokers, developers, and landlords 5. Banking or financial services	
7. N.H. Retirement 8. Current use land assessment program		ibution of alcoholic 11. Practice of law
12. Any business regulated by the Public	13. Horse or dog racing, or other legal forms 14. Education 14. Educatio	on 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and 18. Option	al: Specify any other area in which you have a pecial interest —
I have read RSA 15-A and hereby swear or affirm that the for	egoing information is true and complete to the best of my known of this chapter or knowingly files a false statement shall be guilty	vledge and belief. RSA 15-A:9 Penalty. Any
person who knowingly falls to comply with the provisions	this chapter of knowingly mes a faise statement shall be guilty	RECEIVED
Date 06/08/2022	Signature of Filer	JUN 0 9 2022
Return to: Office of Secretary of	State, 107 North Main Street, State House Room 204, Concord,	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name JERENIAH MININAL	Wo	ork Address		
Primary Occupation RETIRED	e-mail		Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	HISTORIC DI	STRICT COMMI	5510a - ROC	HESTER
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and	d 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 initi	als next to the following st	atement. My i	ncome does not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on a specific	n law, a change in administ nment affecting the listed b the general public:	rative rule, a decision wheti ousiness, profession, occup	ner or not to award a cont ation, group, or matter wo	ract, grant a license or permit,
2 Health Care 13 Insurance 4. Real Es	Late, including brokers, evelopers, and landlords	5. Banking or fina services		of New Hampshire, county, or al employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurant	10. Sale a beverages	and distribution of alcohol	ic 11. Practice of law
	3. Horse or dog racing, or og gambling	ļ ,		ater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Dividends Tax	special interest —	er area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoerson who knowingly fails to comply with the provisions of	going information is true ar this chapter or knowingly f	nd complete to the best of liles a false statement shall be	my knowledge and belief. be guilty of a misdemeano	RSA 15-A:9 Penalty. Any
Date 8 JUNE 2022	Signature of F	ler Im	1/2	
Return to: Office of Secretary of St	tate, 107 North Main Street	State House Room 204, Co	ncord, NH 03301	

Type or Print Clearly	·
Full Name JOSSPH MIRZOEFF	Work Address 641 PARK AUE ICEEVE
Primary Occupation RETIRED e-mail MR	2VYP @ AOL. COM Work Phone 6033543380
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding lisability benefits shall be included. (Use additional sheets as necessary.)
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2.	
If you have no qualifying income indicate by writing your initials next to the follow	ving statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in ac	of the following businesses, professions, occupations, groups, or matters. A person has a deministrative 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
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle	
7. N.H. Retirement 8. Current use land 9. Rest System lodging	aurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog raci	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	true and complete to the best of my knowledge and belief. RSA 15-A-9 Penalty. Any vingly files a false statement shall be guilty of a misdemean ECEIVED
Date 67722 Signatu	ure of Filer JUN 0 7 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Mair	DEPARTMENT OF STATE

Type or Print Clearly	.)
Full Name Timothy Janes McNamora Work Address Homan Box 6111, Dartmorth a	lege, Honor, N4
Primary Occupation alge faving trator e-mail hypthy. j. mc namara a day work Phone 603	646-0936 0375
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Staffen County Dut 1 County Commission, board of County Dut 1 County C	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directo proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.	
2.	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential.	license or permit,
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 Hamployn	mpshire, county, or nent
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resour	rces
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Dividends Tax 18. Optional: Specify any other area in was special interest—	vhich you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
Date 6/10/22 Signature of Filer	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPLHIRE

