Type or Print Clearly			
Full Name Dana Hackett	Work Address	self employed	
Primary Occupation Core Silver	e-mail dana 12384	egmail, com Work Phone	603 986 5898
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	h any income in excess of \$10,000	was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your ini	itials next to the following statement.	My income does not quali	fy DH
1. Any profession, occupation, or business licens profession, occupation, or category of business: 4. Real E	sed or certified by the State of New Hamp		State of New Hampshire, county, or
		ricesmui	nicipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	oholic 11. Practice of law
	13. Horse or dog racing, or other legal for gambling	orms 14. Education 1	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for	egoing information is true and complete	to the best of my knowledge and be	elief. RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions o	or this chapter or knowingly files a false st	atement shall be guilty of a misdeme	RECEIVED
Date 6/8/22	Signature of Filer	(100/1201	JUN 1 3 2022
	State, 107 North Main Street, State House	e Room 204. Concord, NH 03301	NEW HATE SHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Richard M. Hagala Work Address 789 E. Eisenhowen	Parkery ME,
Primary Occupation Technical Services e-mail richard. Hasala Clambat Work Phone 1.	-700-521-0600
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as nece	rived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	R
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	grant a license or permit,
profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of N	New Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal er 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	11. Practice of
System assessment program lodging beverages 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other and special interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6-8-2012 Signature of Filer July	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name DAVID HAGEN Work Address 289 LAFAYETTE Rd	Hampton
	03-39-0259
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS ROBED CHRIR OF FUTURE EN SIGHT 25 WALKER ST. CONCORD WH	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessalendar year.)	erived during the preceding
NONE	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	WA
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	, grant a license or permit,
profession, occupation, or category of business:	And additionals a dissemplation could related to 1 to 1 to 100 to
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Insurance	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	r Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other a special interest—	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
Date 6/1/2022 Signature of Filer Dauly	RECEIVED
	JUN 09 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or P	Print Clearly						
Full Name	e MARYA	HUSON HAKKEN-PH	ILLIPS WO	ork Address	N/A		
Primary C	Occupation k	THORNEY	e-mail mhp4n	hrepagn	nailicom	Work Phone	NA
directors,		board or commission, board of byment with state or county NO ACRONYMS	NH State Represe	ntative 4	Graffon Co	unty Delegat	ron Hember
proprieto	r, or employee,	address, and type of any profession or served in any other profession fretirement benefits other than fede	nal or advisory capacity, an	nd from which	any income in ex	cess of \$10,000 was	derived during the preceding
1.		PBRODICH, P.A., 45 C					
2.	DHMC,	MEDICAL CENTER D	R. LEBANON, NH	03156	i PHYSICIAN	U/HOSPITAL/E	EMPLOYER (Spouse)
f you hav		ncome indicate by writing your in				e does not qualify	
discipline	e a licensee or pe effect on you or 1. Any profess	et in an item on this list if a change ermittee, or other decision by gove a family member than it would or ion, occupation, or business licens apation, or category of business:	ernment affecting the listed the general public:	business, profe	ession, occupation,	group, or matter wou	
X 2.1	Health Care	is insurance ii i	Estate, including brokers, developers, and landlords	5. Ba	nking or financial	11 1	of New Hampshire, county, or I employment
	N.H. Retiremen stem	8. Current use land assessment program	9. Restaurant lodging	ts/	10. Sale and di beverages	stribution of alcoholic	11. Practice of law
	Any business reg	ulated by the Public	13. Horse or dog racing, or of gambling	other legal forr	ns 14. Educ	ation 15. Wa	ter Resources
16	. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		onal: Specify any other special interest	er area in which you have a
		hereby swear or affirm that the for Is to comply with the provisions					
Date	JUNE 2	, 2022	Signature of F	iler	Marytta	The Philly	JUN 0 9 2022 NEW HAMPSHIRE DEPARTMENT OF STATE
		Return to: Office of Secretary of	State, 107 North Main Street	t, State House F	Room 204, Concor	d, NH 03301	DELITERATION OF ALL

Type or Print Clearly
Full Name Myriel C Hall Work Address Work Address Work Main Street, Concord, NHt 03301
Primary Occupation Retired e-mail cottenhalle comcast. net Work Phone (603) 224-9017
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NH Retirement System 54 Regional Drive Concord, NH 0330
1. NH Retirement System 54 Regional Drive Concord, NH 0330 2. TRowe Price PO Box 170 59 Baltimore, MD 21297-1083
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty Are VED person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. JUN 0 3 2022
Date June 1, 2022 Signature of Filer Muril () Lall NEW HAMPSHIRE DEPARTMENT OF STATE DEPART

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

Type or Print Clearly			
Full Name Kelly M Halldorson	Work Address QQ P	Bracketl Rd	
Primary Occupation homemaker e-mail Kell	yHalldorson	Work Phone	6038283007
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	y, and from which any incom	ne in excess of \$10,000 was	derived during the precedin
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If you have no qualifying income indicate by writing your initials next to the following	ng statement. M	ly income does not qualify	(A)
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in addiscipline a licensee or permittee, or other decision by government affecting the lifinancial effect on you or a family member than it would on the general public:	ninistrative rule, a decision wh	nether or not to award a conti	ract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	ate of New Hampshire. List e	ach such	
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor			of New Hampshire, county, or al employment
7. N.H. Retirement 8. Current use land 9. Resta assessment program lodging	urants/ 10. Sal	le and distribution of alcoholi ges	ic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	g, or other legal forms	14. Education 15. W	ater Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify any oth special interest —	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowing			
Date June 10, 22 Signature	of Filer Kelly	tallel nicon &	

Type or Print Clearly	
Full Name Paul Halvorsen W	Jork Address 4 Court Street, Concord NH 03301
Primary Occupation Attorney e-mail Phalv	rorsen@mcao.net WorkPhone 603-228-0529
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	ounty Attorney
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, a calendar year. Sources of retirement benefits other than federal retirement and/or disability.	and from which any income in excess of \$10,000 was derived during the preceding
1. Merrimack County, 333 Daniel Webster Hu	y, Boscawen, NH 03303 (Attorney)
2. Manchester School District, 20 Hecker Street, N	lanchester, NH 03102 (Teacher) (See Continuation Shee
If you have no qualifying income indicate by writing your initials next to the following	
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in an item on this list if a change in law, a change in admini discipline a licensee or permittee, or other decision by government affecting the lister financial effect on you or a family member than it would on the general public:	istrative rule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State 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. Restaura lodging	10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, of gambling	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true person who knowingly fails to comply with the provisions of this chapter or knowingly	y files a false statement shall be guilty of a misdemeanor.
Date June 1,2022 Signature o	Filer PECEIVED JUN 0 1 2022
Return to: Office of Secretary of State, 107 North Main Stre	NEWHALION

