Work Address: 39 TRIGATE Rd Hudson WH03051 Type or Print CLEARLY Kobert Full Name E-mail Sencless Q AOL COM Work Phone 603-860-3682 Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding see Had calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) FAM. 14 Ivestment Properties 40 Temple 11 to Temple St NASTOA N'H Real ASSOCIATES 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging beverages law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture **Profits Tax** taxes: Enterprise Tax **Dividends** Tax special interest ----I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date Signature of Reporting Individual RECEIVED Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE



Clegg

Sydilla LLC. Real Estate Investments	39 Trigate Rd, Hudson NH 03051
Sable Enterprises Real Eatate Investment	39 Trigate Rd, Hudson NH 03051
74 Concord Street Real Estate Investment	39 Trigate Rd, Hudson NH 03051
Tumpney Hurd Clegg LLC Real Estate Investment	39 Trigate Rd, Hudson NH 03051
Legislative Solutions LLC Government Affairs	143 N. Main St, Concord, NH
TANA Properties LLC	40 Temple St, Nashua, NH





Type or Print CLEARLY Full Name Micheel Cahill	Work Address:	NA		
Primary Occupation Ret dred	E-mail Michzel Schil	1 BLOGStater NIL."	i Work Phone <u>60</u>	03 380 1736
Name the office, position, board or commission, committee, board of $\underline{544}$ directors, etc. or employment with state or county government held by you. NO ACRONYMS.	E-mail Michzel Sphil	Rachinghan	17	
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal re	y capacity, and from which any	income in excess of \$10	,000 was derived di	uring the preceding
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2			· · · · · · · · · · · · · · · · · · ·	
If you have no qualifying income indicate by writing your initials next to the fo	llowing statement.	My income	does not qualify	
 B. Indicate below whether you or a family member has a special interest reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government aff financial effect on you or a family member than it would on the generation. 1. Any profession, occupation, or business licensed or certified by the Soccupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including business 	change in administrative rule, a ecting the listed business, profe al public: State of New Hampshire. List each rokers, 5. Banki	decision whether or not t ssion, occupation, group,	o award a contract, or matter would po //// 6. State of New	grant a license or permit, tentially have a greater Hampshire, county, or
- 7. N.H. Retirement - 8. Current use land	ndlords <u>' services</u> 9. Restaurants/ odging	10. Sale and distribution of beverages	municipal emplo of alcoholic	11. Practice of
	g racing, or other legal forms of	14. Education	15. Water Res	
Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxBusiness Enterpri		☐ 18. Optional: Special in special in	ify any other area in viterest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in Penalty . Any person who knowingly fails to comply with the provision $\sqrt{2}$	formation is true and complors of this chapter or knowin	ete to the best of my kn gly files a false stateme	owledge and belie ont shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date 2020	Sign	ature of Reporting Individ	lual	RECEIVED
Return to: Office of Secretary of State, 10	7 North Main Street, State Hou	se Room 204, Concord, N	JH 03301	JUN 0 8 2020
				NEW HAMPSHIRE

Type or P Full Name	Print CLEARL	× Mi	riam	Cahil	$\left - \right\rangle$	leaton	Work	Address:			saho	COM
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directors,		nent with s		, committee, bo ty government l			· · · · · · · · · · · · · · · · · · ·					
р	proprietor, or en	nployee, or	served in a	y other profess	ional or a	advisory capac	ity, and fro	m which a	ny incor	me in excess of \$		rector, associate, partner, ved during the preceding as necessary)
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2.										······································		<u> </u>
If you hav	e no qualifying	income in	dicate by wr	iting your initia	uls next to	o the following	statement	, [·] ·		My inco	me does not qual	ify MCY
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1	. N.H. Retireme ystem	nt		rent use land ient program		9. Resta	urants/	Г	10. Sa bever	ale and distribution ages	on of alcoholic	11. Practice of law
	Any business re lities Commiss		the Public	L I	13. Horse gambling	e or dog racing,	or other leg	al forms of	f	14. Education	15. Wate	er Resources
	6. Agriculture	1	17. N.H. axes:	□ Business Profits Tax		Business Enterprise Tax		erest and idends Tax	Г	18. Optional: Specia	pecify any other ar il interest	ea in which you have a
I have re Penalty Date _	ead RSA 15-A	and here who know	wingly fails	to comply wi	th the pr	rovisions of t	his chapte	r or know <u>LUAN</u> Sig	ingly fil	the best of my les a false state of Reporting Indi om 204, Concord	ment shall be g <u>Actor</u> Vidual	belief. RSA 15-A:9 uilty of a misdemeanor.
ı												

Type or Print CLEARLY Full Name JACQUELINE CALL- Pitts	Work Address:
Primary Occupation PotrRed E-mail	Work Phone
Name the office, position, board or commission, committee, board of	
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
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If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program lodging	rants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or gamblingUtilities Commissiongambling	rother legal forms of 14. Education 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	□ Interest and Dividends Tax □ 18. Optional: 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 informatic Penalty. Any person who knowingly fails to comply with the provisions of thi	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 s chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 10 / 3 / 30 20	RECEIVED
	Signature & Reporting Individual JUN 0 4 2020
Return to: Office of Secretary of State, 107 North M	Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Thomas Caldan Work Address:	
Primary Occupation RETIRED E-mail CORDON Phone Level Work Phone	Σ
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directo proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived do calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring 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 mathematic reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potinnancial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal employments	Hampshire, county, or oyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System ssessment program lodging beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Res	sources
Image: Interest and taxes: Image:	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belie Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date 6/7/2020	RECEIVED
	JUN 0 9 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Full Name Robert Joseph Call	Work Addre	ss:	
imary Occupation Software Develo	per E-mail bob Q	bobcall. me Work Phone	
ame the office, position, board or commission, comm irectors, etc. or employment with state or county gove y you. NO ACRONYMS.			
calendar year. Sources of retirement benefits o	r professional or advisory capacity, and from whi ther than federal retirement and/or disability ber	ich any income in excess of \$10,000 was der <i>nefits shall be included</i> . (Use additional shee	ived during the preceding ts as necessary)
1. Robert J. Call D.R	A 63 Emergld St.	#462, Self employ	12/ Contractor
2you have no qualifying income indicate by writing you	our initials next to the following statement.	My income does not qu	lify
 discipline a licensee or permittee, or other decifinancial effect on you or a family member that 1. Any profession, occupation, or business licenses occupation, or category of business: 	4. Real Estate, including brokers, 5	, profession, occupation, group, or matter we ist each such profession, Banking or financial	f New Hampshire, county, or
		- 10. Sale and distribution of alcoholic	
- 7. N.H. Retirement System 8. Current use assessment pro	· II		l employment 11. Practice of law
	· II	beverages ns of 14. Education 15. Wa	11. Practice of law
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System assessment pro 12. Any business regulated by the Public Utilities Commission 16. Agriculture 17. N.H. taxes: Pro I have read RSA 15-A and hereby swear or affirm Penalty. Any person who knowingly fails to cor	gram lodging l 13. Horse or dog racing, or other legal form gambling usiness Enterprise Tax Interest ar Dividends n that the foregoing information is true and c	beverages ns of 14. Education 15. Wa nd 18. Optional: Specify any other special interest 5 complete to the best of my knowledge an	$\frac{11. \text{ Practice of}}{\text{law}}$ ter Resources $\frac{\delta f + w \text{ wie}}{\delta f + w \text{ wie}} = \sqrt{\frac{\delta f + w \text{ wie}}{\delta f + w \text{ wie}}}$ d belief. RSA 15-A:9
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Systemassessment pro12. Any business regulated by the Public Utilities Commission17. N.H. taxes:16. Agriculture17. N.H. taxes: ∇ Br1 have read RSA 15-A and hereby swear or affirm Penalty. Any person who knowingly fails to cor Date06/08/2020	gram lodging l 13. Horse or dog racing, or other legal form gambling usiness Enterprise Tax Interest ar Dividends n that the foregoing information is true and c	beverages ns of \square 14. Education \square 15. Wa nd \square 18. Optional: Specify any other special interest \int complete to the best of my knowledge and nowingly files a false statement shall be \square \square \square \square \square \square \square Signature of Reporting Individual	ter Resources $\delta^{f} \neq \mathcal{W} \not\in \mathcal{V} \in \mathcal{V} $ d belief. RSA 15-A:9

Allaghan Work Address: 259 County Farm Rd Site 105 Conforcement E-mail pg Callaghan 6409 mail com Work Phone 603 516-7189 Full Name Paul allaghan Primary Occupation / a lu Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.

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

Retirement System 54 Regional Drive Concad. M 2.

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

My income does not qualify

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

Г	2. Health Care 3. In	isurance		Real Estate, inclu gent, developers,			x	5. Banki services	•	inancial	\sim	State of Ne inicipal em	-	oshire, county, or nt
×	7. N.H. Retirement System	1	rent use la ent progra		□ 9. Restan	urants/		Г	10. Sa bevera	ale and distribution ages	ofalcol	holic	X	11. Practice of law
Г	12. Any business regulated by Utilities Commission	y the Public		☐ 13. Horse gambling	or dog racing,	or other	legal fo	rms of	Г	14. Education	Г	15. Water F	Resource	es
Г	16. Agriculture	17. N.H. taxes:			usiness nterprise Tax		Interest Dividen		Г	18. Optional: Spe special	cify any 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 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 06.03-20

Signature of Reporting Individual



NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	or Print CLEAR	OHN MITCH	IELL CAL	LUM JR.	Work A	ddress:	NONE			
Primar	y Occupation	RETIRE	Ø	E-m	ail high		ERSdoo 2Q	MX FAIR POIN Work Phone	T. NET	NONE
directo		n, board or commissio ment with state or cou AS.						· · ·	<u>.</u>	
A.	proprietor, or e	nployee, or served in a	any other profession	al or advisory capa	city, and from	which any	u or a family member income in excess of shall be included. (Use	\$10,000 was derive	d during the pre	
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2. If you l	nave no qualifying	g income indicate by v	vriting your initials	next to the following	g statement.		My inco	me does not qualif	, JMC	And
Г —	discipline a lice financial effect 1. Any profe		other decision by go mber than it would siness licensed or cer 4. Real Estat	vernment affecting t on the general publi tified by the State of e, including brokers,	the listed busi	ness, profe re. List each 5. Banki	decision whether or r ession, occupation, gro n such profession, ng or financial	up, or matter would	l potentially hav	ve a greater
1	7. N.H. Retirem		urrent use land	elopers, and landlords		services	10. Sale and distributi	municipal er		Practice of
Г 	System	X assess	ment program	lodging		<u> </u>	beverages		l law	
	12. Any business re Jtilities Commiss	egulated by the Public		. Horse or dog racing, nbling	, or other legal	forms of	14. Education	15. Water	Resources	
-٦	16. Agriculture	17. N.H. taxes:	⊢ Business Profits Tax	□ Business Enterprise Tax □		est and ends Tax		pecify any other area al interest	in which you ha	vea
		who knowingly fail $2/20$	ls to comply with	the provisions of t	his chapter of	Signa	ete to the best of my gly files a false state ature of the positive ind se Room 204, Concor	ment shall be gui	Ity of a misder	D