Type or Print Clearly		
Full Name NEIL MISRA	Work Address	
Primary Occupation NONE e-mail Ne	cilmisma 2@gmail. Con Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	•	
A. List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory cap calendar year. Sources of retirement benefits other than federal retirement and/o	pacity, and from which any income in excess of \$10,000	was derived during the preceding
1. Sunit: Misra, Accounting Assistan	nt Engility Corporation, And	over, MA
1. Sunit: Misra, Accounting Assistant 2. Mihir Misra, BIM Store Planner,	Enteger Inc. Burlington, M	A
If you have no qualifying income indicate by writing your initials next to the following		
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an 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 of the profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	administrative rule, a decision whether or not to award a content of the listed business, profession, occupation, group, or matter c:	ontract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broadent, developers, and lan		tate of New Hampshire, county, or icipal employment
7. N.H. Retirement 8. Current use land 9. Re System assessment program lodging	estaurants/ 10. Sale and distribution of alco beverages	holic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rate of gambling		5. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise 1	I amadal intercet	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or kn	n is true and complete to the best of my knowledge and belowingly files a false statement shall be guilty of a misdeme	lief. RSA 15-A:9 Penalty. Any anor.
Date 6/8/2022 Signa	ature of Filer Meil Missry	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Ma	ain Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Pr	rint Clearly					
Full Name	Keith George Mitchell		Work Address	29 Hazen Dr	., Concord NH	
Primary O	ccupation Public Health	e-mail ke	eith.g.mitchell@dhh	s.nh.gov	Work Phone	271-9314
directors,	office, position, board or commission, board or etc. or employment with state or county nt held by you. NO ACRONYMS		ecialist			
roprietor,	ow the name, address, and type of any profess, or employee, or served in any other profess ear. Sources of retirement benefits other than fe	ional or advisory of	capacity, and from whic	h any income in	excess of \$10,000 w	as derived during the preceding
١	NH Retirement System, Concord NH					
S	State of New Hampshire					
you have	no qualifying income indicate by writing your	initials next to the	following statement.	My inco	me does not qualify	
inancial e	a licensee or permittee, or other decision by go ffect on you or a family member than it would 1. Any profession, occupation, or business lice profession, occupation, or category of business:	on the general pul	olic: y the State of New Hamp		ch	ate of New Hampshire, county, or
	agen	t, developers, and I	andlords serv	ices	munic	ipal employment
7. N Syst	.H. Retirement 8. Current use lan assessment progra		Restaurants/	10. Sale and beverages	distribution of alcoh	olic 11. Practice of law
	ny business regulated by the Public s Commission	13. Horse or dog of gambling	g racing, or other legal fo	rms 14. Edu	ucation 15.	Water Resources
16.7	Agriculture 17. N.H. Busines taxes: Profits T				tional: Specify any o special interest —	ther area in which you have a
	RSA 15-A and hereby swear or affirm that the for knowingly fails to comply with the provisions					
						FIVE
ate 6	6/15/22	Sig	gnature of Filer	heur W	white	JUN 1 5 2022
	Return to: Office of Secretary	of State 107 North	Main Street State House	Room 204 Conce	ord NH 03301	HAMPSHIR

Type or Print Clearly
Full Name Michael I Mottett Work Address
Primary Occupation Retired e-mail motmickeel @ain.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N. H. State Retirement System, Concord, NH 0330)
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System me 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 Business Business Enterprise Tax Dividends Tax Special interest — 17. N.H. Business Enterprise Tax Dividends Tax Special interest — 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 misderneam ECEIVED.
Date 1500 2022 Signature of Filer 102 West State House Room 204 Concord NH 03301 DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			
Full Name Michelle Sawyer Moge	Work Address	MA Courts (Vacio	us)
Primary Occupation Court Researcher e-mail	middle may 2009 A	equal cor Work P	hone 603 845-7040
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advisoralendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which	any income in excess of \$1	0,000 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 does not	qualify
B. Indicate below whether you or a family member has a special interest reportable special interest in an item on this list if a change in law, a chardiscipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the genera 1. Any profession, occupation, or business licensed or certification profession, occupation, or category of business:	ange in administrative rule, a c cting the listed business, prof I public:	decision whether or not to awa ession, occupation, group, or n	ard a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, include agent, developers, a		anking or financial ces	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	r dog racing, or other legal fo	rms 14. Education	15. Water Resources
16 Agricultura	ness Interest and prise Tax Dividends T		fy any other area in which you have a erest —
I have read RSA 15-A and hereby swear or affirm that the foregoing infor person who knowingly fails to comply with the provisions of this chapte	mation is true and complete er or knowingly files a false sta	to the best of my knowledge a tement shall be guilty of a mis	nd belief. RSA 15-A:9 Penalty. Any demeanor.
Date 6/16/2022	Signature of Filer	Michelle & Sanz	Meyer JUN 13 2022
Return to: Office of Secretary of State, 107 N	orth Main Street, State House	Room 204, Concord, NH 0330	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				,
Full Name DOUG 4AS MOGILL	Work Address	10 BUTTONIOA	DD DR DEX	RY NHOOS
Primary Occupation BUSINESS OWNER e-mail DOWN SERVICE INDUSTRA	6N061U	ampercon Wor	k Phone 60	3-421 9294
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	ty, and from which	any income in excess of	\$10,000 was derive	ed during the preceding
1. EURCLEAN SERYCES INC -PRESIDE	TUS.			
2.				
If you have no qualifying Income indicate by writing your initials next to the following	ing statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline 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: 1. Any profession, occupation, or business licensed or certified by the Standard profession, occupation, or category of business:	ninistrative rule, a d isted business, profe	lecision whether or not to ession, occupation, group,	award a contract, gra	ant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		anking or financial ces	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restal lodging	urants/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal for	14. Education	15. Water Re	
16. Agriculture 17. N.H. taxes: Profits Tax Enterprise Tax	Interest and Dividends Ta		ecify any other area I interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complete of the c	rue and complete t ngly files a false sta	o the best of my knowledg tement shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
Date a 10/2022 Signature	e of Filer	gas		JUN 13 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House	Room 204, Concord, NH 03	3301	NEW HAMPSHIRE EPARTMENT OF STATE