2022 New Hampshire Statement of Financial Interests - RSA 15-A

Paul Halvorsen, Merrimack County Attorney

Paragraph A, Continued

3. NH Retirement System, 54 Regional Drive, Concord, NH 03301 (Retirement)

Type or Print Clearly	
Full Name Bonnie HAM Work Address State of NH	
Primary Occupation LTC Onhudong e-mail bahan avoadrume Werk Phone 2	71 4283
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Chair Woodstock Planning Board Manhar Lineah Woodstock Petary (كسك
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer directly directly directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessar	d during the preceding
1. Arnold's Antiques Main St Nowoodstocket	
2 Arnold's Diner US RX 3 Lincoln DK Ham Enterprise Pent	als NOWDOD
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	N
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pot financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	nt a license or permit,
	Hampshire, county, or oyment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Ent	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 1	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
Date 6 1 20 2 2 Signature of Filer	JUN 0 2 2022
Peturn to: Office of Secretary of State 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Joan Livingston Hamblet Work Address N/A
Primary Occupation Retired e-mail jhamblet 4@gmail.com Work Phone NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N/A
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/1/2022 Signature of Filer San L Namble NEW HAMPS: HRE 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 Heids Hamer Work Address 221 SY Vester ST Manchester NH
Primary Occupation refired e-mail h horner 59 @ Adl. Gwork Phone 603-605-4895 Name the office, position, board or commission, board of directors, etc. or employment with state or county State Representative
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have 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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Date June 2,2022 Signature of Filer Leide James NEW HARMT OF SIGnature of Filer

Type or Print Clearly
Full Name Katherine Harake Work Address 5 Nathaniel ct. Hampton NH
Primary Occupation politician e-mail Katherine e harake 4nh.com Work Phone 603 4185411
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS budget comm, Hee - Hampton
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. Spouse-Frictionless Financial Technologies Inc.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Business Business Business Business Business Business Business Business Busi
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. PSA 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. 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 6/9/22 Signature of Filer NEW HAMPSHIRE DEPARTMENT OF ST

Type or Print Clearly
Full Name ROBERT D. HARB Work Address 17 WEST STREET HAVE VALLE MA 01830
Primary Occupation ATTORNEY e-mail bobharBe AOL, COM Work Phone 978-373-561)
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative NH - Delegate to Rockingham County Convention Member
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, 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. ROBERT D. HARB ATTOVARY A+ LAW 17 WEST ST HAVENILL, MA - ATTOVARY - SEKS EMPLYED 2. Foy Insurance Agency 64 PORTSMOUTH AVE, EXPLOT, NH63833-INSUVANCE - INSUVANCE AGENT
2. Foy Insurance Agency 64 PORTSMOUTH Ave, EXPTER, NH63833-INSURANCE - INSURANCE AGENT
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: APTORNEY AT LAW TOSVANCE ProduceR TITLE INSUVANCE
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-RSEGIAN ED person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. JUN - 3 2022
Date Tune 1, 2022 Signature of Filer Roll D'Horb NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			,	
Full Name Tine L. Harley	Work Address	s Seabrook	Recreational	Department
Primary Occupation Fitness Instructor	e-mail tianalhahotn	nail. com	Work Phone	978-457-3004
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement	advisory capacity, and from wh	nich any income in exc	ess of \$10,000 was o	derived during the preceding
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2.				
If you have no qualifying income indicate by writing your initials no	ext to the following statement.	My income	does not qualify	TH
B. Indicate below whether you or a family member has a special in reportable special interest in an 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 government of the special specia	, a change in administrative rule, nt affecting the listed business, p eneral public:	, a decision whether or r profession, occupation, g	ot to award a contra	ct, grant a license or permit,
I / Health (are II is insurance II)		5. Banking or financial ervices		of New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and dist	ribution of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Ho Of gam	orse or dog racing, or other legal bling	L 14. Educa		er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest : Enterprise Tax Dividend	and 18. Option	nal: Specify any other special interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this c	g information is true and comple hapter or knowingly files a false	ete to the best of my kno statement shall be guilt	wledge and belief. y of a misdemeanor.	
Date June 9, 2022	Signature of Filer	Jina L.	Harley	JUN 13 2022
Return to: Office of Secretary of State.	107 North Main Street, State Ho	use Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name MICHAEL HAKRINGTON WORK Address STATE HOUSE CONCO	RD NH
Full Name MICHAEL HAKRINGTON Work Address STATE HOUSE CONCO Primary Occupation STATE REP e-mail HARRINGTCAETROCAE NEW Phone N/	4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	nssociate, partner, ng the preceding
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 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 lic discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially 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:	ense or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services municipal employmen	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which is special interest.	:h you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 berson who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer	Penalty. Any RECTIVED JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
ull Name Linda Harriott-G	sathright Work Address 28 Marinh Come Nach NHO3062
rimary Occupation State Representa	Andmail listantiott Gother in lite state No. US 603 8804537
ame the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	CRIMINOL JUSTICE + Preblic Satety Ranking Member
oprietor, or employee, or served in any other profession	ion, business, or other organization in which you or a family member was an officer, director, associate, partner, and or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding areal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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ou have no qualifying income indicate by writing your in	nitials next to the following statement. My income does not qualify
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Indicate below whether you or a family member has a speportable special interest in an item on this list if a change iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would or 1. Any profession, occupation, or business licent profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real agent, 7. N.H. Retirement System 8. Current use land assessment program 12. Any business regulated by the Public	pecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a e in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, rernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater in the general public: sed or certified by the State of New Hampshire. List each such Estate, including brokers, developers, and landlords 5. Banking or financial for municipal employment 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of

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

Date

Signature of Filer

JUN 07 2022

'22 JUN 7 PM1:10

Type or Print Clearly	
Full Name Kristie Hart	Work Address
Primary Occupation Homemaker e-mail Knis	Stic Hart 396 @gms. 1.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1. Zoominse inc , waltham, MA	
2.	
If you have no qualifying income indicate by writing your initials next to the follow	ring statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adridiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the Sprofession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	
7. N.H. Retirement 8. Current use land 9. Resta system assessment program lodging	aurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission 13. Horse or dog racin	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ingly files a false statement shall be guilty of a misdemeanor.
Date 6 7 2022 Signatur	re of Filer JUN 0 8 2022
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				
Full Name Cathryn	A. Harvey	Work Address		
Primary Occupation	ed teacher e-mail Ch	arvey _03462	2 yahoo.Co Mark Pho	603-363-4424
Name the office, position, board directors, etc. or employmen government held by you.	NO ACRONYMS			
proprietor, or employee, or ser	es, and type of any profession, business, or oth rved in any other professional or advisory cap ment benefits other than federal retirement and/o	pacity, and from which a	ny income in excess of \$10,0	000 was derived during the preceding
1. Federated	Church of Marlborn Retirement System	ough NH.		10 · · · · · · · · · · · · · · · · · · ·
Teacher's	Retirement System			
	e indicate by writing your initials next to the fol		My income does not qu	ualify
reportable special interest in an discipline a licensee or permitte financial effect on you or a fami	or a family member has a special interest in an item on this list if a change in law, a change in ee, or other decision by government affecting tily member than it would on the general publicupation, or business licensed or certified by the or category of business:	administrative rule, a dec he listed business, profess c:	ision whether or not to award ion, occupation, group, or ma	a contract, grant a license or permit,
2. Health Care 3. In	surance 4. Real Estate, including br			6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land 9. R assessment program lodgi	estaurants/	10. Sale and distribution of beverages	alcoholic 11. Practice of law
12. Any business regulated Utilities Commission	by the Public 13. Horse or dog r	acing, or other legal forms	14. Eddcation	15. Water Resources
16. Agriculture	17. N.H. Business Business taxes: Profits Tax Enterprise	Tax Interest and Dividends Tax	18. Optional: Specify special inter	any other area in which you have a est —
have read RSA 15-A and hereby person who knowingly fails to co	v swear or affirm that the foregoing information omply with the provisions of this chapter or kn	n is true and complete to to nowingly files a false stater	the best of my knowledge and ment shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any emeanor.
Date June 1,	2022 Sign	ature of Filer	attreep G. Afact	JUN 0 3 2022
Retu	urn to: Office of Secretary of State, 107 North M	ain Street, State House Ro	om 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly
Full Name Juliet Harvey-Bolia Work Address Colo 248 Sheep Davis Dr., Concord
Primary Occupation Field Service tech. e-mail juliet. bolia@intralot.us Work Phone 802-535-6819
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Krw Bolia, 66 Dunlop Dr. Titton, NH Winnisquan Reg. School Distict, Employee
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty: APY IVED 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 2022 Signature of Filer Well A Balan NEW MANAPSHIRE
DEPARTMENT OF STAT