Type or Print CLEARLY José Eduardo Cambrils	Work	Address:	NIA		
Primary Occupation Retired	E-mail	Jose 4	NHC Comcast.	Work Phone	6=3] 731-8287
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	N/A	······································			
A. List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal ret	isory capacity, and fr	om which any i	ncome in excess of \$10	,000 was derived	during the preceding
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If you have no qualifying income indicate by writing your initials next to the	e following statemen	t.	My income	e does not qualify	flC_
B. Indicate below whether you or a family member has a special inter reportable special interest in any item on this list if a change in law discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ge	, a change in admini affecting the listed b	strative rule, a d	ecision whether or not	to award a contrac	t, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by t occupation, or category of business:	he State of New Hamp	shire. List each s	uch profession,		
2. Health Care 7 3. Insurance 4. Real Estate, including agent, developers, and		5. Banking services	or financial	 6. State of New municipal emp 	w Hampshire, county, or Ployment
7. N.H. Retirement System	9. Restaurants/ lodging	il .	0. Sale and distribution everages	ofalcoholic	11. Practice of law
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		iterest and vidends Tax		cify any other area in nterest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin Penalty . Any person who knowingly fails to comply with the prov	g information is tru isions of this chapt	e and complet er or knowing	e to the best of my k y files a false statem	nowledge and be ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date <u>6-3-2020</u>		Signat	José Eduard	o Cambrie	RECEIVED
	- - -		/		JUN 0 5 2020
Return to: Office of Secretary of State	, 107 North Main Str	reet, State House	e Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE
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Type or Print CLEARLY GEREI DENISE CA Full Name GEREI DENISE CA Primary Occupation CARPENTER	WNON Work	Address: 113 [ND160	HILL RD, SOMERS	WDRTH NA
Primary Occupation CARPENTER	E-mail	RRI. CANNON OGMAN	Work Phone 603 844-	5410
Name the office, position, board or commission, committee, board of	SOMERS WORT	TH SCHOOL BODCD		
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NH STATED	EGISLATURE RE	SPRESENTATIVE	3
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than feder	r advisory capacity, and fr	om which any income in excess of \$1	0,000 was derived during the pre	
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If you have no qualifying income indicate by writing your initials next	to the following statemen	t. My incom	te does not qualify $\underline{(\mathcal{F})}$	2
		shire. List each such profession, 5. Banking or financial services	6. State of New Hampshire, c municipal employment	ounty, or
7. N.H. Retirement System	9. Restaurants/ lodging	10. Sale and distribution beverages		Practice of
Image: 12. Any business regulated by the PublicImage: 13. HoUtilities CommissionImage: 13. Ho	rse or dog racing, or other le ng	gal forms of 14. Education	15. Water Resources	
Image: 16. Agriculture17. N.H. taxes:Business Profits Tax		terest and vidends Tax 78. Optional: Special	cify any other area in which you ha interest	ivea
I have read RSA 15-A and hereby swear or affirm that the fore Penalty . Any person who knowingly fails to comply with the Data $6/4/20$	· · · ·	-	_	
Date		Signature of Reporting Indiv	idual	
	State 107 North Mrin Str	eet State House Boom 204 Concord		IUN 0 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

	RE STATEMENT OF FINANCIAL IN		468 Asmitherst St.
Full Name Anthony Caplan	Work Address:	tcodemy of "	Science + Design, Nashin, NA
Primary Occupation teacher	E-mail <u>a caplar</u> oas	dnh.org Wa	ork Phone
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS.			
A. List below the name, address, and type of any profession, busi proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which any in al retirement and/or disability benefits sho	ncome in excess of \$10,0 all be included. (Use addition) was derived during the preceding onal sheets as necessary)
1. Academy For Science & D	esign, 468 Amberst	St. Nachu	^
1. Academy For Science o D 2. NH Retirement System		· · · · · · · · · · · · · · · · · · ·	
If you have no qualifying income indicate by writing your initials next		My income do	1
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in	n law, a change in administrative rule, a d	ecision whether or not to a	ward a contract, grant a license or permit,
discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on th 1. Any profession, occupation, or business licensed or certified occupation, or category of business:	the general public: by the State of New Hampshire. List each su	uch profession,	
financial effect on you or a family member than it would on th 1. Any profession, occupation, or business licensed or certified occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, inc agent, developer	le general public: by the State of New Hampshire. List each su luding brokers, s, and landlords	or financial	6. State of New Hampshire, county, or municipal employment
financial effect on you or a family member than it would on th 1. Any profession, occupation, or business licensed or certified occupation, or category of business: 2. Health Care	by the State of New Hampshire. List each sub- luding brokers, 5. Banking s, and landlords services	or financial	6. State of New Hampshire, county, or municipal employment
financial effect on you or a family member than it would on th	le general public: by the State of New Hampshire. List each sub- luding brokers, 5. Banking s, and landlords services 9. Restaurants/ 1 lodging be se or dog racing, or other legal forms of 1	or financial	6. State of New Hampshire, county, or municipal employment coholic 11. Practice of
financial effect on you or a family member than it would on th	le general public: by the State of New Hampshire. List each sub- luding brokers, 5. Banking s, and landlords services 9. Restaurants/ 1 lodging be se or dog racing, or other legal forms of 1	or financial	6. State of New Hampshire, county, or municipal employment coholic 11. Practice of law 15. Water Resources
financial effect on you or a family member than it would on th	by the State of New Hampshire. List each sub- luding brokers, s, and landlords 5. Banking services 9. Restaurants/ lodging be se or dog racing, or other legal forms of g Business Interest and Enterprise Tax Dividends Tax formation is true and complete	or financial O. Sale and distribution of al everages 14. Education 18. Optional: Specify a special intervent to the best of my know	6. State of New Hampshire, county, or municipal employment coholic 11. Practice of law 15. Water Resources Ty other area in which you have a st nedge and belief. RSA 15-A:9
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Type or Print CLEARLY Full Name Carlos Cardona				nia NH 03246
Primary Occupation Director of Production E-mail	(Cardona@Ju	sescapeaulay	Work Phone	603 366-3340
Name the office, position, board or commission, committee, board of				
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	y, and from which any inc	come in excess of \$1	0,000 was derived	during the preceding
1.	·····	<u></u>		
2	statement.	My incom	e does not qualify	
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change ir 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: Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business: Health Care Insurance 	a administrative rule, a de e listed business, profession ew Hampshire. List each suc 5. Banking of	cision whether or not on, occupation, group	to award a contra , or matter would 6. State of Ne	ect, grant a license or permit, potentially have a greater
7. N.H. Retirement System 8. Current use land assessment program 9. Restau lodging). Sale and distribution verages	municipal em of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, o gambling	r other legal forms of	14. Education	15. Water F	Resources
If <	Interest and Dividends Tax	- 18 Optional: Spe special	l cify any other area i nterest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of the pate $\alpha/2/2020$	on is true and complete is chapter or knowingly	to the best of my k files a false statem	nowledge and be ent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Dale vy - 12000	Signatur	re of Reporting Indivi	dual	RECEIVED
Return to: Office of Secretary of State, 107 North I	Main Street, State House I	Room 204, Concord,	NH 03301	JUN 0 8 2020 New Hampshire

Type or Print CLEARLY Full Name Lorrie Jean Carey Work Address: 151 King St, Boscauser, NH 03303
Primary Occupation Small business owner E-mail myflower@fds, net Work Phone 603-796-222
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Femily members-po
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of Image: System Ima
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 Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest

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

Date 06-10-20

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

JUN 1 2 2020 NEW HAMPSHIRE

DEPARTMENT OF STATE

RECEIVED

Type o Full Na	me Shelley M. Carita Work Address: 30 Black Brook Road Meredith, NO y Occupation Retired Non-Profit Executive E-mail shelley carita Onetrocust-net Work Phone (603) 494-1472
Primar	y Occupation Retired Non-Profit Executivy E-mail shelley carita Onetrocust-Net Work Phone (603) 494-1472
directo	the office, position, board or commission, committee, board of
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	Partnership for Public Health, Inc.
2.	West Side Seven Rental Properties, LLC.
lf you l	nave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Γ	1. Any profession, occupation. or business licensed or certified by the State of New Hampshire. List each such profession. occupation, or category of business:
Γ	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent developers and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment

	agent, developers	, and fandiords	services		municipal emp	loyment
7. N.H. Retirement	8. Current use land	9. Restaurants/	I	10. Sale and distribution	ofalcoholic	11. Practice of
System	assessment program	lodging	l b	oeverages		law
12. Any business regulated by Utilities Commission	y the Public 13. Horse gambling	e or dog racing, or other legal	forms of	14. Education	15. Water Re	sources
16. Agriculture	1 1	Business Interes Enterprise Tax Divide	st and nds Tax	, , , , , , , , , , , , , , , , , , , ,	cify any other area in interest	which you have a

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

Date _ fine 5,2020

Signature of Reporting Individual

Brother Sar Line of 10 JUN 1 2 2020 NEW MAMPSHIRE DEPARTMENT OF STATE N

Type o Full Na	r Print CLEARLY me	ivoie Ca	rms		Work Add	tress: <u>3</u>	JIRT 10	8 <	Somersi	worth NH	
Primary	Occupation Denta	1 Hygi	unist	E-mail						00 7492346	
director	he office, position, board o s, etc. or employment with NO ACRONYMS.							-			· · · ·
A.	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in a	ny other profession	nal or advisory capacit	ty, and from v	which any	income in excess	s of \$10,0	000 was derived	during the preceding	
1.	NH Denta)	Hygie	mist Asso	ciation						· ·	
2.		v	·····		<u> </u>				· · · · · · · · · · · · · · · · · · ·		
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Г	7. N.H. Retirement System	18	rrent use land nent program	9. Restaut lodging	rants/	11 .	10. Sale and distri peverages	bution of	alcoholic	☐ 11. Practice of law	
	12. Any business regulated by tilities Commission	y the Public	11	Horse or dog racing, o nbling	r other legal fo	orms of	14. Educat	ion	15. Water R	Resources	
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	□ Business Enterprise Tax □	☐ Interest Dividen		Γ ^{18.} Option	al: Specif	y any other area i erest	n which you have a	
I have Penal	read RSA 15-A and her ty. Any person who kno	eby swear o owingly fails	r affirm that the f to comply with	foregoing informatic the provisions of thi	on is true and is chapter or	t complet knowing	te to the best of $\frac{1}{2}$ to the best of $\frac{1}{2}$	my kno statemen	wledge and be at shall be guilt	ty of MiRECE	VED
Date	6-3-90	i)c	<u>YCV //(</u> Signal	ture of Reporting	MU Individu	al	JUN - 8	2020
		Return to:	Office of Secretary	y of State, 107 North N	Main Street, S	tate Hous	e Room 204, Cor	ncord, NI	H 03301	NEW HAMP	SHIRE OF STATE

Type or Print CLEARLY Full Name (1ydedrson Work Address: <u>571 Kears arge Mth</u> R.	d, Warner NH
Primary Occupation Flysice Director E-mail clyde Carse alguining Work Phone 60	
Name the office, position, board or commission, committee, board of <u>NH</u> <u>Stre Representative</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived du calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	<u>e</u> re
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would po 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 employees for the services 6. State of New Hampshire.	Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System assessment program lodging beverages	11. Practice of
Image: System Imag	· · · · · · · · · · · · · · · · · · ·
I6. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise TaxInterest and Dividends Tax18. Optional: Specify any other area in v special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belie Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of	
Date Juss 2020 Signature of Reporting Individual	RECEIVED
(Gebruine of Reporting And received	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CL Full Name	early and L	rarie	Carson		Work Add	lress:			
Primary Occupatio	n			E-m	ail			Work Phone	
Name the office, pe directors, etc. or en by you. NO ACRO	nployment wit	or commissior h state or cour	n, committee, boa nty government h	eld	e Chair	N.H	FAPA		
proprietor calendar y	, or employee, ear. <i>Sources o</i>	or served in a fretirement b	ny other professi enefits other than	onal or advisory capa federal retirement an	city, and from w ad/or disability i	which any i benefits sh	income in excess of solution of the second	\$10,000 was derive additional sheets a	
1. Grea	Carson	, 19 T	okanel	Rd, Londor	nderry -	- Reg	ional Dira	ector - H	tub
2.						····		·····	<u> </u>
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discipline financial e	a licensee or p ffect on you of profession, occ on, or category	ermittee, or of r a family mer upation, or bus	ther decision by g nber than it woul iness licensed or c 4. Real Est	overnment affecting t d on the general publi ertified by the State of I	he listed busine c: New Hampshire.	List each s	sion, occupation, gro	up, or matter would	act, grant a license or permit, d potentially have a greater
7. N.H. Ret	irement		rrent use land nent program	velopers, and landlords 9. Resta lodging			0. Sale and distribution everages	municipal er	11. Practice of
System 12. Any busin Utilities Cor	ness regulated b nmission			13. Horse or dog racing, ambling	or other legal fo	orms of	14. Education	15. Water	Resources
16. Agricul	ture	17. N.H. taxes:	⊢ Business Profits Tax	Business Enterprise Tax	☐ Interest Dividence			pecify any other area al interest	in which you have a
I have read RSA Penalty. Any p	15-A and he erson who kn	reby swear o owingly fails	r affirm that the s to comply with	e foregoing informat h the provisions of t	his chapter or	knowingl	ly files a false state	ment shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor.
Date June	- 10, 7	1020	· · ·		tha	M Signati	M. Carle ure of Reporting Indi	vidual	RECEIVED
				· · ·		C			JUN 1 0 2020
		Return to:	Office of Secreta	ry of State, 107 North	Main Street, S	tate House	Room 204, Concord	l, NH 03301	NEW HAMPSHIRE