Type or Print Clearly	
Full Name Kelley Jean Monakon Work	Address 3755 Dartnuth College Huy Hand
Primary Occupation Farmer / Registers Ded. e-mail Kelley, and Name the office, position, board or commission, board of directors, etc. or employment with state or county	Monahan Ognailiem Work Phone 607-707-6921
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Deeds Graffon Country
A. List below the name, address, and type of any profession, business, or other organiz proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability	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 state-	ement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administration discipline a licensee or permittee, or other decision by government affecting the listed be financial effect on you or a family member than it would on the general public:	tive rule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of profession, occupation, or category of business:	New Hampshire, I ist each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants, system assessment program lodging	10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or of of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and person who knowingly fails to comply with the provisions of this chapter or knowingly fill	
Date Jane 2, 2022 Signature of Fil	/ July / Charles
	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly	
Full Name Renee Mignon Monteil Work Address	
Primary Occupation Mother e-mail reneemonteilegmail.com Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	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 No.	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission of gambling	Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
Date June 9 2022 Signature of Filer Percer Monter	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPA OF

Type or Print Clearly			
Full Name Kevin Moore	Work Address	ail.com	
Primary Occupation Self employed	e-mail Kevinmore &	2616 egn Work Phone	(63)491-3829
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000	was derived during the preceding
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If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not quali	in Kan
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would on the second se	nment affecting the listed business, profe the general public:	ssion, occupation, group, or matte	
I / Health (are II IS Inclirance II I	tate, including brokers, S. Basevelopers, and landlords service		tate of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	 Sale and distribution of alco beverages 	oholic 11. Practice of law
	Horse or dog racing, or other legal form gambling	14. Education	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of t	poing information is true and complete to this chapter or knowingly files a false stat	the best of my knowledge and be ement shall be guilty of a misdeme	lief. RSA 15-A:9 Penalty. Any RECEIVED
Date 6/6/2022	Signature of Filer	(evin Moo	JUN 0 6 2022
			DEPARTMENT OF STAT

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

Type or Print Clearly
Full Name Elizabeth Ann Moreau Work Address 370 Whitford St Manchester NH 03/04
Primary Occupation realter e-mail elizabethannmoreau@gmail.com Work Phone 603-782-6776
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Candidate Hillsborough Carry Register of Deeds
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. Lantheus Medical Imaging-emptyce
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services municipal employment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax Profits Tax Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Per level of the person who knowledge and belief. Per level of the p
Date 6-10-2022 Signature of Filer EAT Man DEPARTMENT OF STA

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Type or Print Clearly
Full Name Daniel TMontarty Work Address MTRE Builington, MA
Primary Occupation Engineer e-mail adermonmottatty eg mail. 10m Work Phone 603 809 7678
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Appresentative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an Item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, of municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean or RECEI
Date Sure (\$ 202) Signature of Filer Cary 7 Newry JUN 07 2072
NEW HAMPS: Return to: Office of Secretary of State 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF

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603 254-500
er, director, associate, partner, derived during the preceding ecessary.)
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of New Hampshire, county, or lemployment
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employment 11. Practice of law
ter Resources r area in which you have a RSA 15-A:9 Penalty. Any
ter Resources
ter Resources r area in which you have a RSA 15-A:9 Penalty. Any

Type or Print Clearly			
Full Name SCOT A. MORROW	Work Address	N/A	
Primary Occupation RETIRES	e-mail SMORROWS CO	REAGAN. (OM Work Phone	NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Nonte		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from wh	ich any income in excess of \$10,000 v	was derived during the preceding
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B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on a special spec	n law, a change in administrative rule, rnment affecting the listed business, p the general public:	a decision whether or not to award a corofession, occupation, group, or matter	ontract, grant a license or permit,
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7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	holic 11. Practice of law
	Horse or dog racing, or other legal f gambling	14. Education	. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest a Dividend		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and comple this chapter or knowingly files a false	te to the best of my knowledge and bel statement shall be guilty of a misdement	anor. RECEIVED
Date 6-9-2022	Signature of Filer	MAHAIN	NIM HAMPSHIRE DEPAREMENT OF STATE