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

035000180

Type or Print Clearly
Full Name LINBA THASKINS Work Address WA
Primary Occupation Retreed e-mail Indas hasking gwark Phone Wat
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS WHATE OF TREPRESENTATIVES
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A 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.

pe or Print Clearly	
Il Name MARK HASTINGS Work Address 7 ERIK DRIVE	
mary Occupation RECIRED e-mail COXIDG-53@GMAIL.COM Work Phone CO3	-801-8451
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS SERVICE COOLDINATING	DICAL
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly or income in excess of \$10,000 was derived an endar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	
profession, occupation, or category of business: REGISTERED NURSE	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employers	Hampshire, county, or byment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Reso	
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest —	
ve read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 son who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
se 6/7/22 Signature of Filer	JUN 0 8 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIR

Type or Print Clearly
Full Name William A. HATCH Work Address 79 Promochaele St, Conhan Ut
Primary Occupation Rotrael e-mail hetch by MONOT ment, can Work Phone 603-306-691
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NA
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/02/2027 Signature of Filer William A Hall

Type or Print Clearly	
Full Name MARC HATHANING	Work Address Sollwas Cly Alty Office Newport WH
Primary Occupation ATOMEY	e-mail HHATHALLY SULLIVENCUOSTY ALL MOSTER 1-603-863-775
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Sullware County Alterna
proprietor, or employee, or served in any other profess	on, business, or other organization in which you or a family member was an officer, director, associate, partner, and or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding and retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Busines taxes: Profits T	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any f this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date June 9, 2022	Signature of Filer JUN 0 9 2022
	State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name ARTHUR WAYNE HAUBNER Work Address 260 FRANKlind ST 4th Flush, BOSTON MA 02110
Primary Occupation Chief TECHNUlary office 12 e-mail WAYNE, HAUDNER @ ESCHOR SRWA-COM WORK Phone 857-366-9500
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Director Disital Federal Credit Union (Volumbard of No Internal of No
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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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 B. 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 beverages
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/10/2022 Signature of Filer alter way Harle JUN 10 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STAT

Type or Pr	rint Clearly						
Full Name	Barba	ra Ann Healey		Work Address	68 Back River	Rd	
Primary O	ccupation	Retired	e-mail	barbara3821@aol.co	om	Work Phone	603-318-9503
directors,		cion, board or commission, board of inployment with state or county ou. NO ACRONYMS	Town Co	uncilor for Town of Me	errimack		
proprietor,	or employ	ne, address, and type of any professi ee, or served in any other professions of retirement benefits other than fede	nal or adviso	ory capacity, and from whic	h any income in ex	cess of \$10,000 w	as derived during the preceding
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2.							
lf you have	no qualifyi	ng income indicate by writing your in	itials next to	the following statement.	My incom	e does not qualify	BAH BAH
reportable discipline financial e	e special int a licensee of effect on you 	ether you or a family member has a sperest in an item on this list if a change or permittee, or other decision by govulor a family member than it would out the fession, occupation, or business licent occupation, or category of business:	e in law, a cha ernment affe n the general	nge in administrative rule, a cting the listed business, pro public:	decision whether or ofession, occupation,	not to award a co group, or matter	ntract, grant a license or permit,
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7. N Syst	l.H. Retiren em			9. Restaurants/ Odging		stribution of alcoh	
	ny business S Commis	regulated by the Public sion	13. Horse or of gambling	dog racing, or other legal fo	orms 14. Educa	ation 15.	Water Resources
16.7	Agriculture	17. N.H. Business taxes: Profits Tax	Busing Enter	ness Interest ar prise Tax Dividends	и г	onal: Specify any of special interest	other area in which you have a
have read person who	RSA 15-A a knowingly	nd hereby swear or affirm that the for y fails to comply with the provisions of	regoing infor of this chapte	mation is true and complete r or knowingly files a false st	to the best of my kn atement shall be gui	owledge and beli lty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date 6/	9/2022			Signature of Filer	Borbara_H	eolog	JUN 1 0 2022
							NEW HAMPSHIRE

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

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or P	rint Clearly					
Full Name	Robe	rt Vincent Healey	Work Address	68 Back River	Rd	
Primary O	ccupation	Retired	e-mail rvhealey@aol.com		Work Phone	603-521-0422
directors,	•	tion, board or commission, board of mployment with state or county ou. NO ACRONYMS				
proprietor	, or employ	vee, or served in any other profession	on, business, or other organization in what or advisory capacity, and from which ral retirement and/or disability benefits should be a second or disability be a second or disability benefits as a second or disability be	th any income in ex	cess of \$10,000 v	vas derived during the preceding
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f you have	e no qualify	ing income indicate by writing your ini	itials next to the following statement.	My incom	e does not qualify	RVH
inancial e	effect on yo	u or a family member than it would on ression, occupation, or business licens occupation, or category of business:	sed or certified by the State of New Ham	oshire. List each such		
	lealth Care	B. Insurance agent, o		Banking or financial vices	L muni	ate of New Hampshire, county, or cipal employment
7. N Syst	N.H. Retirei tem	ment 8. Current use land assessment program	9. Restaurants/ odging	10. Sale and di beverages	stribution of alcol	nolic 11. Practice of law
	ny business es Commis		13. Horse or dog racing, or other legal for gambling	orms 14. Educ	ation 15	. Water Resources
16.	Agriculture	17. N.H. Business taxes: Profits Tax	Business Interest ar Enterprise Tax Dividends		onal: Specify any of special interest	other area in which you have a
			regoing information is true and complete			
CISOII WII	io knowingi	y fails to comply with the provisions o	of this chapter or knowingly files a false s	atement shall be gu	. A	RECEIVED
Date J	une 1, 20	022	Signature of Filer	Robert	Halm	JUN 0 2 2022
		Datum to Office of Country of				NEW HAT PSHIRE DEPARTMENT OF SUIT
		neturn to. Office of Secretary of	State, 107 North Main Street, State House	e noom 204, Concor	u, MH 03301	