Full Na	AME JACQUELINE CA	SEY	Work Address: <u>300</u>	AMHERST ST. NASHUA, NH0306
Primar	y Occupation AUTOMOBILE R	ODUCT SPECIALIST E-	IN JACKIE CASEY	2020@gmay. Com Work Phone 603-819-4210
Name t directo	the office, position, board or commission rs, etc. or employment with state or coun . NO ACRONYMS.	committee, board of NONE		
A. 1.	proprietor, or employee, or served in a	y other professional or advisory cap nefits other than federal retirement a	acity, and from which any incom	amily member was an officer, director, associate, partner, e in excess of \$10,000 was derived during the preceding <i>included</i> . (Use additional sheets as necessary)
2.	UNITED AG +	TURF		
If you l	have no qualifying income indicate by w	iting your initials next to the following	ag statement.	My income does not qualify
B.	reportable special interest in any item	n this list if a change in law, a chang her decision by government affecting	e in administrative rule, a decision the listed business, profession, o	ofessions, occupations, groups or matters. A person has a on whether or not to award a contract, grant a license or permit, occupation, group, or matter would potentially have a greater
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occupation, or category of business:

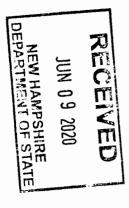
Г	2. Health Care 3. In	surance	 Real Estate, inclu agent, developers, 		5. Bankin services	ng or financial	 6. State of New municipal empl 	Hampshire, county, or loyment
Г	7. N.H. Retirement System	8. Current assessment p	t use land program	9. Restaurants/ lodging		 Sale and distribution beverages 	n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

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

0 Date

Type or Print CLEARLY

 $\boldsymbol{\Lambda}$ Signature of Reporting Individual



2020 NEW HAMPOHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A	
Type or Priot CLEARLY Put Name CLEARLY H CARTE/RIGHT Work Address: 1253 Alsterits Courters	P
Hool Bus DRIVER Bond Joe CARTINEIGHT ARE GAM.	Work Phone 603 756 3781
Name the office, position, board or commission, committee, board of disectors, etc. or employment with state or county government held by you. NO ACRONYMUS.	
.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, permit proprietor, or employee, or served in any other professional or advisory capacity, and them which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retriament bangfus other than federal retirement and/or disability benefits shall be included. (Use additional shoets as secensary)	 as officer, director, associate, partner, was derived during the preceding Nitional sheets as secessary)
FAIL Mr Scheel LANGTON, NH @ 3602	
Secorery 3.	
have no qualifying i	-
B. Indicate below whether you or a family member has a special internst in any of the following businesses, professions, occupations, proups or matters. A person has a reportable special internet is any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a construct, grant a license or permit, discipling a license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	ions, groups or matters. A person has a to award a construct, grant a license or permit, or matter would potentially have a greater
1. Any profession, competion, or business licensed or card fled by the State of New Hampshire. List each such profession, or category of business:	
1. Kealth Care 7. Insurance 7. A. Real Essen, including brokers, 5. Banking or financial 7. 6. State of New Hamped agent, developers, and landlords services 7. Insurance agent, developers, and landlords	6. State of New Heaspehire, county, or musicipal employment
7. N.H. Retirement 💽 8. Chricht we hand – 9. Restaurants/ – 10. Sale and distribution of alcoholic – 10. Sale and dist	law
ر 12. Any business regulated by the Public المعلم المعلم المعلم المعلم	varces
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Peaalty. Any person who knowingly fails to comply with the provisions of this chapter or knowledge) files a faise statement shall be guilty of a misdemeanor. Date $\frac{1}{10}$	f. RSA 15-A:9 X a misdemeanor.
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Return to: Office of Societary of state, 197 North mi ļ 1

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JUN 1 0 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

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1 ACCA UN

Type or Print CLEARLY

 Type or Print CLEARLY

 Full Name KEVIN J CAVANAUGH

 Work Address:
 46 THIRD
 57.
 MANCHESTER

 Primary Occupation
 ASST. BUSINESS
 MANAGER
 E-mail ABM CAVANAUGH & IBLW 233 P. ORB
 ORB

 Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. FAIRPOINT COMM. NORTHERN NEW ENGLADA PLAN, PO BOX 7143 BANTOUL, IL 61866 2. KANTERES REAL ESTATE, 36 SALMON ST. MANCHESTER 03104 My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater

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

financial effect on you or a family member than it would on the general public:

	2. Health Care \Box 3.	Insurance		Real Estate, inclu gent, developers,			5. Banki services	-	inancial	178	6. State of New municipal emp	Hampshire, county, or loyment
Γ	7. N.H. Retirement System		rent use la ent progr		9. Restauran	ts/	Г	10. Sa bever	ale and distribution ages	n of ale	coholic	11. Practice of law
Γ	12. Any business regulated Utilities Commission	by the Public		☐ 13. Horse gambling	or dog racing, or of	her legal f	orms of	Γ	14. Education		15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	1		Business nterprise Tax	Interes		-	18. Optional: Special			which you have a

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

Date 6/1/2020 Signature of Reporting 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 Shannon E. Chandley Work Address: 107 N. Main St., Rm 105A	Concord, NH 03301
Primary Occupation State Senator E-mail Shannon , chandley of leg, stute. nh, Work Phone	ne 603-271 - 4151
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was d calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional she	erived during the preceding
1. Vinebrook Homes, 3500 Park Center Dr. Dayton, OH 45414	
2. NH Sports Company 3 High Meadow Ln. Amherst, NH 03031	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not q	ualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter of 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: 1. Muture and muture function of business. 	contract, grant a license or permit, would potentially have a greater
Health Care II 3 Incurance II	e of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	Γ 11. Practice of law
Utilities Commission ' gambling	Water Resources
I6. Agriculture17. N.H. taxes:Business Profits TaxInterest and Enterprise TaxInterest and Dividends TaxI8. Optional: Specify any other special interest	er area in which you have a rooms and meals 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 Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	and belief. RSA 15-A:9 be guilty of a misdemeanor.
Date June 4, 2020 Suannou Chaudler	1
Signature of Reporting Individual	7 JUN 1 2 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NIVY MALTPENATE DEPARAMINATION A

Type or Print CLEARLY Full Name THOMES	NESLEY CHARMON	Work Address:	S9 ABBOT A	VE. BATH, NH 03740
Primary Occupation	NU ENGINEER	E-mail WESEWESC		hone 663 - 366 - 7225
Name the office, position, board or com directors, etc. or employment with state by you. NO ACRONYMS.				· · · · · · · · · · · · · · · · · · ·
proprietor, or employee, or ser	and type of any profession, business, o wed in any other professional or advise ment benefits other than federal retir	ory capacity, and from which any	income in excess of \$10,000 wa	s derived during the preceding
1. STUDIO BOHEMA	5, ST ABBOTT AV	F. BOTH NH G	5740 - RELOR	OINE STUDIO
2. PRETMOSTH-HITC	KOCK MEPILOL CENT	ER, ONE MEDILA	CENTER DR. LEB	ANON NH 03756-NURSE
If you have no qualifying income indica			My income does no	
reportable special interest in an discipline a licensee or permitte	a family member has a special intere y item on this list if a change in law, ee, or other decision by government a ily member than it would on the gene	a change in administrative rule, a ffecting the listed business, profe	decision whether or not to award	a contract, grant a license or permit,
1. Any profession, occupation occupation, or category of bus	n, or business licensed or certified by the ness:	e State of New Hampshire. List each	n such profession,	· · · · · · · · · · · · · · · · · · ·
2. Health Care 73. Insuran	ce 4. Real Estate, including agent, developers, and		e	tate of New Hampshire, county, or icipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
12. Any business regulated by the F Utilities Commission	Public T 13. Horse or do gambling	og racing, or other legal forms of	14. Education 15	5. Water Resources
16. Agriculture 17. N taxes		ess Interest and rise Tax Dividends Tax	18. Optional: Specify any o special interest	ther area in which you have a
I have read RSA 15-A and hereby s Penalty Any person who knowing				

Date 6/12/20 Signature of Reporting Individual

Type or Print CLEARLY Full Name Thomas Wesley Chapmon		Work Address: 59 Abbott Ave	OFC, Bath, NH 03740		
Primary Occupation Recording Engineer	E-mail	wes@studiobohemo.com	Work Phone	6033062225	
Name the office. position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.					
A. List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advis calendar year. Sources of retirement benefits other than federal retire	sory capacity	, and from which any income in excess of \$	510,000 was deriv	ved during the preceding	
Studio Bohemo, 59 Abbott Ave. OFC, Ba	th, NH	03740 - Recording Studio			
2. Dartmouth-Hitchcock Medical Center, O	ne Medi	cal Center Drive, Lebanon	, NH 0375	5 - Hospital	
If you have no qualifying income indicate by writing your initials next to the	following st	atement. My inco	me does not qua	lify	

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

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

x	T. Any profession, occupation, or ous	siness needs
1 x	occupation, or category of business:	Nurse

Г	2. Health Care 73. I	nsurance	ance 4. Real Estate, including brokers, agent, developers, and landlords		_	5. Banking or financial services		inancial	6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System		rent use la nent progr		9. Restaurants lodging	/	Г	10. Sa bevera	ale and distribution of ages	ofalcoholic	☐ 11. Practice of law
Γ_	12. Any business regulated b Utilities Commission	by the Public		☐ 13. Horse gambling	or dog racing, or oth	er legal fo	orms of		14. Education	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interest Dividen		Г		ify any other area in nterest	which you have a

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

Date $G(11/20)$	Mar	RECEIVED
	Signature of Reporting Individual	⁴ JUN 1 5 2020
Return to: Office of Secretary of State, 107 N	North Main Street, State House Room 204, Concord, NH 0330	NEW HAMPSHIRE

Type or Print CLEARLY Full Name
Primary Occupation IT Consultant E-mail <u>electryler chase @gmail.com</u> Work Phone (603) 722-0427
Name the office, position, board or commission, committee, board of
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 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 Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date <u>63 2020</u> Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 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 Rrint CLEARLY Short & Va Shore _____ webppond Work Phone 201-603-319-Work Address: Full Name Dend Sales E-mail WC/ CBEDG Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.

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

IDNE Ł. 2.

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

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

My income does not qualify

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

Γ	2. Health Care 3. In	surance		Real Estate, including brokers, gent, developers, and landlords 5. Bankin services		•	inancial	6. State of New municipal emp	v Hampshire, county, or loyment		
Γ	7. N.H. Retirement System		rrent use la nent progr		9. Restau	irants/		10. Sa bever	ale and distribution ages	ofalcoholic	11. Practice of law
Γ	12. Any business regulated by Utilities Commission	y the Public		13. Horse gambling	or dog racing,	or other leg	gal forms of		14. Education	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:			Business Interprise Tax		erest and idends Tax			cify any other area in nterest	n which you have a

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

Date Jul 312 200	read drai	RECEIVED
	Signature of Reporting Individual	JUN - 8 2020
Return to: Office of Secretary of State, 107 North M	Tain Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERES	TS – RSA 15-A
Type or Print CLEARLY Full Name Theresa M. Cheslock Work Address:	
Primary Occupation COUPTassiston retired E-mail	Work Phone
Name the office, position, board or commission, committee, board of	
 A. List below the name, address, and type of any profession, business, or other organization in which you or a fam proprietor, or employee, or served in any other professional or advisory capacity, and from which any income i calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be income. 1. WORKER NH STATE PENSION 	n excess of \$10,000 was derived during the preceding
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, profere reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occ 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 profoccupation, or category of business: 	whether or not to award a contract, grant a license or permit, upation, group, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or finar services	1. 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale as beverages	nd 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
	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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a CALL 2020 IUN - 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE Return to: Office of Secretary of State, 107 North Main Street, State	a false statement shall be guilty of a misdemeanor. M. Charlock eporting Individual 6/4/20

Full Name hico he	Work Address: 314 Carter St. Apt. 3 Manchester NH 03102
Primary Occupation Administrator E-mail	Work Address: 314 Carter Stifft: 3 Manchester NH 13102 bright 774 Poutlook. Com Work Phone (603) 858-4154
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1.	
2	
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify \underline{BC}
	Administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater / Hampshire. List each such profession, / Hampshire. List each such profession, / S. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement8. Current use land9. RestauraSystemassessment programlodging	unts/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission	other legal forms of 14. Education 15. Water Resources
I6. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this Date <u>632020</u> Return to: Office of Secretary of State, 107 North M	