Type or Print Clearly	-		,	,
Full Name Corinne Marie Morse	Work Address	54 Roberts R	d Canaan	14LEO HN
Primary Occupation Stay at home man e-mail Coring	nemorse1230	gnail com Work	Phone 509-	344-9979
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	y, and from which a	any income in excess of \$	10,000 was derived	during the preceding
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Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ate of New Hampsh	ire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord		nking or financial	6. State of New H municipal employ	lampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Restaution assessment program lodging	urants/	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 of gambling	g, or other legal form	14. Education	15. Water Reso	
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax		cify any other area in nterest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to ngly files a false state	the best of my knowledge ement shall be guilty of a m	and belief. RSA 15 nisdemeanor.	-A:9 Penalty. Any
Date 6-1-22 Signature	e of Filer	vine p		

Type or Print Clearly	•
Full Name JENNIFER MORTON Work Address home - 485 Boston Pos	t Rd. Amherst
Primary Occupation administrative assistant e-mail Jen@mortonfornh.com Work Phone	03-318-1548
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rived during the preceding
Frank Grossman 140 Ridge Rd. Hollis, NH 03049	
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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	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, 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 landlords	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	Resources
16. Agriculture Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
	RECEIVED
Date June 7, 2022 Signature of Filer Jempmoth	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Joseph N Moscus Work Address Retired	
Primary Occupation Refined e-mail jue 1453e 4nhow.com Work Phone 603-730	0-75-22
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Roand Member	
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, asso proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during to calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
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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 services	e, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law law	Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which y special interest —	ou have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Per person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	nalty. Any
Date June 2, 2022 Signature of Filer	

Type or Print Clearly					
Full Name Maxine Mosley		Work Address			
Primary Occupation Retired	e-mail Mmo	sley 929@com	ncast net Wo	rk Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county	MARKE E	Topood	Better !	2	
government held by you. NO ACRONYMS NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal profession in the server of	nal or advisory capacity	, and from which ar	ny income in excess of	f \$10,000 was deri	ved during the preceding
1. Manchester Education Ass 2. NH Retirement System	oarten				
2. NH Retirement System					
If you have no qualifying income indicate by writing your in	itials next to the followin	g statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or	in law, a change in admernment affecting the lis	inistrative rule, a deci	ision whether or not to	award a contract, o	rant a license or permit,
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profession, occupation, or category of business:	Company symmetric man and are accessibled in 1 gr marilly without recognity upon 1 to 1 and 1 an	mas - s noor - ns over assumptionere ensurableptiches abbe aller ann e-valleques der Man and aller and another assumptions are aller and another and another and another and another and another and another another and another anoth	de allementarios. Est agri est a committato en la committato de formación de formac		
I / Health (are II is insurance II I	Estate, including brokers developers, and landlord		ring or financial	6. State of No municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restau lodging	rants/	Sale and distributionbeverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	, or other legal forms	V 14. Education	15. Water F	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia	pecify any other are Il interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is tru of this chapter or knowin	ue and complete to the gly files a false statem	ne best of my knowled nent shall be guilty of a	ge and belief. RS. misdemeanor.	A 15-A:9 Penalty. Any
Date 6-3-2622	Signature	of Filer	ayiné mosla	1	

Type or Print Clearly			
Full Name George Robert Mott	Yam Work Address	33 Kimball Dri	ive, Moulton horough
Primary Occupation Retired	e-mail MOTTIZME96	Jahoo com Work Phone	603-273-2243
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	I or advisory capacity, and from which	h any income in excess of \$10,000 v	vas derived during the preceding
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B. Indicate below whether you or a family member has a special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special interest in the special properties.	law, a change in administrative rule, a nment affecting the listed business, pro	decision whether or not to award a co	ntract, grant a license or permit,
Any profession, occupation, or business licenses profession, occupation, or category of business:	d or certified by the State of New Hamp	shire. List each such	
I I / Health (are ii is insurance ii i	velopers, and landlords 5.		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohole beverages	nolic 11. Practice of law
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	3. Horse or dog racing, or other legal fo gambling	14. Education 13.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Enterprise Tax Dividends		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the second state of the seco	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowledge and beli atement shall be guilty of a misdemea	RECEIVED
Date 6/1/2022	Signature of Filer	Leonge R. Motts	JUN 0 2 2022
Return to: Office of Secretary of St	ate, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name Candace Montan	Work Address 3	30 Bnoklin	e Ave,	Boston MA 0221
rimary Occupation Registered Nurse e-mail cando	celeighmeo	mail.com Work	Phone	Boston MA 022
ame the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS				
List below the name, address, and type of any profession, business, or other or oprietor, or employee, or served in any other professional or advisory capacity lendar year. Sources of retirement benefits other than federal retirement and/or discounts.	y, and from which an	y income in excess of \$	10,000 was de	erived during the preceding
Beth Israel Deaconess medical Cente	r -> emplo	yee		
ou have no qualifying income indicate by writing your initials next to the followi	ng statement.	My income does no	ot qualify	
Iscipline a licensee or permittee, or other decision by government affecting the linancial 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 St profession, occupation, or category of business:	None			
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		ing or financial		New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restart System assessment program lodging		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 of gambling	g, or other legal forms	14. Education		er Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special i	cify any other nterest	area in which you have a
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te 4/8/2022 Signature	e of Filer	dace Moulto	n	JUN 1 0 2022
4/0/000	Carr	July 11 words	and a state of the	NEW HARDSHIRE