Type or Print Clearly
Full Name Adam Edinmore Heard Work Address 15 Maple St. Sandwich, WH 0322
Primary Occupation Self Empolyed e-mail Adam Heard @ ADL, Com Work Phone 603 368 5390
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS County District!
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. Machoro Enterprises LLC 8 Pearl St. Watertown Massachusetts
2. Machro Needham Luc 8 Pearl St. Watertown Massachusetts
Machoo Needham Luc 8 Pearl St. Watertown Massachusetts Machoo Natich LLC If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date G / G / 20 Z 2
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 Mary Heath Work Address 76 Island Pond Rd	
Primary Occupation retired e-mail m. heath@ comcast.net Work Phone (603)	. 22-0895
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived dutalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
74 Retirement System	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential 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	license or permit,
profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Han	poshire county or
2. Health Care 3. Insurance agent, developers, and landlords services municipal employments	ent
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource	ces
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which is precial interest.	hich you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	:9 Penalty. Any
Date June 10, 2022 Signature of Filer Many Health	RECEIVED
Date June 10, 2022 Signature of Filer Many Heath	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly		
Full Name MARY & Health	Work Address N/a	
Primary Occupation Retires	e-mail mheath at as Net Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	TREASURER, Country of Merro	MACK
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an of nal or advisory capacity, and from which any income in excess of \$10,000 was ral retirement and/or disability benefits shall be included. (Use additional sheets as	as derived during the preceding
1. Kearsarge Concret	LLC, POBOX 208, Salisbury NH o	3268
If you have no qualifying income indicate by writing your in		
reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	pecial interest in any of the following businesses, professions, occupations, group in law, a change in administrative rule, a decision whether or not to award a con- ernment affecting the listed business, profession, occupation, group, or matter w in the general public:	tract, grant a license or permit,
		te of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcohologologing beverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. \	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		her area in which you have a
	regoing information is true and complete to the best of my knowledge and belie of this chapter or knowingly files a false statement shall be guilty of a misdemean	Or.
parameter and provide the prov		RECEIVED
Date 06-10-2022	Signature of Filer Mary & Heath	JUN 1 0 2022
Peturn to Office of Secretary of	State 107 North Main Street State House Room 204 Concord NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name RUTH M HEATH		Work Address	N/A		
Primary Occupation RETTRED	e-mail			Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NH STATE	REPRESEN	MATIVE	MERRIMACI	× 4
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity	y, and from which	any income in	excess of \$10,000 was of	derived during the preceding
1. NH STATE EMPLOYEE RET	TREMENT S	YSTEM			
2.	•				
If you have no qualifying income indicate by writing your init	tials next to the followi	ng statement.	My inco	me does not qualify	
discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	the general public:				d potentially have a greater
I I Hoalth (are a Kincurance II I	state, including broker evelopers, and landlor		anking or financia es		f New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restai	urants/	10. Sale and beverages	distribution of alcoholic	11. Practice of law
	13. Horse or dog racing f gambling	g, or other legal for	14. 601		er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		tional: Specify any other special interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is to f this chapter or knowin	rue and complete t ngly files a false sta	o the best of my tement shall be g	knowledge and belief. Juilty of a misdemeanor.	RECEIVED
Date 6/1/2022	Signature	e of Filer	Ruth Y	n Heath	JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly			
Full Name George Hebert	Work Add	iress Po Box 14	15 Goshen NH 03752
Primary Occupation Retired	e-mail	Work	Phone 603 381 9566
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Courty Comm	issioner Sullive	n County NA.
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from	which any income in excess of s	\$10,000 was derived during the preceding
1. George Hebert cevan	me Tile Sole	Praymiron	
2.			
If you have no qualifying income indicate by writing your ini	tials next to the following stateme	nt. My income does n	ot qualify
discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	the general public:		or matter would potentially have a greater
I I / Health Lare II IS Insultance II I	state, including brokers, 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/	10. Sale and distribution beverages	n of alcoholic 11. Practice of law
	 Horse or dog racing, or other laft gambling 	egal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		rest and lends Tax 18. Optional: Special is	ecify any other area in which you have a interest —
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of			nisdemeanor. RECEIVED
Date 6-8-22	Signature of Filer	Leon Hel	JUN 08 2022
			NEW HAMPSHIRE DEPARTMENT OF STAT

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

Type or Print Clearly			
Full Name Parid Hennessey	Work Address	71 Dutton 12d	Pelden NH
Primary Occupation Retited e-mail	A Vesster @G	MA: 1. CON Work Phone	
government held by you. NO ACRONYMS NASAve	Regional Plan	estment, Pelham; Soning Commission Ex	ecutive is whither
A. List below the name, address, and type of any profession, business, or or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and advisory calendar year.	apacity, and from which	h any income in excess of \$10,000	was derived during the preceding
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2.			
f you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income does not quali	fy P.H.
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change i discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general pub 1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	in administrative rule, a the listed business, pro lic: the State of New Hamp	decision whether or not to award a c fession, occupation, group, or matte	contract, grant a license or permit, er would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including to agent, developers, and la	orokers, 5. E	Banking or financial 6. S	State of New Hampshire, county, or nicipal employment
	Restaurants/ ging	10. Sale and distribution of alco beverages	oholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog of gambling	racing, or other legal fo	14. Education	5. Water Resources
16. Agriculture 17. N.H. Business Enterprise Enterprise		1 1 1 4 4 4 4 4 4 4	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or k	on is true and complete enowingly files a false st	to the best of my knowledge and be atement shall be guilty of a misdeme	lief. RSA 15-A:9 Penalty. Any eanor.
	nature of Filer	Wait Henrey	JUN 0 9 2022
Day of Santa 107 North	Main Careat State House	Room 204 Concord NH 03301	NEW HAMPSHIRE

KEC,D CILL CLERK DEP.

Type or Print Clearly
Full Name Michael Scott Henry Work Address 30 Donlogsin Rd
Primary Occupation Boilding Maintenance e-mail Henrythchen Doeychoo.com Work Phone 1-603-233-056
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, 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:
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 beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Bu
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.
JUN 1 0 2022
Date 6/9/22 Signature of Filer Million 1 PC NEW HAMPSHIFE

Type or Print Clearly
Full Name (hristopher & Herbent Work Address [8/ EASTERN Live, MANCLISTED HOS
Primary Occupation Detired e-mail herbextChris 650614111 (Work Phone 603 867-4711)
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean or recommendation.
Date 4/9/2022 Signature of Filer Lis Xerbert JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Christopher-John Herbert Work Address KlEASTARN Rue, Unit 20 Manufester
Primary Occupation Retired e-mail herberetcheis Gagnerithork Phone (203-867-4711
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in 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 ED 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 Filer
Date 6/5/3022 Signature of Filer Cur What PSHIRE NEW HAMPSHIRE NEW HAMPSHIRE DEPARTMENT OF STATE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

2022 NEW HAMPSHIRE STATEMENT OF F NCIAL INTERESTS - RSA 15-A Type or Print Clearly HEMAN **Work Address** Full Name e-mail Shern an ametrocast not Work Phone 603-335-206 **Primary Occupation** Name the office, position, board or commission, board of directors, etc. or employment with state or county NO ACRONYMS government held by you. 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.) 2. if you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial B. Insurance 2. Health Care municipal employment agent, developers, and landlords services 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land 9. Restaurants/ 7. N.H. Retirement beverages law lodging assessment program System 13. Horse or dog racing, or other legal forms 12. Any business regulated by the Public 15. Water Resources 14. Education of gambling Utilities Commission 18. Optional: Specify any other area in which you have a Interest and **Business** 17. N.H. Business special interest -16. Agriculture **Dividends Tax Enterprise Tax** taxes: Profits Tax I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any

person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

Signature of Filer

Type or Print Clearly	
Full Name Jereny Herrell	Work Address 84 Pleasant St Clorement WH
Primary Occupation Nedia outlet e-mail wher	-2112012 Ograil. Can Work Phone 603-477-1686
government held by you. NO ACRONYMS	nte Representative
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Live From America Mediato. ge	1 Pleasant St Cloremont NH, 03743
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater mate of New Hampshire. List each such
	America Media Co.
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlore	5. Banking or financial 6. State of New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaution System lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowing	N
Date 6.2.32 Signature	e of Filer Jun 15 2022
Return to: Office of Secretary of State, 107 North Main S	(