Full Name Debra Michelle Childs Work Address: 45 Ash St Durer NH 03820
Primary Occupation <u>Executive Director</u> E-mail dbra. Childs@gnail. Com Work Phone 605-923-2795
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging lodging 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. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301
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 BRIAN KEITH CHIRICHIE LLO Work Address: I Verani Way London deray NH 03053 Primary Occupation Real 2 state Agent E-mail bnan, chinchiello @Verani.com Work Phone 603-6614835
Primary Occupation Real 2 state Agent E-mail bran, chinchiello @verani.com Work Phone 603-6614835
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Bran Chirichiello selfemployeed Real Estate agent
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Real Each tech
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
$ \begin{array}{ c c c c c c } \hline & 7. \text{ N.H. Retirement} \\ \hline & System \end{array} \hline \hline & 8. \text{ Current use land} \\ \hline & assessment program \end{array} \hline \hline & 9. \text{ Restaurants/} \\ \hline & \log ng \end{array} \hline \hline & 10. \text{ Sale and distribution of alcoholic} \\ \hline & beverages \end{array} \hline \hline & 11. \text{ Practice of} \\ \hline & law \end{array} $
Li2. Any business regulated by the Public Utilities Commission I 3. Horse or dog racing, or other legal forms of gambling I 14. Education I 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date $5 _{29} _{2020}$ Busine of Reporting Individual Date 005 000 000 000 000 000 000 000 000 00
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Full Name Jacqueine Chretien	Work Address: 601 W. Main St., Ste. 102,	Durham N
Primary Occupation Team Manager	E-mail jacqueline chretiene Work Phone n/a gnail.com	
directors, etc. or employment with state or county government held	Na	
proprietor, or employee, or served in any other professional o	tess, or other organization in which you or a family member was an officer, director, associate, pa advisory capacity, and from which any income in excess of \$10,000 was derived during the prece- retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rtner, ding
1. Manchester NH School	astrict (employee), spouse	
2		
If you have no qualifying income indicate by writing your initials next	the following statement. My income does not qualify	
I. Any profession, occupation, or business licensed or certified occupation, or category of business:		a greater
2. Health Care 73. Insurance 4. Real Estate, in agent, develope	uding brokers, , and landlords 5. Banking or financial services 6. State of New Hampshire, cou municipal employment	nty, or
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ lodging 10. Sale and distribution of alcoholic 11. Pra law	actice of
12. Any business regulated by the Public13. HoUtilities Commissiongamblin	e or dog racing, or other legal forms of 14. Education 15. Water Resources	
If 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Interest and Dividends Tax II. Optional: Specify any other area in which you have special interest	:a
I have read RSA 15-A and hereby swear or affirm that the fore Penalty . Any person who knowingly fails to comply with the	oing information is true and complete to the best of my knowledge and belief. RSA 15- rovisions of this chapter or knowingly files a false statement shall be guilty of a misdeme	A:9 eanor.

Date	June	3	2020

Signature of Reporting Individual

JUN 0 9 2020

Type or Print CLEARLY Full Name <u>Bernice Marie Christianson</u> Work Address:
Primary Occupation Retired E-mail bchristian Son Omytair poin Work Minute
Name the office, position, board or commission, committee, board of
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. Social Security + Former Sporce military pension
2
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit; discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 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 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 11. Practice of lodging 11. Practice of lodging

14. Education 15. Water Resources gambling Utilities Commission 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture special interest ---taxes: Profits Tax 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 6-12-2020

Signature of Reporting Individual

Type or Print CLEARLY Read Manchuster NH CISO Work Address: 61(POCT Full Name Kach E-mail Cochel Cisto Ddelta Com Work Phone 603 634 61 Primary Occupation C Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1500 S.Willow St If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 5. Banking or financial 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 10. Sale and distribution of alcoholic 9. Restaurants/ 11. Practice of 7. N.H. Retirement 8. Current use land lodging beverages assessment program law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. 18. Optional: Specify any other area in which you have a Business Business Interest and 16. Agriculture special interest ----Profits Tax Enterprise Tax **Dividends** Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. June a Signature of Reporting Individual RECEIVE JUN 0 8 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Full Nar	e TERRY MICHAEC CLARE Work Address:
Primary	Decupation RETIRED REACTOR E-mail tweefulark.com Work Phone
directors	e office, position, board or commission, committee, board of <u>COURTY</u> COURTSIONER etc. or employment with state or county government held NO ACRONYMS.
. A .	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	KEENE STATE COLLEGE
2.	
f you ha	ve no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
	reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
Γ	. Health Care T 3. Insurance A. Real Estate, including brokers, agent, developers, and landlords - 5. Banking or financial - 6. State of New Hampshire, county, or municipal employment
	N.H. Retirement ystem 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
	Any business regulated by the Public lities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
Г	6. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Linterest and Dividends Tax Dividends Tax Divi
I have Penalt	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 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 UNE

Signature of Reporting Individual



Type of Full Na	r Print CLEARL' me	Y SKIP	CLeave	r	_ Work Addres	s: <u>4</u> C/	hadwick C	ircle, ApTH	Nashua NH. 0306.
Primary	Occupation	Retir	ed	E-mai	Skircle	aver C	Comcast,M	E Work Phone	<u>, Nashuq NH. 0</u> 306. :03-305-9871
director	he office, position, rs, etc. or employm NO ACRONYM	ent with state of					······		
A.	proprietor, or em	ployee, or serve	d in any other prof	ession, business, or other or fessional or advisory capacit than federal retirement and	ty, and from whic	ch any incon	ne in excess of \$1	0,000 was derived	during the preceding
1.	NA								
2.	<u></u>								
If you h	nave no qualifying	income indicate	by writing your in	nitials next to the following	statement.		My incon	ne does not qualify	IC
Г 	• •	sion, occupation, category of busin	ess:	al Estate, including brokers,	$\frac{CiTY}{r} \frac{AL}{5}$	Banking or f	ท		ew Hampshire, county, or
Г	7. N.H. Retiremer System	11	8. Current use land assessment program			vices 10. Sa bevera	ale and distribution ages	municiparen	$\frac{11. \text{ Practice of}}{\text{law}}$
	12. Any business reg Jtilities Commissi	gulated by the Pu		13. Horse or dog racing, o gambling	or other legal form		14. Education	15. Water	Resources
Г	16. Agriculture	17. N.I taxes:	H. Profits		□ Interest an Dividends	1.1	18. Optional: Sp special	ecify any other area interest	in which you have a
Pen a		who knowingl	y fails to comply	at the foregoing information with the provisions of the provisions of the provisions of the provisions of the provision of th		nowingly fil		nent shall be gui	Ity of a misdemeanor.
		Retu	rn to: Office of Se	ecretary of State, 107 North	Main Street, Stat	te House Ro	om 204, Concord	, NH 03301	JUN 042020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY John R. Cloutier	Work Address: 1100 Elm St., Suite 203, Munchester, N.H. 03102
Full Name John R. Cloutier	Work Address: 1100 Elm St., Suite 203, Munchester N.H. 03102
Primary Occupation Private Security Officer E-mail	hxconovenurdisk, com Work Phone (603) 298-3901
Name the office, position, board or commission, committee, board of	Representative, New Hampshire House of

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

Substitute Teacher, Claremont School District, 165 Broad St. Claremout, N.H. 1. 2.

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

My income does not qualify _____

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

Γ_	2. Health Care 73. In	surance	4. Real Estate, including brokers, agent, developers, and landlords			5. Bankin ervices	ng or financial	6. State of New Hampshire, county, or municipal employment	
Γ	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/ lodging			10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Γ	12. Any business regulated by Utilities Commission	the Public	I3. Ho gamblin	rse or dog racing, or other g	legal fo		14. Education	15. Water Re	esources
Γ	16. Agriculture	17. N.H. taxes:	□ Business Profits Tax □		Interest Dividend	and	18. Optional: Sp	ecify any other area in interest	which you have a

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

Date _____ June 4, 2020

Signature of Reporting Individual

RECEIVED JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STA

.

Type or Print CLEARLY Full Name HOWARD D. GFFMAN	Work Address: 6 GeHyst	sure Drive Nashra
Primary Occupation Training Consultant E-mail	Work Address: 6 GeHyst HKOFFMAN C proton Mail	Work Phone 603.264-1484
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and the set of the set	y, 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 s	tatement. My incom	ne does not qualify
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business: 	administrative rule, a decision whether or no e listed business, profession, occupation, group	t to award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement8. Current use land9. RestautSystemImage: systemImage: systemImage: system	rants/ 10. Sale and distribution beverages	n of alcoholic II. Practice of ław
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	r other legal forms of 14. Education	15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	□ Interest and Dividends Tax □ 18. Optional: Special special	ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of the Date $\frac{6/10}{2020}$		nent shall be guilty of a misdemeanor.
Return to: Office of Secretary of State, 107 North N		

Full Name HOWARD. COFFMAN	Work Address	6 Ge Hysburg	Drive	Vasha att
Primary Occupation TRAINING CONSULTant e-mail * of			Work Phone	03064
		Reprocentative		

Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS

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

1. 2.

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

My income does not qualify

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

Γ	1. Any profe profession, oc	-	cupation, or l n, or category			l or certil		State of	New Ha	mpshire	e. List e	each such	11	
Γ	2. Health Care	[] 3. li	nsurance	11		-	luding brokers, and landle		Г	5. Ban services	-	financial		f New Hampshire, county, or employment
[]	7. N.H. Retirem System	nent		irrent us ment pr			9. Rest lodging	aurants	/		10. S bever		tion of alcoholic	11. Practice of law
Γ	12. Any business Utilities Commiss	-	d by the Publ	ic		3. Horse gamblin	e or dog raci 1g	ng, or o	ther leg	al forms		14. Education	15. Wat	er Resources
Γ	16. Agriculture		17. N.H taxes:	1 .	siness fits Tax		usiness nterprise Tax	, Π	Interes Divider			18. Optional: S speci	al interest	r area in which you have a
	ve read RSA 15-A ar on who knowingly													ISA BEGELVED
Dat	6/11	205	20	ne prova		tino chu			1		、	\sim	\mathcal{D}	JUN 15 2020
Da			86419	solahidan					H	Slonatu		leporting individ		NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print CLEARLY Full Name Bruce Cohen	Work Address: 17 Crimson Ct Nashug
Primary Occupation Consultant	E-mail bruce - cohen 2 outlack, com Work Phone 603 417 6980
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative Hilsboroush 28
	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding

calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) Skilsoft Corporation Helwitt Packard

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

My income does not qualify

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

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

Γ	2. Health Care 7. Insurance 4. Real Estate, includ agent, developers, a			•				6. State of New Hampshire, county, or municipal employment		
Γ	7. N.H. Retirement System		rrent use land hent program	9. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	II. Practice of law		
Γ	12. Any business regulated b Utilities Commission	by the Public	☐ 13. Horse gambling	or dog racing, or other	legal forms of	[14. Education	15. Water Re	esources		
Γ	16. Agriculture	17. N.H. taxes:			nterest and vividends Tax		ecify any other area ir interest	ı which you have a		

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

, _6/3/2020

2.