Type or Print Clear	·ly					
Full Name	Nicholaos Vassilios Mouzou	rakis	Work Address		525 20th Street,	San Francisco, CA 94107
Primary Occupation	Software Engineer	e-mail	nevumx@gma	ail.com	Work Phone	(603) 205-1542
	osition, board or commission, board of employment with state or county y you. NO ACRONYMS	Remote Senior	Software Security	Engineer at Gus	to	
proprietor, or emp	name, address, and type of any professi loyee, or served in any other profession arces of retirement benefits other than fede	nal or advisory cap	pacity, and from which	n any income in	excess of \$10,000 wa	as derived during the precedir
1. Bigtine	an, 260 Charles St, Waltham, MA	2453, Sales Enab	olement Software			
2. Reinsur	rance Group of America, Inc., 1660	0 Swingley Ridge	e Rd, Chesterfield, N	MO 63017, Rein	surance	
If you have no quali	fying income indicate by writing your ir	nitials next to the fol	lowing statement.	My inco	me does not qualify	
reportable special discipline a license financial effect on	whether you or a family member has a s interest in an item on this list if a change e or permittee, or other decision by gov you or a family member than it would or profession, occupation, or business licen	e in law, a change in ernment affecting t n the general public	administrative rule, a he listed business, pro c: he State of New Hamp	decision whether fession, occupatio	or not to award a cor n, group, or matter w	tract, grant a license or permit,
profession	n, occupation, or category of business:	L	Medical Doctor			
2. Health Car	re il is insurance il i	Estate, including br developers, and lan		Banking or financia ices	11 1	te of New Hampshire, county, o ipal employment
7. N.H. Reti	rement 8. Current use land assessment program		estaurants/ ng	10. Sale and beverages	distribution of alcoho	olic 11. Practice of law
12. Any busing Utilities Comm	ess regulated by the Public nission	13. Horse or dog r of gambling	acing, or other legal fo	rms 14. Edi	ucation 15.	Water Resources
16. Agricultu	re 17. N.H. Business taxes: Profits Tax	Business Enterprise	Tax Interest and Dividends T		tional: Specify any o special interest	ther area in which you have a Software
	A and hereby swear or affirm that the fongly fails to comply with the provisions				uilty of a misdemean	
Date	ine 2, 2022	Sign	ature of Filer	nik.	m.	JUN 0 2 2022
	Return to: Office of Secretary o	f State, 107 North M	ain Street, State House	Room 204, Conc	ord, NH 03301 DI	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print Clearly	(15)
Full Name Sandra J. Mucci Work Address 4 Hillrise Cn., MPS	redite, NH
Primary Occupation Writer/ realtor e-mail Sandy Muccinh @ G-Mad Work Phone 603	-630-5710
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	3/h
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	nt a license or permit, ntially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Insurance	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land ssystem 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 14. Education 15. Water Resolution 15. Water Res	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15	5-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/8/2022 Signature of Filer Milling 1	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly			,
Full Name Russell Muirhead	Work Address	11 Lyme Rd. Han	10 wer NU 03785
Primary Occupation teacher e-	mail russmuirhe	Padle Smail Work Phone	Q03-646-2548
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or accalendar year. Sources of retirement benefits other than federal retires.	dvisory capacity, and from which	th any income in excess of \$10,000	was derived during the preceding
1. Partmonty College, Lebanon	St. Hanaver	NH 03755 ((mrself)
2. Grafton Canty, Darmort	To College Highna	7, Haverlill K	14 (spuse-emp
If you have no qualifying income indicate by writing your initials nex	ct to the following statement.	My income does not quality	fy
reportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ge 1. Any profession, occupation, or business licensed or ce profession, occupation, or category of business:	t affecting the listed business, pro neral public:	fession, occupation, group, or matte	r would potentially have a greater
/ Woolth (are II is inclirance II I		rices mur	State of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	oholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Hor of gamb	rse or dog racing, or other legal fo ling	14. Education	5. Water Resources
16 A mulauda uma	Business Interest an Enterprise Tax Dividends	I	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this ch	information is true and complete apter or knowingly files a false st	to the best of my knowledge and be atement shall be guilty of a misdeme	RECEIVED
Date June 2, 2022	Signature of Filer	fund like	JUN 0 9 2022
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Full Na	me (ATHERING MULHO	CLAND	Work Address	134 GHOVA	HILL Rd Gro	Jton NH03246 523-4497 170mc
Primary	Occupation	Retired	e-mail Cn	nulkalland	134@ good .co	ork Phone 603.	523-4497 Many
director		tion, board or commission, board of mployment with state or county you. NO ACRONYMS					
propriet	tor, or employ	ne, address, and type of any profession wee, or served in any other profession was of retirement benefits other than feder	nal or advisory capacit	y, and from which	any income in excess of	of \$10,000 was derived	during the preceding
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reporta discipli	able special in ne a licensee al effect on yo 1. Any pro	ether you or a family member has a species in an item on this list if a change or permittee, or other decision by gove u or a family member than it would on fession, occupation, or business licens	in law, a change in adnernment affecting the line the general public:	ninistrative rule, a d sted business, prof	ecision whether or not to ession, occupation, group	award a contract, grant	t a license or permit,
	. Health Care	I I I INSTITATO II I	Estate, including broker		anking or financial		lampshire, county, or
<u> </u>	7. N.H. Retire	agent, o	developers, and landlor 9. Resta lodging		tes 10. Sale and distribute beverages	municipal employ	11. Practice of law
	. Any busines lities Commis	, ,	13. Horse or dog racin	g, or other legal for	14. Ludcation	15. Water Reso	
1	6. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		specify any other area in al interest —	which you have a
I have re	ead RSA 15-A a	and hereby swear or affirm that: the for y fails to comply with the provisions	egoing information is t f this chapter or knowi	rue and complete t ngly files a false sta	o the best of my knowled tement shall be guilty of	dge and belief. RSA 15 a misdemeanor.	
Date	6/1	12072	Signatur	e of Filer	Calheento	whillaul	JUN 1 3 2022
	Panin and a manufacture of the second	Return to: Office of Secretary of	State, 107 North Main S	Street, State House	Room 204, Concord, NH	03301	NEW HOLSSCHIRE