Type or Print Clearly
Full Name David S. Hershex Work Address 2 Washington St Suite 213 Dover DH 03820
Primary Occupation Risk Manager e-mail DHershey@AxelJohnson Work Phone 6038172958
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Sprague Operating Resources, LLC 185 International Dr. Portsmouth, NH.
2. Axel Johnson, Inc 2 Washington St Suit 213 Dover NH 03820
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Spouse is a Social Worker a Huggins Hospital
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/2/2027 Signature of Filer News
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name DAVID MEAD HICKERNEL	Work Address N/A
	-mail DHICKERNELL @CONOST.NET Work Phone 603 898 1347
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	IA
proprietor, or employee, or served in any other professional or	iness, or other organization in which you or a family member was an officer, director, associate, partne advisory capacity, and from which any income in excess of \$10,000 was derived during the precedin ement 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 ne	ext to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in law,	·
4 Real Estate	ncluding brokers, 5. Banking or financial 6. State of New Hampshire, county, or
	pers, and landlords services municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Ho of gamb	rse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest and Dividends Tax Interest and Dividends Tax Interest and Special interest
	information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any hapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer
	The Millians

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

JUN 15 2022

NEW HAMPS LITE
DEPARTMENT STATE

Type or Print Clearly	
Full Name Matthew S. Hicks Work Address 95 Shaker Rd Conco	rd NH
Primary Occupation Educator e-mail motherwhicks 12@ comcast. rol Work Phone 603-	224-0161
directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.	during the preceding
Shaker Road School, 95 Shaker Rd Concord - Education	Statthew.
	lyson
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 matte reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would poten 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:	a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 6. State of New H	lampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resor	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	-A:9 Penaity. Any
	RECEIVIED
Date 6/1/2022 Signature of Filer Mass/De	JUN 0 1 20:22
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 GREGORY HII Work Address 1 Knowles FARM Rd North te	96
Primary Occupation Financial SRVS e-mail Graphill NH @ gmil. Com Work Phone 617 590 202	7
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Marie Company
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, part 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 precedual retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Self-employed - 1 Knowles FARM Rd Northfield NH 03276 Financial SWS. 2. Sporse-State of NH Dept of Transportation HAZEN Dizive Concord, NH 03301 Con	mote
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	7
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 perm discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:	it,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Thou and a profession occupation or category of business: Thou and a 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, municipal employment	, or
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law	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 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 person who knowlngly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeaner. JUN 13:022	Charleton V. All comments
Date 6/9/2022 Signature of Filer Signature of Filer	ć

Type or Print Clearly			
Full Name Karen List Hill	Work Address 2	4 Messenger St, 1	Lebanm NH 0376
Primary Occupation Self-Employed	e-mail tarenhothill egman	Work Phone	603-252-2542
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Grafton County T	reasurer	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which any	income in excess of \$10,000 w	as derived during the preceding
1. Self-employed			
2.			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would on to a family member than it would on to the financial effect on you or a family member than it would on to a family member has a special member has	n law, a change in administrative rule, a decision nment affecting the listed business, profession the general public:	on whether or not to award a cor n, occupation, group, or matter v	ntract, grant a license or permit,
I I I Health (are II Is inclirance II I	state, including brokers, evelopers, and landlords 5. Banking		te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land assessment program		Sale and distribution of alcohoeverages	olic 11. Practice of law
	Horse or dog racing, or other legal forms gambling	14. Education 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any o special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregers on who knowingly fails to comply with the provisions of	going information is true and complete to the this chapter or knowingly files a false stateme	e best of my knowledge and belie ent shall be guilty of a misdamear	RSA 15-A:9 Penalty. Any
Date 6/1/22	Signature of Filer	10	JUN 01 2022
Return to: Office of Secretary of S	itate, 107 North Main Street, State House Roor	m 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	6384
Full Name Holly Hillhouse Work Address 1145 Sagamore AVE Ve	ortsmouth, Nt
Primary Occupation buty work Phone 603	5830257
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	luring the preceding
St. Joseph Hospital Physician Practices	
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	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 Hamployn	mpshire, county, or nent
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource.	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in w	vhich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
Date 10 10/3022 Signature of Filer	RECEIVED
	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print Clearly Work Address S W Hikh Strey Full Name 5. Hill: 40 V e-mail SS H:11:4 RJ @ HOY Milicom Work Phone Primary Occupation EJUC4410N Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS** A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, propnetor, 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. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public 1. Any profession, occupation, or business licensed or cartified by the State of New Hampshire. List each such profession, occupation, or category of business: 6. State of New Hampshire, county, or 5. Banking or financial 4. Real Estate, including brokers, 2. Health Care 3. Insurance agent, developers, and landlords municipal employment services 7. N.H. Retirement B. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging assessment program beverages System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education of gambling Utilities Commission 17. N.H. 18. Optional: Specify any other area in which you have a Business 16. Agnculture 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 bekef. 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 Filer

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

UN 0 9 2022

NT AMPSHIRE
DEPART ENT OF STATE

Type or Print Clearly Heritage
Full Name Kenneth R. Hilton Work Address 28 Commercia Court Anburn 1
Primary Occupation Plumber e-mail Kenhenhilton a wehoo con Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NA
2. NA
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Plumbing: Master , Gas Installer
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords agent, developers, and landlords agent agen
7. N.H. Retirement System 8. Current use land assessment program lodging 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest — N
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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
Date 6-6-2022 Signature of Filer Signature of Filer NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	_				
Full Name Michela Hites	Work Address	1500 S	Willow	St	03108
Primary Occupation Lead Cashier e-mail			Work Pho	one	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	y, and from which	any income in	excess of \$10,0	000 was derived	during the preceding
1.				10	
2.					
If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My inco	me does not q	ualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admissipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	ninistrative rule, a d	ecision whether	or not to award	a contract, gran	it a license or permit,
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	tate of New Hamps	hire. List each su	-h	R 1711 / No 2111 / Notember 10 Million - 10	
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		anking or financia ces		State of New I nunicipal emplo	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land 9. Restar	urants/	10. Sale and beverages	distribution of	alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal for	ms 14. Edu	cation] 15. Water Reso	ources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Ta	11 1	tional: Specify special inter	any other area ir est —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the state of the complex of the chapter or knowing the complex of the chapter or knowing the complex of the chapter or knowing the chapter or known that the chapter or known the chapter or known the chapter of known the c	rue and complete to ngly files a false star	o the best of my l tement shall be g	knowledge and uilty of a misde	belief. RSA 1: emeanor.	5- A:9 Penalty. Any
Date 6322 Signature	e of Filer	Julilan	E		

Type or Print Clearly
Full Name Deborah L. Hobson Work Address amail. Com
Primary Occupation Legislater e-mail debovah Lhobson e workshope 603-968-5417
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Husband-Dand A. Hobson employed W/ Dept of Hoseth & Human
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or services
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 2, 2022 Signature of Filer Debouah 27/2 boom