Signature of Reporting Individual

JUN 042020 NEW HAMPSHIRE DEPARTMENT OF STAT

REUE

Type or Print CLEARLY Full Name _ Riché Colcombe	·····	Work Address: N/A (Home Address: 76 Jones Road, Hillsborough, NH 03244)						
Primary OccupationUnemployed / Retired	E-mail	riche4nh@gmail.com	I	Work Phone	860.614.6208 (mobile)			
Name the office, position, board or commission, committee, board of	Member, Board of Direc	ctors, Greater Hillsborough	Area Chamber of Commerce					
by you NO ACRONIVAS		Secretary Hillsborough Republican Town Committee Treasurer, Board of Directors, Back In The Saddle Equine Therapy Cer ions listed above are performed on a volunteer basis. I receive no income from these positions.						
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. <i>Sources of retirement benefits other than federal</i>	advisory capacity,	and from which any	income in excess of \$1	0,000 was derive	d during the preceding			
New England Mechanical Services, Inc. d/b/a EMCOR Services New England Mechanical, 649 East Industria	al Park Drive, Suite 11, Manchesta	er, NH 03109; Employed; Marc Colcor	mbe (spouse); Position: General Manager;	Business Type: HVAC Mechar	ical Services			
2.								
If you have no qualifying income indicate by writing your initials next t	to the following sta	itement.	My incom	ne does not qualif	y			
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on the special effect.	law, a change in a nent affecting the l	idministrative rule, a	decision whether or no	t to award a contr	act, grant a license or permit,			
1. Any profession, occupation, or business licensed or certified occupation, or category of business:	by the State of New	Hampshire. List each	such profession,					
2. Health Care 7. Insurance 4. Real Estate, incl agent, developers	•	5. Bankin services	ng or financial	6. State of N municipal er	ew Hampshire, county, or nployment			
			10. Sale and distribution	f-lh-li-				
7. N.H. Retirement 8. Current use land System assessment program	9. Restaura	11	beverages	n of alconofic	11. Practice of law			
System assessment program	lodging se or dog racing, or o	11						

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 4 2020

ct con Signature of Reporting Individual

RECEIVED JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY BLAN D. Cole	Work Address:	35 Pihe		03103
Primary OccupationE-mail	Biole 794	1 @ Gunail. (un	Work Phone	603 647 5511
Name the office, position, board or commission, committee, board of				
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any in	come in excess of \$1	0,000 was derived	l during the preceding
1. SCINTER NATIONAL				
2.				
If you have no qualifying income indicate by writing your initials next to the following sta	tement.	My incom	ne does not qualify	·
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the life financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	Hampshire. List each su WAT / NAC	on, occupation, group uch profession,	p, or matter would	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	services	or financial	I municipal en	
7. N.H. Retirement System8. Current use land assessment program9. Restaurant lodging		0. Sale and distribution everages	of alcoholic	
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or of gambling	other legal forms of	14. Education	15. Water 1	Resources
	Interest and Dividends Tax	18. Optional: Spe		Resources in which you have a

Type or Print CLEARLY Full Name Joseph Michael Cole	472
Full Name Toseph Michael Cole	Work Address: 472 ambear st Street. Noshua
Primary Occupation Warehouse personell	E-mail Joseph.m. cole 343@ gmail.co.y Work Phone NIA
Name the office, position, board or commission, committee, board of	
directors, etc. or employment with state or county government held	
by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than feder	siness, 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 ral retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Alvirne high school. Mother	-> librorian
2.	
If you have no qualifying income indicate by writing your initials nex	t to the following statement. My income does not qualify

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

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

Г	2. Health Care 73. In	1	,	Estate, including brokers, , developers, and landlords			5. Banki services	ng or f	inancial	6. State of New Hampshire, county, or municipal employment			
Г	7. N.H. Retirement System	11	rrent use la nent progra		□ ^{9. Restaut} lodging	urants/		Г	10. Sa bever	ale and distribution ages	ofalcoholic	I	11. Practice of law
Г	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								sources				
Г	16. Agriculture	17. N.H. taxes:	⊢ Busi Profit		Business nterprise Tax		Interest Dividen		Г		cify any other interest	r area in v	which you have a

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

Date 6/9/2020

Jozeph Cole Signature of Reporting Individual

JUN 16 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name CHRISTOPHER ? COLLENS Work Address: 249 Bunkerhill road Auburn NH
Primary Occupation BUSINESS OWNER E-mail CHRISG450. (Legman Work Phone 508-737-1726
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. High Gait Stables LLC. 249 Bunker hill road Auburn NH
2.
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System Image: system
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Profits Tax Business Enterprise Tax Dividends Tax II. 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 1/ 2020 Melton RECEIVED

Signature of Reporting Individual

JUN 2 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Mainda Michel Collins Work Address: 7 River Woods Dr., Exeter, NH 03833 Primary Occupation Dif. Healthcare Dining E-mail Mcollins@riverwoodereter.org Work Phone 603-658-1131 Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) River Woods Exeter, Dir. of HC Dining, 7 RiverWoods Dr., Exeter, NH 03833 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 9. Restaurants/ 11. Practice of 7. N.H. Retirement 8. Current use land 10. Sale and distribution of alcoholic lodging System assessment program heverages law

System	ussessment prog	um	ioaging			-Ben		Ter tr
12. Any business regulated by Utilities Commission	the Public	ambling	or dog racing, or othe	er legal forms of	Г	14. Education	☐ 15. Water Re	sources
6. Agriculture			Business Interprise Tax	Interest and Dividends Tax	Г	18. Optional: Speci special in		which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guided as the statement of the statement of the statement shall be guided as the statement of the statement of the statement shall be guided as the statement of the	belig BCETVED
Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gu	lilty of a misdemeanor.
Date (0-17-2020 Malin and Ca	JUN 17 2020
Signature of Reporting Individual	NEW HAMPSHIRE
	DEPARTMENT OF STATE

Name SUZANNE L. COLLINS		25 Trooperfestie ess: <u>Colebrook, N.H</u>		
nary Occupation <u>RETIRED</u>	E-mail Sue CO	111ns8250 gmail.com	Hoth E Monk Phone 603-237	4224
the office, position, board or commission, committee, board of ctors, etc. or employment with state or county government held ou. NO ACRONYMS.	County treasur	v		
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional o calendar year. Sources of retirement benefits other than feder	or advisory capacity, and from wh	hich any income in excess of \$10,	000 was derived during the pro	partner, eccding
1. County retiree - Group I , 2. Current - Town of Colebrook	VH Retirement Sys	stem #8	4,883	
2. Current-Town of Colebrook	k Selectman	#	4,120	
ou have no qualifying income indicate by writing your initials next	t to the following statement.	My income	loes not qualify	
discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed or certifie	the general public:			
occupation, or category of business:	ncluding brokers,	5. Banking or financial	6. State of New Hampshire,	county, or
occupation, or category of business: - 2. Health Care 3. Insurance 4. Real Estate, in agent, develop 7. N.H. Retirement 7. S. Current use land	ncluding brokers,		municipal employment	county, or Practice of
occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, in agent, developed agent, developed agent, developed assessment program	ncluding brokers, ers, and landlords 9. Restaurants/ lodging porse or dog racing, or other legal fo	5. Banking or financial services 10. Sale and distribution of beverages	municipal employment	
occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, in agent, develop 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13. He	ncluding brokers, ers, and landlords 9. Restaurants/ lodging porse or dog racing, or other legal fo	5. Banking or financial ervices 10. Sale and distribution of beverages rms of 14. Education and - 18. Optional: Speci	municipal employment falcoholic 11. law 15. Water Resources fy any other area in which you h	Practice of
occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, in agent, develop 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13. He gambli Utilities Commission 17. N.H. Business	ncluding brokers, ers, and landlords s 9. Restaurants/ lodging s orse or dog racing, or other legal fong ng Business Interest Enterprise Tax Dividence egoing information is true and	5. Banking or financial services 10. Sale and distribution or beverages rms of and Is Tax I Complete to the best of my kn	municipal employment falcoholic 11. law 15. Water Resources fy any other area in which you hierest	Practice of avea 5-A:9 meanor.
occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, in agent, develop 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13. He gambli 12. Any business regulated by the Public 13. He gambli 16. Agriculture 17. N.H. Business Heave read RSA 15-A and hereby swear or affirm that the fore	ncluding brokers, ers, and landlords s 9. Restaurants/ lodging s orse or dog racing, or other legal fong ng Business Interest Enterprise Tax Dividence egoing information is true and	5. Banking or financial services 10. Sale and distribution or beverages rms of 14. Education and Is Tax 18. Optional: Special in complete to the best of my kn knowingly files a false stateme Manual Manual Manua	municipal employment falcoholic 11. law 15. Water Resources fy any other area in which you have terest — bowledge and belief. RSA 1 nt shall be guilty of a misde	Practice of avea 5-A:9 meanor.
occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, in agent, developed agent, developed agent, developed assessment program 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13. He gambli 14. Agriculture 17. N.H. Business 16. Agriculture 17. N.H. Profits Tax have read RSA 15-A and hereby swear or affirm that the fore 15. A and hereby swear or affirm that the fore Date 6/9/2020	ncluding brokers, ers, and landlords s 9. Restaurants/ lodging s porse or dog racing, or other legal foing ng Business Interest Enterprise Tax Dividence egoing information is true and provisions of this chapter or b	5. Banking or financial services 10. Sale and distribution or beverages rms of and Is Tax I Complete to the best of my kn	municipal employment falcoholic 11. law 15. Water Resources fy any other area in which you hiterest owledge and belief. RSA 1 nt shall be guilty of a misde	Practice of avea 5-A:9

Name lirecto	or Print CLEARL	, board or nent with	· commission	, committee, bo	ard of				<u></u>				
	I. NO ACRONYM		•		<u> </u>		· · · ·		}				
Α.	List below the na proprietor, or en calendar year. Se	nployee, o	r served in a	ny other profess	sional or advis	ory capacity, a	nd from which	any incon	ne in excess of \$1	0,000 was deriv	ed during	the preceding	
1.						· `							
2.									····				
									My incon	ne does not quali	ify		
you b B.		whether yo	ou or a famil	y member has a	special intere	st in any of the	e following bu		ofessions, occup	ations, groups or	r matters.		it .
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Signature of Reporting Individual

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16. Agriculture	17. N.H. taxes:	⊢ Business Profits Tax ⊢		Interest and Dividends Tax		cify any other area in interest	n which you have a
			egoing information is t provisions of this chap				
Date <u>6/12/2</u>	<i>b</i> o			Til	B. Com	•	RECEIVED
· · · ·				Sign	ature of Reporting Indiv		JUN 1 2 2020
	Return to:	Office of Secretary o	f State, 107 North Main S	treet, State Hou	se Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

	me Barbara Contris Work Address: 100 Perineter Rd, Marchester 10H 0310
Primary	Occupation Accounting E-mail bonderse gnail. Con Work Phone 63. 882.6777
director	he office, position, board or commission, committee, board of <u>State Representative</u> Belkurp 7 rs, etc. or employment with state or county government held NO ACRONYMS.
A. 1.	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)
2.	NH SECKS & Stones POBON 186 Center Barnsterd, NH 03225
If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
Γ	2. Health Care T 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords for the services 6. State of New Hampshire, county, or municipal employment
Γ-	7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
	12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources

 Utilities Commission
 gambling
 14. Education
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 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 --

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

6-3-200 Date Signature of Reporting Individual JUN 0 5 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STAT

Type or Print Clearly	
Full Name <u>George Condodemetraky</u> Work Address <u>N/A</u> Primary Occupation ENGINIGER, e-mail *optional Work Phone	
Primary Occupation C_INIGERe-mail *optional Work Phone	(603) 247-8023
Name of office, appointment, or employment with government	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an off proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 wa calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.	
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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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	e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land sssessment program 9. Restaurants/ 10. Sale and distribution of alcoho lodging beverages	lic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. V Utilities Commission of gambling 15. V	Vater Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any ot special interest	her area in which you have a
	RECEIVED
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	JUN 1 5 2020
provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. χ	NEW HAMPSHIRE
Signature of Reporting Individual	DATARTMENT OF STATE

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Primar	y Occupation	MAgAzi	re eda	tore		E-mail	Conley	onorgentar	philish-q	Work Phone	207-232	-1992
directo	the office, position ors, etc. or employu I. NO ACRONYN	ment with s				Stafe				2 mg		
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Type or Print CLEARLY Full Name	Work Address: 300 CHESTNUT ST, MANCHESTER NH 03101
Primary Occupation HILLSBOROUGH COUNTY ATTORNEY	E-mail <u>MICHAELCONLON4NH@gmail.com</u> Work Phone <u>603-627-5605</u>
Name the office, position, board or commission, committee, board of	BOROUGH COUNTY ATTORNEY
proprietor, or employee, or served in any other professional or advisory of	her organization in which you or a family member was an officer, director, associate, partner, apacity, and from which any income in excess of \$10,000 was derived during the preceding at and/or disability benefits shall be included. (Use additional sheets as necessary)
I. EDLAW NEW ENGLAND PLLC	
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If you have no qualifying income indicate by writing your initials next to the follo	wing statement. My income does not qualify
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1. Any profession, occupation, or business licensed or certified by the Stat occupation, or category of business:	e of New Hampshire. List each such profession,
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7. N.H. Retirement System 8. Current use land assessment program 9.	Restaurants/ 10. Sale and distribution of alcoholic II. Practice of law
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date JUNE 3, 2020