Type or Print Clearly			
Full Name CHLIS MUNS	Work Address		
Primary Occupation RETILED e-m	CHLISMUNS CHRISMU	US WET Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or advantage of the calendar year. Sources of retirement benefits other than federal retirem	visory capacity, and from which any inc	come in excess of \$10,000 was derived	during the preceding
1. NONE			
2. NONE			
f you have no qualifying income indicate by writing your initials next	to the following statement.	My income does not qualify	An.
B. Indicate below whether you or a family member has a special intereportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government a financial effect on you or a family member than it would on the general section. 1. Any profession, occupation, or business licensed or cert profession, occupation, or category of business:	change in administrative rule, a decision offecting the listed business, profession, c eral public:	whether or not to award a contract, gran occupation, group, or matter would poter	t a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including agent, developed		or financial 6. State of New H	lampshire, county, or ment
7. N.H. Retirement 8. Current use land assessment program		Sale and distribution of alcoholic erages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gamble	e or dog racing, or other legal forms	14. Education 15. Water Reso	
16 Amulaudaum	Susiness Interest and Interprise Tax Dividends Tax	18. Optional: Specify any other area in special interest—	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha	formation is true and complete to the be pter or knowingly files a false statement	est of my knowledge and belief. RSA 15 shall be guilty of a misdemeanor.	RECEIVED
Date 74NE 6, 2022	Signature of Filer	We M.	JUN 0 8 2022
Return to: Office of Secretary of State, 103	7 North Main Street, State House Room 2	04, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF ST

Type or Print Clearly	
Full Name James Michael MuRPHy Work Address 905, MAINST, HA	quover, NH0375
Primary Occupation Retired e-mail Murph 95810 Juail. Com Work Phone	6036433866
Hame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you. NO ACRONYMS W. H. State Rep.; N.H. Prescription Drug Graffor County Executive Comm.	Affordability BOOK
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	derived during the preceding
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my income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a control discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter working a financial effect on you or a family member than it would on the general public:	act, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
// / Hontels Care II D Incurance II	of New Hampshire, county, or al employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	t 11. Practice of law
Utilities Commission	ater Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other special interest —	er area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor	RSA 15-A:9 Penalty. Any r.
	RECEIVED
Pate U2 22 Signature of Filer	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW H A SHIRE