Full Name STEPHEN Gibbert	HODGES Work Address 53 MORGAN Wed GIARL, NIH
Primary Occupation RCTVS-ed	e-mail 1 7824 7301 8 97 ANT C bp. Work Phone 603-568-3456
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NA
proprietor, or employee, or served in any other profession	ion, business, or other organization in which you or a family member was an officer, director, assoqate, partner, anal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding eral retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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f you have no qualifying income indicate by writing your ini	nitials next to the following statement. My income does not qualify
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reportable special interest in an item on this list if a change	pecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a e 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:
Any profession, occupation, or business licens profession, occupation, or category of business:	nsed or certified by the State of New Hampshire. List each such
	The state of the s
1) Health Care II 12 Inchrance II 1	Estate, including brokers, developers, and landlords 5. Banking or financial services 5. Banking or financial number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of New Hampshire, county, or number of the services of the
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2. Health Care 3. Insurance agent, ag	developers, and landlords services nunnicipal employment 9. Restaurants/ 10. Sale and distribution of alcoholic law 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
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7. N.H. Retirement System 8. Current use land assessment program 12. Any business regulated by the Public Utilities Commission 17. N.H. Business Profits Tax	developers, and landlords services nunicipal employment 9. Restaurants/ 10. Sale and distribution of alcoholic law 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources Business Interest and 18. Optional: Specify any other area in which you have a

Type or Print Clearly			. *		•
Full Name Russ	sell D. Hodgkins	5 Jr Work Ac	Idress 115 Flig	utline Rd,	Portsmouth NH 63
Primary Occupation	Commil Pilot	e-mail rhodgians	se planesense. com	Work Phone	003 . 501 - 7631
	n, board or commission, board of oyment with state or county NO ACRONYMS				
roprietor, or employee,	or served in any other profession	on, business, or other organizatio anal or advisory capacity, and from aral retirement and/or disability bend	m which any income in exc	ess of \$10,000 was de	rived during the preceding
. Plune Se	use Inc Ports	nouth NH			
you have no qualifying	income indicate by writing your ir	itials next to the following stateme	ent. My income	does not qualify	
1. Any profess	upation, or category of business: 4. Real	sed or certified by the State of New Estate, including brokers,	5. Banking or financial		New Hampshire, county, or
7. N.H. Retiremen	agent,	developers, and landlords	☐ services 10. Sale and dist	municipal e ribution of alcoholic	mployment 11. Practice of
System	assessment program	lodging	beverages		law
12. Any business reg Utilities Commission	gulated by the Public	13. Horse or dog racing, or other of gambling	legal forms 14. Educat	ion 15. Water	Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax		erest and dends Tax 18. Option	al: Specify any other a pecial interest —	rea in which you have a
have read RSA 15-A and erson who knowingly fa	hereby swear or affirm that the foils to comply with the provisions	regoing information is true and co of this chapter or knowingly files a	mplete to the best of my kno false statement shall be guilt	wledge and belief. R y of a misdemeanor.	RECEIVED
Date 6 Jun 2	1022	Signature of Filer	Russell D H	olghung.	JUN 0 7 2022 NEW HAMPSI :RE
					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 5/2 Holl	Work Address 37 Oschway Por Archa NH 05046
Primary Occupation Engineer e-mail	TRE JR/fell. com WorkPhone 603 315-7002
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	other organization in which you or a family member was an officer, director, associate, partner, capacity, and from which any income in excess of \$10,000 was derived during the preceding d/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Genesis Stemi CCC, 32 2. If you have no qualifying income indicate by writing your initials next to the f	
reportable special interest in an item on this list if a change in law, a change	
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and its	
	Restaurants/ dging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission 13. Horse or dog	g racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterpris	an a sial interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informati person who knowingly fails to comply with the provisions of this chapter or	tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any knowingly files a false statement shall be guilty of a misdemeanor
	REGEIVED
Date 6/9/ 2022 Sig	gnature of Filer JUN 13 2022
Return to: Office of Secretary of State, 107 North	Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEFINE OF STATE

Type or Print Clearly			
Full Name ERIC HOFFMAN	Work Address	71 WATER ST LACON	A NH 03246
Primary Occupation MECH EnawEER e-n	nail efoffman Orfs	ensineering. conWork Phone	484 866 7737
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or adcalendar year. Sources of retirement benefits other than federal retirement	dvisory capacity, and from whi	ch any income in excess of \$10,000 was	s derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next	t to the following statement.	My income does not qualify	ERH
B. Indicate below whether you or a family member has a special interpretable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the gen 1. Any profession, occupation, or business licensed or cereprofession, occupation, or category of business:	change in administrative rule, a affecting the listed business, properties of the state of New Hamp	decision whether or not to award a cont ofession, occupation, group, or matter wo oshire. List each such	ract, grant a license or permit,
processor, occupation, or category or business:	officeronal Ensin		proceedings on an english state of supportunities reproduced and 1 to \$1 to state 1 hards like "manufacturing process to the
2. Health Care 3. Insurance 4. Real Estate, incapent, develope			of New Hampshire, county, or al employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohol beverages	ic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Hors	se or dog racing, or other legal for ing	14. Education 15. W	ater Resources
16 Agricultura	Business Interest ar Enterprise Tax Dividends		er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in	nformation 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 cha	apter or knowingly files a false st	tatement shall be guilty of a misdemeano	RECEIVED
Date 6/3/2022	Signature of Filer	eally	JUN 07 2022
Poturn to: Office of Secretary of State 10	7 North Main Street State Hous	e Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Dennis Charles Hogan Work Address 491 Amherst St. S	12 22 4 Nashua
Primary Occupation Attorney e-mail alchergen Work Address 491 Amherst St. S	603-886-8700
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an o proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 w calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a	as derived during the preceding
1. Law Office or Dennis C. Hugan, PLLC	
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, grour 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 condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter variancial effect on you or a family member than it would on the general public:	ntract, grant a license or permit
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
	ite of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoh beverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15.	Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any of special interest	ther 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 believerson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean	ef. RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this enapter of the only of the complete of the co	RECEIVED
Date C/1/34 Signature of Filer African	JUN 0 1 2022
Return to: Office of Secretary of State, 1 07 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name Edith Hogan		Work Address	NA		
Primary Occupation NA	e-mail	NA		Work Phone	NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NA				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capac	city, and from which	any income in exc	ess of \$10,000 was o	derived during the preceding
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B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in ac rnment affecting the the general public:	dministrative rule, a de listed business, profe State of New Hampsh	ecision whether or resident on the state of	not to award a contra	ct, grant a license or permit,
	state, including brok levelopers, and landle	oras i servici	nking or financial	municipal	f New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program	9. Rest lodging	Land	beverages	tribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	gambling	ing, or other legal forn		السار السار	
16. Agriculture 17. N.H. taxes: Business taxes:	Business Enterprise Tax	Interest and Dividends Tax	X P 18. Option	nal: Specify any other special interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is f this chapter or knov	s true and complete to wingly files a false state	o the best of my kno ement shall be guil	owledge and belief. by of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date June 01, 2022	Signati	ure of Filer	1 Ati63	Jam	DEAD ATTI A

100 TO STANT:33 BECD CILA CREEK DEAL

Type or Print Clearly			
Full Name DORIS HOHENSEE	Work Address		
Primary Occupation home maker	e-mail doris. hohense	ee@Comcast. net	ne
Name the office, position, board or commission, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS	f		
A. List below the name, address, and type of any profes proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than fe	ional or advisory capacity, and from which	any income in excess of \$10,0	000 was derived during the preceding
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2.			JUN 1 3 2022
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reportable special interest in an item on this list if a chandiscipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would 1. Any profession, occupation, or business lice	overnment affecting the listed business, profe on the general public:	ssion, occupation, group, or ma	
profession, occupation, or category of business:			
	al Estate, including brokers, at, developers, and landlords 5. Ba		6. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement 8. Current use land assessment program	1 1	Sale and distribution of beverages	alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal form of gambling	ns 14. Education	15. Water Resources
16. Agriculture 17. N.H. Busines taxes: Profits 1			any other area in which you have a est
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision:	foregoing information is true and complete to s of this chapter or knowingly files a false stat	o the best of my knowledge and ement shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any emeanor.
Date 6/10/22	Signature of Filer	Down to Ith	ensee