Signature of Reporting Individual

RECEIVED	The second se
JUN 0 8 2020	A REAL PROPERTY OF A REAL PROPER
NEW HAMPSHIRE	

Type or	Print Clearly			
Full Nan	ne Christopher D. Connelly	Work Address	58 North State Street, Concord, NH	03301
Primary	Occupation Business Manager	e-mail chris@nicholson-lawfirm.co	m Work Phone	603-856-8441
director	ne office, position, board or commission, board of s, etc. or employment with state or county nent held by you. NO ACRONYMS	Part-time deputy sheriff with Hillsboroug	h County Sheriff's Office	
propriet	below the name, address, and type of any profession, or employee, or served in any other profession year. Sources of retirement benefits other than feder	onal or advisory capacity, and from which	h any income in excess of \$10,000	was derived during the preceding
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		13. Horse or dog racing, or other legal for of gambling	14. Education 1	5. Water Resources
<mark>ر ا</mark>	6. Agriculture 17. N.H. Business taxes: Profits Ta			v other area in which you have a
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Date	June 1, 2020	Ch typhe sign	hature of Reporting Individual	NEW HAMPSHIRE DEPARTMENT OF STATE

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☐ 16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	Г		ify any other area in which you have a nterest

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

From: Allen Winston Cook alionleader@gmail.com Subject: Fwd: candidate filing Date: June 12, 2020 at 11:35 AM

To:

Sean forwarded nicessage

From: Frenklis kan uitan pkaroutas § great.com Subject: Fwd: candidate filing Date: June 12, 2020 at 11:24,28 e 11, of To: Allen Cook - alionleader@gmail.com

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

Type or Print CLEARLY WINSton Cuck Promary Decompation Pasta

With Anders # 263 R+ 125 Breen Juxed W.H. 33833 Formal Clion Salar & Sympic Wink Phone 603- 642-7848 SXT K

Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held hypes. NO ACRONYMS

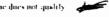
Austin 12 Have / Ere Ministon's International

A - List below the name, address, and type of any profession, husiness other organization in which yes, or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory expective and from which any income in excess of \$10,000 was derived during the proceeding alendar your Sources of retirement benetics other than federal retirement and or disability benefits sharibe included. (Use additional shorts as increasing)

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

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Indicate below whether you or a lamply member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a U. reportable special interest in any nem on this list if a change in law, a change in admanistrative rule, a decision whether or not to award a contract, grant a license or permit, discipling a location or periorities, or other decision by poversional affecting the listed business, profession, occupation, group, or motion would povertially have a greater financial effection you or a family member than it would on the general public

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

Dans & /12/2020

Security of Reporting Indo-aduat



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 B. Indicate be reportable s discipline a financial eff 1. Any p occupation 2. Health Can 7. N.H. Retin System 	ow whether yo becial interest i licensee or perfect ect on you or a rofession, occup , or category of e 73. Inst ement ss regulated by	u or a family n n any item on t nittee, or other family membe ation, or busines business: urance 8. Currer assessmen	hember has a spe his list if a chang decision by gov er than it would c ss licensed or cert 4. Real Estate agent, devel nt use land t program	ecial interest in any o ge in law, a change in vernment affecting th on the general public ified by the State of N c, including brokers, lopers, and landlords 9. Restau	f the following busin n administrative rule e listed business, pro- ew Hampshire. List ex business, pro- ew Hampshire. List ex 5. Ban service urants/	nesses, professions, occ , a decision whether or ofession, occupation, gr ach such profession, aking or financial es 10. Sale and distribut beverages	upations, groups or ma not to award a contrac oup, or matter would p 6. State of New municipal emp ion of alcoholic	atters. A person has a t, grant a license or per- potentially have a greate w Hampshire, county, or ployment 11. Practice of law

6-15-20 Date

Hallald

Signature of Reporting Individual

JUN 17 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nan	Print CLEARLY neMary Ann Cooper OccupationHome-maker		₩ork Address:	nome -	45 Elmi	St. Dover 03820
Primary	Occupation Home-maker	E-mail_	dcooper	-45a Concast.	Work Phone	uona
directors	e office, position, board or commission, committee, board of , etc. or employment with state or county government held					
by you.	NO ACRONYMS.	none				
Α.	List below the name, address, and type of any profession, bu proprietor, or employee, or served in any other professional calendar year. <i>Sources of retirement benefits other than fede</i>	or advisory capacity	, and from which an	y income in excess of \$	10,000 was derived	during the preceding
1.						
2.						
If you ha	we no qualifying income indicate by writing your initials nex	t to the following st	atement.	My incom	ne does not qualify	MAC
Г	 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 licensed or certific occupation, or category of business: 	the general public:	v Hampshire. List eac			
Г	7 Health Care II S Instigance II	ncluding brokers, ers, and landlords	5. Bank services	ting or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
Г	7. N.H. Retirement8. Current use land assessment program	9. Restaura	ants/	10. Sale and distribution beverages	n of alcoholic	☐ 11. Practice of law
	2. Any business regulated by the Public rilities Commission regulated by the Public gamble	orse or dog racing, or ing	other legal forms of	☐ 14. Education	☐ 15. Water R	esources
Г	16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise Tax	☐ Interest and Dividends Tax		ecify any other area i l interest	n which you have a
	read RSA 15-A and hereby swear or affirm that the for ty. Any person who knowingly fails to comply with the					
Date	Sept. 14, 2020		OKa	4 June Co	<u>NOCI</u> vidual	
	V		/	/		

Type or Full Nar	Print CLEARLY ne Stephen Larimer Copithorne		Work Address: Lakes Region Community Services
Primary	Occupation Direct Support	E-mail	Work Address: Lakes Region Community Services Work Phone (003-524-8811
director	e office, position, board or commission, committee, board of, etc. or employment with state or county government held NO ACRONYMS.		
А.	proprietor, or employee, or served in any other professional or advisory	capacity	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1.	social security benefits		
2.	-		
If you h	ave no qualifying income indicate by writing your initials next to the foll	lowing st	tatement. My income does not qualify

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

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

え	<u>L Support</u> , norviouale with developmental disabilities													
Γ	$2. \Pi callin U al c = 11 - 3 \Pi shrance = 11$			Real Estate, including brokers, agent, developers, and landlords		11	5. Banking or financial services		6. State of New Hampshire, county, or municipal employment					
Γ	7. N.H. Retirement System		rent use land ent program		9. Restaur	ants/	Г		10. Sa bevera	le and distribution of ages	ofalcoholi	с	11. Practice of law	
Γ	12. Any business regulated b Utilities Commission	y the Public	Г	- 13. Horse gambling	e or dog racing, or	rother	legal form	ns of	Г	14. Education	L 15. V	Water Re	esources	
Γ	16. Agriculture	17. N.H. taxes:	F Busine Profits		Business Enterprise Tax		Interest and Dividends 7		F		ify any othe	er area in	which you have a	

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

Date JUN2 11, 2020 Stephen 600; thome Signature of Reporting Individual 25-6 المعا العا JUN 1 2 2020 NEW HAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Anne Corp	Work Address: 46 TScenneto Rel
Full Name <u>Anne Cop</u> Primary Occupation <u>Sey empl.</u> E-mail	Work Address: 46 T Sterneto Re anne- Copp 2010 Pilet Work Phone 603 425-8646
Name the office, position, board or commission, committee, board of	" ·
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
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2.	
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify <u>AC</u> .
reportable special interest in any item on this list if a change in law, a change in a	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession, $4a$
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement8. Current use land9. RestauraSystemsssessment programlodging	ants/ 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 gambling	other legal forms of 14. Education 15. Water Resources
If 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	
Date 6/3/20	Signature of Reporting Individual
	JUN 0 5 2020
Return to: Office of Secretary of State, 107 North M	ain Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF THE

Type or Print CLEARLY Work Address: PO Box 209 Juftonboro, NH 03896 E-mail glenn. Cardellie leg state. nh 115 Work Phone 603-575-0008 Full Name Green Cardelli Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 15 Retirement System 2. My income does not qualify MAC If you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 5. Banking or financial 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 2. Health Care 3. Insurance agent, developers, and landlords municipal employment services 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land 9. Restaurants/ 7. N.H. Retirement law lodging beverages assessment program System 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 14. Education 15. Water Resources Utilities Commission gambling Business 18. Optional: Specify any other area in which you have a Interest and 17. N.H. Business 16. Agriculture special interest ----Profits Tax Enterprise Tax **Dividends** Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date 6/3/2020

Signature of Reporting Individual

JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name 19 Tricia Cornell	Work Address:
Primary Occupation <u>Retired</u> E-mail	Cornellyga comcast het Work Phone
Name the office, position, board or commission, committee, board of $\underline{S+q+c}$ directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Representative
proprietor, or employee, or served in any other professional or advisory capacit, calendar year. Sources of retirement benefits other than federal retirement and	ganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
1. <u>Retired teacher pension</u> 2. Mental Health Center of Greater	m later - las l
2. <u>Mental Health Center of Orearch</u> If you have no qualifying income indicate by writing your initials next to the following s	•
 reportable special interest in any item on this list if a change in law, a change ir discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Network State of Network State of Network State of Network State State of Network State Stat	
2. Health Care T 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. Restau System assessment program lodging	rrants/ T 10. Sale and distribution of alcoholic T 11. Practice of law
$ \begin{array}{c c} 12. \text{ Any business regulated by the Public} \\ Utilities Commission \end{array} \begin{array}{c c} 13. \text{ Horse or dog racing, o} \\ gambling \end{array} $	or other legal forms of \Box 14. Education \Box 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Linterest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of the provisions of the provision of the	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 3, 2020	Patricia Could RECEIVED
	Signature of Reporting Individual JUN 04 2020
	NEW HAMPSHIRE

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

ystello, Josep

Type or Print CLEARLY JOSEPH L. (OSTE/	Work Address:	
Primary Occupation	E-mail	Work Phone
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	NONE	

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)

NUNIC 1. 2

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

My income does not qualify

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

Г	2. Health Care 7 3. In	surance	,	4. Real Estate, including brokers, agent, developers, and landlords		g or financial	6. State of New Hampshire, county, or municipal employment		
ا	7. N.H. Retirement System	8. Current		9. Restaurants/ lodging	11 .	10. Sale and distribution beverages	n of alcoholic	11. Practice of law	
<u>ا</u>	12. Any business regulated by Utilities Commission	the Public	ambling	or dog racing, or other l	legal forms of	14. Education	15. Water Re	esources	
1	16. Agriculture				nterest and ividends Tax		ecify any other area in interest	which you have a	

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

Date 6-10-2020

Signature of Reporting Individual



Type or Print CLEARLY C. CHE	Work Address GL U. Hollis & Jachung 83060 dreate Gol, Com Work Phone 8022244
Primary Occupation 1891Sktor E-mail	dicate Goli Com Work Phone 8022744
Name the office, position, board or commission, committee, board of	
	anization which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
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2	
If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
 reportable special interest in any item on this list if a change in law, a change in 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: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: A Pael Estate including brokers 	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
agent, developers, and landlords	services municipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restauration lodging	ants/ \square 10. Sale and distribution of alcoholic beverages \square 11. Practice of law
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or gambling	other legal forms of T 14. Education T 15. Water Resources
In 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this Date Date	
Return to: Office of Secretary of State, 107 North M	Main Street, State House Room 204, Concord, NH 03301 JUN 0 5 2020 NEW HAMPSHIRE DEPARTMENT OF SEATE

Type or Print CLEARLY Full Name Parnela Coughlin Work Address: Refired
Primary Occupation Retired E-mail Coughline pegmal, (1) Work Phone hone
Name the office, position, board or commission, committee, board of <u>NONE</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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. NONE
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify <u>ypdc</u>
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program 0 of lodging 10. Sale and distribution of alcoholic 11. Practice of
I2. Any business regulated by the Public Utilities CommissionI3. Horse or dog racing, or other legal forms of gambling14. Education15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Signature of Reporting Individual