Type or Print Clearly	,
Full Name Nancy A. Murphy Work Address Town of Merrimad	L
Primary Occupation Town Cancilor e-mail murphy. nancya@gmzil.comWork Phone (603))424-2331
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Commissioner NH HB 73 7 Commissioner Vice chair NH SB 85	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, diproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ed during the preceding
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reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water R Utilities Commission	
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other are special interest—	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
	REGEIVED
Date June 1, 2022 Signature of Filer Stungy Of Murph	JUN 0 2 2022
Poture to: Office of Secretary of State 107 North Main Street. State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Renee Marjan Mulphy Work Address 60 Whipple Hill &	
Primary Occupation Of Custoner Singermail Leves Moran Murphyos Work Phone 790	124414)4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.	during the preceding
1. Eagle Envisonmental Radon Mitigateon - Owener Co. 2. Saifmire Sanfan (A - Employee Pense Weeping Sanfan CA - Employee Sease Mit from have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	v. Boylston, U-
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian 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	a license or permit,
profession, occupation, or category of business:	Allestano della cari i di li dei vicili i della la Mandalla della carioni.
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Households services	lampshire, county, or ment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resonance 15. Water Re	urces
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest—	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	-A:9 Penalty. Any
Date Signature of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Alissandra Murray Work Address Washington St Suite	3123 Dover NH
Primary Occupation HR director e-mail 21:55andra@nhyouth movement.	org
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was detailed as a series of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessalendar year.	rived during the preceding
Southern New Hampshire University, 2500 N River Rd Mendrester NH C	osio (
	39/1:20L
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	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 Manual Control of State of Manual Control	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	Resources
16. Agriculture 17. N.H. Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other a special interest—	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	SA 15-A:9 Penalty. Any
erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/7/22 Signature of Filer	JUN 08 2022
Peturn to: Office of Secretary of State 107 North Main Street. State House Room 204. Concord. NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

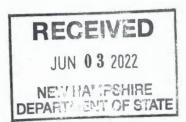
Type or Print Clearly		,		
Full Name Kathleen R Murray	Work Address	NA		
Primary Occupation relived e-	mail dr. /carm 2000 @ a	mail.com	Work Phone	603-373-0458
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or accalendar year. Sources of retirement benefits other than federal retires.	dvisory capacity, and from which	any income in exce	s of \$10,000 wa	s derived during the preceding
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have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this characteristics.	nformation is true and complete t apter or knowingly files a false sta	o the best of my knov tement shall be guilty	ledge and belief of a misdemeand	RSA 15-A 9 Penalty CEIVE
Date June 1, 2002	Signature of Filer	Ceother Ch	Juray	JUN 3 2022 NEW HAMPSHIR DEPARTMENT OF S

Type or Print Clearly
Full Name Megan A. Murray Work Address 105 N. State Street Concord, NH 03:
Primary Occupation Policy Director e-mail mmurray and org Work Phone 6325 685
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Hilsborough County Delegation Clerk. Hils County State Representative Amherst NH.
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.)
Board Member Amherst Land trust (Non Paid Position
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Poyech Management BAE Systems BAE Systems BAE Systems Sys
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Filer 343

Type or Print Clearly	
Full Name Scott muttillo	Work Address 348 novegor &T, Marchelto NA 0310)
Primary Occupation roughly (100)	V. MaTTiallo@Gnuil.com Work Phone 603-668-1620
	ReP
	organization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding isability benefits shall be included. (Use additional sheets as necessary.)
1. General cable 748 reGregor, 51	~ muchel 1= , NH, 0310)
2. General Cable 748 reGregor, 87	old wilton 2, wilgal, NH 03055
If you have no qualifying income indicate by writing your initials next to the follow	ving statement. My income does not qualify
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7. N.H. Retirement 8. Current use land sssessment program lodging	aurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or knowing the comply with the provisions.	true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ringly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/6/2022 Signatur	re of Filer JUN 0 7 2022 NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301

Туре	Print Clearly
Full N	ne Maureen Mooney Work Address N/A
Prima	Occupation State Legislator e-mail hon. Maureen. Mooney @ gmail. Work Phone N/A
directo	ne office, position, board or commission, board of s, etc. or employment with state or county nent held by you. NO ACRONYMS State Representative
propri	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, or, 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 ryear. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.	NH Judicial Branch 1 Granite Place Ste N 400 Concord Law/Judge
2.	
lf you	eve no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
repor discip	cate 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 ble special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ne a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater all effect on you or a family member than it would on the general public:
1	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Judge-NH Bar; Teacher-Statement of Eligibility-NHDOE; Notary Russian
	. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
V	N.H. Retirement 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
	. Any business regulated by the Public ities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
	6. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
	rad 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 who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date	6/1/22 Signature of Filer Mauroen Mooney NEW HAMPSHIRE DEPARTMENT OF STATE