Type or Print Clearly	
Full Name Wathan Holmy	Work Address 40 Stylan Rd weltham Md
Primary Occupation Firm Ca Analyst e-mail nehol	Imye yahoo.com WorkPhone 860-992-9188
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Applicable
	organization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
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2.	
If you have no qualifying income indicate by writing your initials next to the followi	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Restart assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date Q19182 Signature	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly	
Full Name Susan E. Homola Work Address Is mendelssohn DR	Holis, NH 03049
Primary Occupation Hazard Mitigations e-mail Suchomolace i cloud com Work Phone 9	073601042
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was dealendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessional)	rived during the preceding
Michael HomolA, BAE Systems, Hudson NH	
Michael HomolA, BAE Systems, Hudson NH Contractor, Dept of Emergency Management, Oklahoma City, OK	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	50-10 a 100 min 100 110 110 110 110 110 110 110 110 11
3. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of Normalization of Norma	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission of gambling	Resources
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other and special interest —	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Rsperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	The state of the s
elsoft willo knowingly talls to comply what the provisions of the dispersion of the	RECEIVED
Date 6 9 w 2022 Signature of Filer	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name Lisa Vandecasteele HOPWork Address 257 Main St. Salem Nt
Primary Occupation Office Manager - mail MISSNH86@001. COMOMAJHONE (403)894488
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partne 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 precedin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Charles Vandecasteele (CES AUTO REPAIR) DIrector
2 Busan Vandecastelle NH. STATE REPRÉSENTATIVE
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ law 10. Sale and distribution of alcoholic beverages law 11. Practice of law
12. Any business regulated by the Public
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a false demonstration.
Date 61022 Signature of Filer Sud Vaudellustule
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 15 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Gary S. Hopper	Work Address
Primary Occupation State Legis lator e-mail Four	picklese gsinet. net Work Phone 603-5-29-7728 epresentative Hilsboro District 44
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	epresentative Hilsboro District44
	organization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Social Searity Retirement. 2. NH Retirement	
If you have no qualifying income indicate by writing your initials next to the following	
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement System 8. Current use land assessment program 9. Restart lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 13. Water resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the provisions of the chapter of the provisions of th	rue and complete to the best of my knowledge and belief. RSA 15-A-9-Penalty. Applying the property of a misdemeanor.
Date Jury 2 2022 Signature	e of Filer

Type or Print Clearly		-			
Full Name JAMES F. HOREAN		Work Address	11 JE HU 69	FARMING	700, NH. 03835
Primary Occupation 065 M6R	e-mail REV7	ALOPIPRE	STAL. COM WO	ork Phone	०३ ३३२ ०५॥
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMIS	STATE RE	Pres Enta	TIVE FARMING	the chois	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity	y, and from which	any income in excess of	of \$10,000 was der	rived during the preceding
1. MARTHA HORENN, 1255 METDERBA	ORD, FARMINGT	ישא יאנורסי	45 FARMINGTO	N HH EMP	10 × 15.
2. PIP RENTAL 67NH CT 11 FARMING	1000 NH 0383	5 EMPLO	٧٤٤		
If you have no qualifying income indicate by writing your initi	als next to the following	ng statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	n law, a change in adm nment affecting the lis	ninistrative rule, a d	ecision whether or not to	award a contract,	grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the St	ate of New Hamps	nire. List each such		
I I 7 Hoalth Caro II IX Inclirance II I	tate, including brokers evelopers, and landlor	1 1	nking or financial es	6. State of N municipalen	lew Hampshire, county, or aployment
7. N.H. Retirement 8. Current use land assessment program	9. Restau lodging	urants/	10. Sale and distribut beverages	tion of alcoholic	11. Practice of law
1 (Z. Mily Dubinicus regulated 2) the result	Horse or dog racing gambling	g, or other legal for	14. Education	15. Water	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any cother ar al interest	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregers on who knowingly fails to comply with the provisions of	going information is tr this chapter or knowin	rue and complete to ngly files a false stat	o the best of my knowled ement shall be guilty of a	ge and belief. RS a misdemeanor.	5A 15-A:9 Penalty. Any
Date 6/3/22	Signature	e of Filer	J.X. U -		

Return to: Office of Secretary of State, 107 North Main Street, State House Room, 204, Concord, NH 03201.

Type or Print Clearly	
Full Name MARTHA ANN HOTENICLE	Work Address 3785 Dartmorth College Hz wy
Primary Occupation ATTOWN (CNNTY) e-mail M	Thornia Cacao. Us Work Phone 603 787 6968
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	IN COUNTY ATTORNEY
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacital calendar year. Sources of retirement benefits other than federal retirement and/or	er 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 a disability benefits shall be included. (Use additional sheets as necessary.)
1. GRAFTON COUNTY SHORNEY'S OFFICE	C 3785 DAITMONTH CULLEGE MGHNAY N.HANVONHULI
2.	
If you have no qualifying income indicate by writing your initials next to the follo	owing statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including broaders, and land	
7. N.H. Retirement 8. Current use land 9. Re System assessment program lodgir	estaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog ra Utilities Commission of gambling	acing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise T	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or known	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any owingly files a false statement shall be guilty of a misdemeanor.
Date 6/6/2Z Signa	ature of Filer

Type or Print Clearly
Full Name TIMOTHY OWEN HORRIGAN Work Address 7A FACULTURD, PURHAMNY 03824
Primary Occupation Write e-mail Transfer & ME. C. Work Phone 603 868 33 YZ
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REPRESENTATIVE IN H HOUSE General Government Sub Committee I STRAFFERED GY CONSENT,
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. HORRIGAN FAMILY Trust G. M.C. Horrigan. 346 Pleason+9+, Portmork NH 0380)
2.
If you have no qualifying Income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Ent
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2020 Signature of Filer Tuniffy

Type or Print Clearly				
Full Name Gregg Robert Hough	Work Addres	is 1407 LAKE	shone Rd. Gi	Fund NH. 03249
Primary Occupation RelA, L	e-mail	. /	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federa	al or advisory capacity, and from w	hich any income in excess	of \$10,000 was deriv	ved during the preceding
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B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would on the special profession, occupation, or business licenses profession, occupation, or category of business:	n law, a change in administrative rule nment affecting the listed business, p the general public:	, a decision whether or not profession, occupation, grou	to award a contract, g	rant a license or permit,
I / Hoalth (are II is institance II I		5. Banking or financial ervices	6. State of Ne	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
	Horse or dog racing, or other lega gambling	14. Education	15. Water R	esources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest Dividence		Specify any other are cial interest —	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the second state of the seco	going information is true and comple this chapter or knowingly files a false	ete to the best of my knowle statement shall be guilty o	edge and belief. RS f a misdemeanor.	RECEIVED
Date JUNE 1, 2022	Signature of Filer	Myst	1	NEW HAMPSHIRE
Return to: Office of Secretary of St	tate, 107 North Main Street, State Ho	use Room 204, Concord, NF	103301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	_			4
Full Name Angela J. Houlihan	Work Address	8 Blanche	and Lane	- Harriman
Primary Occupation Self Employed e-mail hould	han ent@gm	naul. com Work	Phone 631	-744-526
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovered in the calendar year.	ty, and from which an	y income in excess of	\$10,000 was derived	during the preceding
1. Houlihan Enterprises, Inc. He	ducal Belly	۹ .		
2.				
If you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income does n	ot qualify	
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 S profession, occupation, or category of business:			or matter would poter	ntially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo		ing or financial	6. State of New H	lampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Resta assessment program lodging		10. Sale and distributio beverages	n of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin	g, or other legal forms	14. Education	15. Water Reso	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special	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 a person who knowingly fails to comply with the provisions of this chapter or knowledge.	rue and complete to ti ngly files a false staten	he best of my knowledge nent shall be guilty of a n	e and belief. RSA 15 nisdemeanor.	-A:9 Penalty. Any
Date 6/3/2022 Signatur	re of Filer	ngulf Hon	ehan	