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

Same

Date (0/3) 20,20

RECEIVED JUN 0 4 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Print Clearly					
Full Name Keunn Ce	oble	Work Address	660 m.22	le Street	Portsmouth NH
Primary Occupation A+4	e-mail K	evint cogle e	Smail.Con Wor	k Phone	3-234-8654
Name the office, position, board or con directors, etc. or employment with government held by you. NO	ACRONYMS Rocking	then County	Commissioner Sheriff (Primera)	
A. List below the name, address, and the proprietor, or employee, or served in a calendar year. <i>Sources of retirement bei</i>	ype of any profession, business, or otl any other professional or advisory ca	ner organization in which y pacity, and from which any	ou or a family membe y income in excess of	r was an officer, dir \$10,000 was derive	ed during the preceding
1. Cozle haw	PLLC P.D. E	Sax 153 Orr	NH S		
2. Rocki-hin Collifying income indication	0	llowing statement.	My income does	not qualify	
B. Indicate below whether you or a fam reportable special interest in an item on discipline a licensee or permittee, or oth financial effect on you or a family memb	this list if a change in law, a change in her decision by government affecting th her than it would on the general public	administrative rule, a decisi ne listed business, professio :	on whether or not to a n, occupation, group, c	ward a contract, gra	nt a license or permit,
1. Any profession, occupation profession, occupation, or cate	n, or business licensed <u>or certified by th</u> gory of business:	Rect Estate of New Hampshire.			
C 2. Health Care C 3. Insurance	A Real Estate including by	okers, _ 5. Banki	ng or financial	The State of New municipal emp	v Hampshire, county, or loyment
	3. Current use land 9. R ssessment program lodg	14	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
Lilities Commission	Public 13. Horse or dog r of gambling	acing, or other legal forms	☐ 14. Education	T 15. Water Re	sources
T16. Agriculture17. N.Htaxes:	Business Profits Tax Enterprise	Tax Dividends Tax		ecify any other area I interest	in which you have a
I have read RSA 15-A and hereby swear person who knowingly fails to comply v					RECEIVED
Date 6/11/2020	-	Gignatur	e of Reporting Individu	ıal	JUN 1 2 2020
Return to: C	Office of Secretary of State, 107 North M	ain Street, State House Roo	m 204, Concord, NH 03	3301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Mate Coyle	Work Address 660 m. 2210 Street Partsmarth NH
Primary Occupation A + + > · · · · · · · · · · · · · · · · ·	e-mail Polizzotto egmil (3.) Work Phone 1-617-413-0325
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	County Commissioner - District 1 Rockinghin County

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

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 profes profession, occ		-		icensed <u>or cert</u> ss: A		ate of New _ \ e ɔ'		e. List (∠ • >	^		<u></u>		
Г	2. Health Care	Г 3. In	surance		Real Estate, ind gent, develope	•		– 5. Ban services	•	r financial		 State of Ne nunicipal em 	•	iire, county, or
r	7. N.H. Retirement System – 8. Current use la assessment progr				9. Restaurants/ lodging				1. Practice of v					
	12. Any business regulated by the PublicUtilitiesCommission				13. Horse or dog racing, or other legal forms of gambling		[،] ۲	14. Education		15. Water R	Resources			
Г	16. Agriculture		17. N.H. taxes:	Profi		Susiness nterprise Tax		erest and vidends Tax	Г	18. Optional: S specia	pecify a al intere		ea in which	you have a

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

Date		6/4/2020	X aphe	RECEIVED
	I	6/4/ 00 00	Signature of Reporting Individual	JUN 0 8 2020
		Return to: Office of Secretary o	f State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY TERRY ELCOX Work Address: N/A
Primary Occupation <u>Retuend</u> <u>E-mail j foxtere hotmal</u> , Work Phone <u>NIA</u>
Name the office, position, board or commission, committee, board of
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. W/A
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify <u>TEC</u>
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance agent, developers, and landlords services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System Image: System
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-3-20 Date 6-3-20 Signature of Reporting Individual RECEIVED
JUN 1 1 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	Print CLEARLY ne AMES WihLiAM CRAFT Work Address: 1662 ELM 51. MANOHASTER, NH 03/01
Primary	Occupation ATTORNEY E-mail JCRAFE COA - LAW. COM Work Phone (LO3) 665-9/11
uncetor	e office, position, board or commission, committee, board of
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	CRAIG, OGACHMAN + ASSOCIATES PLLC
2.	
lf you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

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

Γ-	2. Health Care 3.	Insurance	4. Real Estate, inc agent, developer	e	5. Bank services	ing or financial	6. State of New municipal emp	w Hampshire, county, or bloyment
Г	7. N.H. Retirement System		irrent use land ment program	9. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	✓ 11. Practice of law
۲-	12. Any business regulated Utilities Commission	by the Public	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	e or dog racing, or other	legal forms of	☐ I4. Education	□ 15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:			interest and Dividends Tax		ecify any other area ir l interest	n which you have a

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

Date ______ 6 // 6 / 9020

Signature of Reporting Individual

JUN 12 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE

RECEIVED

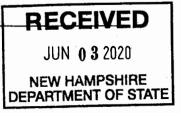
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	Daturn	to: Office of Secretary of	State 107 North Ma	n Street State Hous	se Room 204 Concorr	1. NH 03301	JUN 1 5 2020

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Date 37me 2020

Signature of Reporting Individual



Type or Full Nar	Print CLE	ARLY 1MÍS	<u>A. (</u>	ZANFOI	· d		Work Add	ress: <u>33</u>	3 D.W	. Hishu	my B	osca wa	N, NH	
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Name the office, position, board or commission, committee, board of <u>Depity Sherift Merrimack Canty</u> NH 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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Date	<u></u>					•	•	Signatu	n of Appril	Individual			IUN 03 2020	
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Primary Occupation CONSULTANT E-mail CREICHERN 4WH & GMAIL Work Phone 6055982739 Name the office, position, board or commission, committee, board of Chriff Erection OFF	Type or Print CLEARLY Full Name TAMES L. CREIGHTON	Work Address: 155 KEENE Rd. ANTRIM, NH03840
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. Tuck Business Schall Arr DAPTmotffCallerer 2. PASS DWC HOL KING ST. H360 ALCAAWDRIA VA 22314 3. USAA MARA SCHALL Arr DAPTMOtffCallerer 3. USAA MARA SCHALL Arr DAPTMOtffCallerer 4. USAA MARA SCHALL Arr DAPTMOtffCallerer 5. Distribution 6. Indicate below whether you or a family member has a special interest in any of the following businesses, profession, occupations, groups or matters. A person has a reportable special interest in any idue, 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 matters. A person has a reportable special interest in any idue and peneral public: 7 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: UD SA MA SCA MARA MARA SCA MA		E-mail CRE(61frow 4NH @GMAIL Work Phone 6035882739
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. Tuck Business Schall Arr DAPTmotffCallerer 2. PASS DWC HOL KING ST. H360 ALCAAWDRIA VA 22314 3. USAA MARA SCHALL Arr DAPTMOtffCallerer 3. USAA MARA SCHALL Arr DAPTMOtffCallerer 4. USAA MARA SCHALL Arr DAPTMOtffCallerer 5. Distribution 6. Indicate below whether you or a family member has a special interest in any of the following businesses, profession, occupations, groups or matters. A person has a reportable special interest in any idue, 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 matters. A person has a reportable special interest in any idue and peneral public: 7 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: UD SA MA SCA MARA MARA SCA MA	Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Cheef Execution Officer, Engle Point Global Solutions SupERVISON OF THE CHECKLIST, ANTRIM, NH, CO-FOUNDER
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reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: URSA MATOR MERTERS COUDES, LAC, WILDERNES COUDE I. Any profession, occupation, or category of business: URSA MATOR MERTERS COUDES, LAC, WILDERNES COUDE I. Any norolation, or category of business: URSA MATOR MERTERS COUDES, LAC, WILDERNES COURSE I. Any profession, occupation, or category of business: URSA MATOR MERTERS COUDES, LAC, WILDERNES COURSE I. Any norolation, or category of business: URSA MATOR MERTERS COURSE I. Any business 4. Real Estate, including brokers, agent, developers, and landlords I. N.H. Retirement I. As a current use land assessment program I. J. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of lodging I. 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of lodging I. 16. Agriculture 17. N.H. taxes: I. 16. Agriculture 17. N.H. taxes: I. 17. N.H. taxes: Business Frofits Tax I. 18. Optional: Specify any other area in which you have a special interest I. 19. Optional: Specify any other area in which you have a special interest </td <td>3. URSA MAJON NORHEAST GC If you have no qualifying income indicate by writing your initials new</td> <td>t to the following statement. My income does not qualify</td>	3. URSA MAJON NORHEAST GC If you have no qualifying income indicate by writing your initials new	t to the following statement. My income does not qualify
2. Headd Care 3. msdrahee agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission 17. N.H. Business Services 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	 reportable special interest in any item on this list if a change 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 licensed or certification. 	in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, nment affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public: ed by the State of New Hampshire. List each such profession,
System Image: assessment program lodging beverages law ¹ 2. Any business regulated by the Public Utilities Commission ¹ 3. Horse or dog racing, or other legal forms of gambling ¹ 4. Education ¹ 5. Water Resources ¹ 16. Agriculture ^{17.} N.H. taxes: ^{17.} Business Profits Tax ^{11.} Business Enterprise Tax ^{18.} Optional: Specify any other area in which you have a special interest ^{11.} Have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9		· · · ·
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Item and complete to the best of my knowledge and belief. RSA 15-A:9		
	☐ 16. Agriculture 17. N.H. taxes: Profits Tax	
Date 7 JUNE 2020 RECEIVED Signature of Reporting Individual RECEIVED	Date 7 JUNE 2020	Signature of Reporting Individual RECEIVED

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

JUN 1 6 2020

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directo		ment with state or co	on, committee, board o ounty government held					
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Date 6.11.2020

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

Signature of Reporting Individual

Type or Print CLEARLY Full Name A CROFT Work Address: 163 N. MAIN ST. CONCOD NHCZOC E-mail DCROFTY dMSN. Com Work Phone 226-1921 Primary Occupation LAW BNRCOMM Name the office, position, board or commission, committee, board of Manimselc Cant directors, etc. or employment with state or county government held SHAN 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) I D. WhS, C/ TO MENIMACI Can 1. 2. My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 6. State of New Hampshire, county, or 5. Banking or financial 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 10. Sale and distribution of alcoholic 8. Current use land 9. Restaurants/ 11. Practice of 7. N.H. Retirement assessment program lodging beverages law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 18. Optional: Specify any other area in which you have a Business Business Interest and 17. N.H. 16. Agriculture Profits Tax special interest ----Dividends Tax Enterprise Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED 6-3-20 Date JUN 03 2020 Signature of Reporting Individual **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 Cutr for J. (CJ) Cranin Work Address: 11 5. MAIN ST CONCOD NH 03301 suite	2250
Primary Occupation Rul FStorle Broker E-mail CHELTON, CRONFN Work Phone 603 389-6606 Eguidit.com	
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1. LAER Realty Partners - Beutichemin Concord	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment	
$ \begin{bmatrix} 7. N.H. Retirement \\ System \end{bmatrix} \begin{bmatrix} 8. Current use land \\ assessment program \end{bmatrix} \begin{bmatrix} 9. Restaurants/ \\ lodging \end{bmatrix} \begin{bmatrix} 10. Sale and distribution of alcoholic \\ beverages \end{bmatrix} \begin{bmatrix} 11. Practice of \\ law \end{bmatrix} $	
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or other legal forms of gambling14. Education15. Water Resources	
I6. Agriculture 17. N.H. taxes: Business Business F Business Enterprise Tax F Dividends Tax F Business F Business F Business F Business F Dividends Tax F Business F Business F Business F Dividends Tax Dividends Tax F Dividends Tax F Dividends Tax F 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 RECEIVED Date $6 12 2020$ Date $12 2020$ JUN 122020	

NEW HAMPSHIRE DEPARTMENT OF STATE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330T

Signature of Reporting Individual

2020 NEW HAMPS	HIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Work from home
Type or Print CLEARLY Full Name <u>Flizabeth</u> Craoker	
Primary Occupation Editor	E-mail elizabethercoker NH @gna Work Phone 603-801-6327
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government held by you. NO ACRONYMS.	of
proprietor, or employee, or served in any other profession	business, or other organization in which you or a family member was an officer, director, associate, partner, al or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding deral 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 n	ext to the following statement. My income does not qualify
 reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gow financial effect on you or a family member than it would on the financial effect on you or a family member than it would be a series of the ser	ecial interest in any of the following businesses, professions, occupations, groups or matters. A person has a ge in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, vernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater on the general public: ified by the State of New Hampshire. List each such profession, opers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment bar of New Hampshire, Self
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13.	Horse or dog racing, or other legal forms of bling 14. Education 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Interest and Isolarity any other area in which you have a special interest
Penalty. Any person who knowingly fails to comply with t	oregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 he provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $(a/3/2620)$	Signature of Reporting Individual
Return to: Office of Secretary	of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW MARDSINGE DEFARTMENT OF STATE
L .	