Type or P	rint Clearly								
Full Name	Michael G. Muzzey		Work	Address	1480	Old North M	ain St, Uni	it 20, Laco	nia, NH 03246
Primary O	ccupation	e-mail	mgmuzzey@	netroc	ast.net	W	ork Phone	(603) 45	55-6414
directors,	office, position, board or commission, board of etc. or employment with state or county nt held by you. NO ACRONYMS	Belknap	County Treasu	rer					
proprietor	ow the name, address, and type of any profession, or employee, or served in any other profession ear. Sources of retirement benefits other than federal.	nal or adviso	ory capacity, and fi	om which	ch any in	come in excess	of \$10,000 v	vas derived d	or, associate, partn luring the precedi
1.	NONE						_		
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If you have	no qualifying income indicate by writing your in	itials next to	the following state	ment.		My income do	es not qualify	1	KM
financial	a licensee or permittee, or other decision by gove effect on you or a family member than it would or 1. Any profession, occupation, or business licen- profession, occupation, or category of business:	n the genera	public:				p, or matter	would potent	ially have a greater
2. F	lealth (are	Estate, includ developers, a	ling brokers, and landlords		Banking o	or financial		ate of New Ha	impshire, county, onent
	I.H. Retirement 8. Current use land assessment program		9. Restaurants/ lodging		beve	Sale and distribu erages	ution of alcoh	nolic	11. Practice of law
	ny business regulated by the Public es Commission	13. Horse or of gambling	dog racing, or oth	er legal fo	orms	14. Education	15.	Water Resou	rces
16.	Agriculture 17. N.H. taxes: Profits Tax	Busi Enter		terest ar	- 1] 18. Optional: spec	Specify any claim interest —	other area in v	vhich you have a
	I RSA 15-A and hereby swear or affirm that the for o knowingly fails to comply with the provisions of				atement	shall be guilty of	a misdemea	nor.	A:9 Penalty. Any
Date J	une 2, 2022		Signature of Filer		M.	Such.	Tees?	sy	



Type or Print Clearly		_			
Full Name Patrice Myers		Work Address			
Primary Occupation Retired	e-mail 2 90	awsne gma	il.com We	ork Phone	607-845-1710
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	al or advisory capacity,	and from which as	ny income in excess o	f \$10,000 was d	erived during the preceding
1. NH Retirement System					
2.	•				
If you have no qualifying income indicate by writing your initia	als next to the following	g statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special spec	n law, a change in admit nment affecting the list the general public:	nistrative rule, a dec ed business, profess	ision whether or not to lon, occupation, group	award a contrac	t, grant a license or permit,
Any profession, occupation, or business licenses profession, occupation, or category of business:	d or certified by the Sta	te of New Hampshir	e. List each such		
	tate, including brokers, evelopers, and landlord		king or financial		New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaur lodging	ants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	Horse or dog racing, gambling	or other legal forms	14. Education		r Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: S specia	pecify any other all interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t	going information is tru this chapter or knowing	e and complete to t ly files a false staten	he best of my knowled nent shall be guilty of a	ge and belief. In misdemeanor.	RSA 15-A3 Penalty: Any
Date 6-9-22	Signature o	of Filer	- AL -		JUN 1 0 2022 NEW HAMPSHIRE
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Type or Print Clear	rly				_		,	
Full Name	MEL	myli	CR		Work Address	10 Box 82	CONTOCOCO	K 03289
Primary Occupation	RET	TIRED		e-mail mel	myler @	amail. Com We	ork Phone	603 746 5294
Name the office, po directors, etc. or government held by	employmen		or county	STATE House	SE OF REPR	GMail. Com WO		
roprietor, or empl	loyee, or ser	ved in any o	ther profession	al or advisory capacit	y, and from which		of \$10,000 wa	ficer, director, associate, partner, s derived during the preceding necessary.)
HON	16							
you have no qualif	fying income	indicate by	writing your init	ials next to the followi	ng statement.	My income does	s not qualify	
discipline a licensee financial effect on y	e or permitte you or a fami profession, oc	e, or other de ly member th	ecision by gover nan it would on business license		sted business, pro	fession, occupation, group		tract, grant a license or permit, ould potentially have a greater
2. Health Care	e 3. In:	surance		state, including broker evelopers, and landlor		Banking or financial ices	11 1	e of New Hampshire, county, or pal employment
7. N.H. Retire	ement		rrent use land ment program	9. Restail	urants/	10. Sale and distribute beverages	tion of alcoho	lic 11. Practice of law
12. Any busine Utilities Comm		by the Public		Horse or dog racing gambling	g, or other legal fo	rms 14. Education	15. V	Vater Resources
16. Agricultui	re	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		pecify any ot al interest —	her area in which you have a
have read RSA 15-A person who knowing	and hereby	swear or affi mply with th	rm that the fore ne provisions of	going information is to this chapter or knowing	rue and complete ngly files a false sta	to the best of my knowled atement shall be guilty of a	lge and belief a misdemean	RSA 15-A:9 Penalty. Any
Date 6-1-	2022			Signature	e of Filer	m Myles	/	JUN 0 3 2022
	Retu	ırn to: Office	of Secretary of S	state, 107 North Main S	Street, State House	Room 204, Concord, NH (NEW HAMPSHIRE DEPARTMENT OF ST