Type or Pri Full Name _	int CLEARLY	Crass			Work Add	ress: <u>35</u>) Pleasent	st.Con	cord, NH OBDI
Primary Oco	cupation Cestif	ied Medicc	al Assistan	E-ma	il Kennaj4	15@gm	D Pleasant.	_ Work Phone _	27-5200
directors, et	ffice, position, board c. or employment we ACRONYMS.					0		•	
pro	prietor, or employe	e, or served in an	y other professio		city, and from w	hich any inc	come in excess of \$1	0,000 was deriv	rector, associate, partner, yed during the preceding as necessary)
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2								······	
f you have	no qualifying incon	ne indicate by wr	iting your initials	next to the following	g statement.		My incom	e does not qual	
rep dise tina	ortable special inter cipline a licensee or ancial effect on you	rest in any item of permittee, or oth or a family mem ccupation, or busin	n this list if a cha ner decision by go ber than it would ness licensed or ce	nge in law, a change overnment affecting t on the general publi rtified by the State of D	in administrativ he listed busines c: New Hampshire.	re rule, a dec ss, profession List eachsuo	ision whether or not n, occupation, group h profession,	to award a con b, or matter wou	r matters. A person has a tract, grant a license or permit, ild potentially have a greater
□ √ 2. H	ealth Care $[] 3$. Insurance		te, including brokers, elopers, and landlords		5. Banking of services		municipal	New Hampshire, county, or employment
C 7. N Syst	I.H. Retirement em	18	rent use land ent program	9. Resta	urants/	11	Sale and distribution erages	ofalcoholic	11. Practice of law
	ny business regulated es Commission	by the Public	11	3. Horse or dog racing, mbling	or other legal fo	rms of	14. Education	15. Wate	r Resources
F 16	Agriculture	17. N.H. taxes:	⊢ Business Profits Tax	Business Enterprise Tax	Interest Dividend	11		cify any other an interest	ea in which you have a
									belief. RSA 15-A:9 ulty of a misdemeanor.
Date	(-12 - 20)	$\overline{\mathbf{x}}$	1.5		Yhu	MAD	(MB)	<u> </u>	RECEIVED
						Signature	of Reporting Indivi	dual	JUN 15 2020
		Return to: (Office of Secretar	y of State, 107 North	Main Street, St	ate House R	oom 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	ame <u>Mary</u> (Ina	Crowell	7 Wor	k Address:	9 Temple.	st no	skya TN/ 03060
	y Occupation		· ·	E-mail			603 Work Phone	82 6933
directo	the office, position, board or rs, etc. or employment with . NO ACRONYMS.	r commission, state or county	committee, board of y government held	Registery	fouda	<u> </u>	- -	
Α.	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in any retirement ber	y other professional or a nefits other than federal	dvisory capacity, and f	from which any	income in excess of \$10	,000 was derived	during the preceding
1.	mary an	n Or	oull					
2.	/							
If you l	have no qualifying income i	ndicate by wri	ting your initials next to	the following stateme	nt.	My income	does not qualify	:
В.	reportable special interest	in any item or rmittee, or oth	this list if a change in l er decision by governme	aw, a change in admin ent affecting the listed	istrative rule, a	decision whether or not	to award a contract	atters. A person has a ct, grant a license or permit, potentially have a greater
Г	1. Any profession, occu occupation, or category of	. ,	ness licensed or certified b	y the State of New Ham	pshire. List each	such profession,		
Г	2. Health Care 3. In	surance	4. Real Estate, inclu agent, developers,	- ·	5. Bankir services	ng or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
5	7. N.H. Retirement System		ent use land ent program	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	☐ 11. Practice of law
F 1	12. Any business regulated by Utilities Commission	y the Public	ambling	or dog racing, or other	legal forms of	14. Education	☐ 15. Water R	esources

Image: 16. Agriculture17. N.H.
taxes:Business
Profits TaxInterest and
Enterprise Tax18. 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.

yana Groulell Date Signature of Reporting Individual

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

Type or Print CLEARLY Full Name		Work Address:	POB 499		
Primary Occupation Exercution Councilor	E-mail _/	MJCSYAME	chobmail. car	<u> </u>	443-1901
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS			District 1		
A. List below the name, address, and type of any profession, busi proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, a	nd from which an	y income in excess of \$	10,000 was der	ived during the preceding
1. State of NH 2.					
If you have no qualifying income indicate by writing your initials next t	to the following state	ement.	My incom	ne does not qua	lify
 B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on th 1. Any profession, occupation, or business licensed or certified occupation, or category of business: 4. Bask Estate inc. 	n law, a change in ad ment affecting the lis he general public: I by the State of New H	ministrative rule, ted business, prof Iampshire. List ear	a decision whether or no fession, occupation, grou ch such profession,	t to award a co p, or matter wo	ntract, grant a license or permit, uld potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, inc agent, developer		service:	ting or financial		f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurant lodging	is/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
The provided and the problem of the proble	se or dog racing, or ot g	her legal forms of	14. Education	15. Wat	er Resources
	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 foreg Penalty. Any person who knowingly fails to comply with the p	;oing information i provisions of this c	s true and comp hapter or knowin	lete to the best of my in a state of the sta	cnowledge and nent shall be g	d belief. RSA 15-A:9 suilty of a misdemeanor.
Date 6720		M	2.0 Marga	. [RECEIVED
		Sign	nature of Reporting Indiv	idual	JUN 092020
Return to: Office of Secretary of S	State, 107 North Mai	n Street, State Ho	use Room 204, Concord	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name HUGH A CURLEY	Work Address:
Primary Occupation RETIRED SELECTMAN E-ma	nail hourley @ SNET. NET Work Phone
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and	organization in which you or a family member was an officer, director, associate, partner, acity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Spouse - Pension Fran Middle OAK (2.	(Country Corprise) Insurance - Anual; - 13,000
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 any item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public 1. Any profession, occupation, or business licensed or certified by the State of Noccupation, or category of business: 2 Health Care	f New Hampshire. List each such profession, s, 5. Banking or financial 6. State of New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Resta System Image: System Image: System Image: System	taurants/ 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, gambling	g, or other legal forms of 14. Education 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax I II. Optional: Specify any other area in which you have a special interest TaxA CovERACTS
	ation is true and complete to the best of my knowledge and belief. RSA 15-A:9 this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Reporting Individual RECEIVED
Return to: Office of Secretary of State, 107 North	th Main Street, State House Room 204, Concord, NH 03301 JUN 0 8 2020 NEW HAMPSHIRE
	DEPARTMENT OF STAT

Type or Print CLEARLY Full Name	Work A	ddress: 73" PINE SI- MARCHERTEL, NH
Primary Occupation MATCH SUPPORT SPECIALIST	E-mail	Work Phone
Name the office, position, board or commission, committee, board of	ARE 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)

BIG BROTHERS, BIG SISTERS OF NH

2. UNITED HEALTHCARE

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

My income does not qualify _____

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

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

Г	2. Health Care	√ 3. In	surance	ce 4. Real Estate, includi agent, developers, ar				5. Banking or financial services		inancial	6. State of New Hampshire, county municipal employment		, ,		
Г	7. N.H. Retiremen System	ıt		rent use la nent progr		□ ^{9. Resta} lodging	urants/		Г	10. Sa bevera	ale and distribution ages	ofalco	oholic	Г	11. Practice of law
Г	12. Any business regu Utilities Commissio	-	the Public		□ 13. Horse gambling	e or dog racing,	or other	legal fo	rms of	Г	14. Education	Г	15. Water Ro	esources	S
Γ	16. Agriculture		17. N.H. taxes:			Business Interprise Tax		Interest Dividen		Г	18. Optional: Spe special			n which :	you have a

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

Date _ 06/04/2020

Signature of Reporting Individual

RECEIVED JUN 0 9 2020

Type or Print CLEARLY Full Name Ryan	Work Address: 2 COULT STREPT, Nashua N.H. 03060
Primary Occupation Security	E-mail RYAN CNMAN orb@yahod. Com Work Phone 603-540-6830
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisor	other organization in which you or a family member was an officer, director, associate, partner, y capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>ment and/or disability benefits shall be included</i> . (Use additional sheets as necessary)
1. Gardaworld, 440 Harvey Road Non Gester N.	H Nashua PUBFic Library, 2 court St. Norshua, N.H.
2. <u>Big Bloquers</u> <u>Big Sisters N.H., 3</u> Polits mouth A Hocksett N.H. Manchester School distri If you have no qualifying income indicate by writing your initials next to the fo	We #2, Stratham N.H City OF HOOKSett, 35 main ST; (Ct, 20 Hecker St. Mon Cherter, N.H. Nowing statement. My income does not qualify

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

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Γ	2. Health Care	3. Insurance	4. Real Estate, incluagent, developers,	Г	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/ lodging		10. Sale and distributio beverages			n of alcoholic II. Practice of law	
Г	12. Any business regulate Utilities Commission	ed by the Public	ambling	or dog racing, or other	legal fo	orms of	R	14. Education	15. Water Ro	esources
Г	16. Agriculture	17. N.H. taxes:			Interest Dividen				ecify any other area in interest	n which you have a

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

2020 Date

Signature of Reporting Individual

JUN 1 2 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Lean Pearl Cushman	Work Address: 601 Riverway Pl Unit 6 Bedford, NH 03110
Primary Occupation registered nurse	E-mail Lean Chase 44@ yahar.com Work Phone (603) 637-4646
Name the office, position, board or commission, committee, board of	Board of Firewards-nonmember
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	•
proprietor, or employee, or served in any other professional or a	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding (hyboard) retirement and/or disability benefits shall be included. (Use additional sheets as necessary) - employee
	cin St. Wakefield, MA 01880 - employment /manager
2. Intelucare 1515 Hancock 5	street #203 Quincy, MA 02169 - employee (self)
3. Private HomeCare Services 529 If you have no qualifying income indicate by writing your initials next to	Street #203 Quincy, MA 02169 - employee (self) Main St. Ste 243 Boston, MA 02129 of the following statement. My income does not qualify

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

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

ম	2. Health Care 73. In	surance [Estate, including bro , developers, and land		Г	5. Bankin services	ng or f	inancial	6. State of Nev municipal emp	w Hampshire, county, or bloyment
Г	7. N.H. Retirement System		ent use land nt program	. 11	Restaurants. ging	/		10. Sa bevera	le and distribution ages	ofalcoholic	11. Practice of law
Γ-	12. Any business regulated by Utilities Commission	y the Public	Г	13. Horse or dog r gambling	acing, or othe	er legal fo	orms of	Г	14. Education	15. Water Ro	esources
	16 Agriculture	17. N.H. taxes:	Busines Profits Ta		Tax ┌─	Interest Dividen		F		cify any other area in interest	n which you have a

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Date 06/12/2020

Signature of Reporting Individual RECEIVED

JUN 2 3 2020

Type or Print CLEARLY Full Name_Kelser (Men, Cachez Work Address: 393 Wigh acmich Ma	
Primary Occupation State Leses Store E-mail reprenuy ash a GSMa, 1. Co Work Phone 2712136	
Name the office, position, board or commission, committee, board of <u>State Neghe 5 in Kake</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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. Souther An Arm Sik Sennes	
2.	
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 services 6. State of New Hampshire, county, o municipal employment	r
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System sssessment program lodging lodging lodging lodging lodging	of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	·
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A19- Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be RECENSED nor	1

 Type or Print CLEARLY
 RENNY Cisting
 Work Address: 395 Winn quant Rd, Humphy NH0364"

 Full Name
 Robert RENNY Cisting
 Work Address: 395 Winn quant Rd, Humphy NH0364"

 Primary OccupationStole
 Legis abov
 E-mail reprany Custo by Castra Committee, board of State Pepwe sonfalue

 Name the office, position, board or commission, committee, board of State Pepwe sonfalue
 Primary Occupation of Commission, committee, board of State Pepwe sonfalue

 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) Southing New Hampfile Services, Community Cumpus, Partsmant, no 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession.

occupation, or category of business:

Г						Real Estate, including brokers, gent, developers, and landlords			5. Banking or financial services				6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retiremen System	nt	F 8. Cu	ment us neat pro			9. Resta lodging	urants/		11-	10. Sa bevera	le and distribution ages	ofal	coholic	11. Practice of law
	12. Any business reg Utilities Commissi		the Public		Г	13. Hors gambling	e or dog racing,	or other	legal fo	rms of	Ā	14. Education	1-	15. Water Re	esources
Г	16. Agriculture		17. N.H. taxes:		usiness ofits Tax		Business Enterprise Tax		Interest Dividen		Г	18. Optional: Sp special			ı which you have a

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

Date Wid 20

Signature of Reporting Individual