Type or Print Clearly	-			
Full Name MARK 1400NSEUL	Work Address	SESTABLES P	1401500	NH + covery NH
Primary Occupation MERCHARD PROJECT MANNET e-mail grain CONSULTANT ESTIMATOR	afestate focus	e priail. com	Work Phone	602.236.1407
	PLANNING Z	BOHND		
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	y, and from which	any income in exc	cess of \$10,000 v	was derived during the preceding
1. NONE				
2.				
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B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	ninistrative rule, a d sted business, profe	lecision whether or ession, occupation,	not to award a co group, or matter	ontract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the Sprofession, occupation, or category of business:	WE	nire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		anking or financial ces		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land 9. Resta assessment program lodging	urants/	10. Sale and dis beverages	tribution of alcol	holic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal for	14. Educa		. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Ta		nal: Specify any o special interest -	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete t ngly files a false star	o the best of my kno tement shall be guil	owledge and beli ty of a misdemen	ief. RSA 15-A:9 Penalty. ny
Date 6/9/2022 Signature	e of Filer Street, State House	III A	200	DEF

Type or Print Clearly					
Full Name Donald R. House	·	Work Address	51 Sun Lak	elr, Be	lmont NH 02220
Primary Occupation retinal	e-mail House	4BST@gn		Work Phone	508344 4612
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity,	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 initi	ials next to the following	g statement.	My income do	es not qualify)H
1. Any profession, occupation, or business license profession, occupation, or category of business: 4. Peol 56		or an east of the state and an east of the state and the s	hire. List each such	C 6 State	of New Hampshire, county, or
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7. N.H. Retirement 8. Current use land assessment program	9. Restaur lodging	ants/	10. Sale and distrib beverages	ution of alcoholi	c 11. Practice of law
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16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		Specify any othe cial interest —	er area in which you have a Homelessness
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is tru this chapter or knowing	e and complete t ply files a false sta	o the best of my knowl tement shall be guilty o	edge and belief. If a misdemeanor	RECEIVED
Date 6/3/2032	Signature o	of Filer	DuddR H	one_	JUN 0 7 2022 NEW HAMPSHIRE
					DEPARTMENT OF STATE

ype or Print Clearly				
ull Name Licia m. Houston	Work Address	total Girec		ICU,
rimary Occupation 50165 e-mail ali	icia. hou	stone who kword	k Phone (LQC	3)820-3468
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	ite Re	presentati	L	
List below the name, address, and type of any profession, business, or other oprietor, or employee, or served in any other professional or advisory capallendar year. Sources of retirement benefits other than federal retirement and/or of the services of t	city, and from which	any income in excess of	\$10,000 was derive	ed during the preceding
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ou have no qualifying income indicate by writing your initials next to the follo	wing statement.	My income does r	not qualify	OXH
scipline a licensee or permittee, or other decision by government affecting the nancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:			or matter would po	tentially have a greater
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16. Agriculture 17. N.H. Business Business Enterprise Ta				in which you have a
ave read RSA 15-A and hereby swear or affirm that the foregoing information i rson who knowingly fails to comply with the provisions of this chapter or known	is true and complete wingly files a false sta	to the best of my knowledg tement shall be guilty of a I	e and belief. RSA nisdemeanor.	JUN 0 9 2022
Signat	ture of Filer	dime	Man	NEW HAMPSHIRE DEPARTMENT OF STATE
				JUN 8 '22 AM

Type or	Print Clearly			_			
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Primary	Occupation 6	letired.	e-mail Whowo	ude to	ds.net	Work Phone	
directors		poard or commission, board of ment with state or county NO ACRONYMS	MA				
roprieto	or, or employee, or	ldress, and type of any profession r served in any other profession etirement benefits other than feder	al or advisory capacity, an	d from which a	ny income in exc	ess of \$10,000 was der	ived during the preceding
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you hav	ve no qualifying inc	come indicate by writing your init	tials next to the following st	atement.	My income	does not qualify	
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have respersion w	ad RSA 15-A and he who knowingly fails	ereby swear or affirm that the fore to comply with the provisions of	going information is true a this chapter or knowingly f	nd complete to iles a false state	the best of my kno ment shall be guilt	y or a misdemeanor.	RECEIVED
Date	June 8,	2022	Signature of F	iler Do	nrinda	He ward	JUN 0 9 2022 NEW HAMPSHIRE DEPARTMENT OF STATE
		Poture to: Office of Secretary of S	State 107 North Main Street	r. State House Re	oom 204, Concord.	NH 03301	DEPARTMENT OF STATE

Type or Print Clearly
Full Name Heath Howard Work Address
Primary Occupation Stydent e-mail Heath Joseph Hour Los My Work Phone 6034/30090
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Filer
NEW HAMPSHIRE Return to: Office of Secretary of State. 107FNAMP Mainistreet: State He use Room 204, Concord, NH 03301

Type or Print Clearly				
Full Name Molly C. HOWARD	Wo	rk Address N/A		
Primary Occupation PET (REO	e-mail MOLYBO	EN IMC GHAN-C	Work Phone	N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N/k		·	
List below the name, address, and type of any profession proprietor, or employee, or served in any other profession alendar year. Sources of retirement benefits other than federal	al or advisory capacity, an	d from which any income	in excess of \$10,000 v	vas derived during the preceding
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Date 6 TVNK 2022	Signature of F			JUN 1 0 2022
				DEPARTMENT OF

Type or Print Clearly	
Full Name AllAN HOW LOND	Work Address 32 FEROST DR DUNHAM NH 03824
Primary Occupation DAD e-mail al.	HOW I AND, 13 G 3 MPI I, COMWORK Phone 603-397-7617
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other oppoprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discontinuous capacitics.	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1. GARRISON WOMAN'S HIDITH	· · · · · · · · · · · · · · · · · · ·
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2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Resta assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
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16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complex of the chapter of th	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date 6/1/22 Signatur	e of Filer Alm Ch

Type or Print Clearly		
Full Name Tom Hoyf	Work Address R. Boy 549, Cample	n H 08 275
Primary Occupation Real Estate Mary of	e-mail hoztner & Cognadon Work Phone	33.3817188
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an office or advisory capacity, and from which any income in excess of \$10,000 was detirement and/or disability benefits shall be included. (Use additional sheets as need)	erived during the preceding
1. North stee Ruly Sal	10 Box 549 Compton, NH 03	228
2. Hort Management ausp	Porsof 549 Campbon, NH 03225	
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Date 619/22	Signature of Filer	JUN 1 3 2022
Deturn to Office of Corretony of St	ate 107 North Main Street. State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

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INAME PAMELA J. HUBBARD	Work Address RETREED
mary Occupation RETILED e-mail daniel	the black of people of som Work Phone
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding isability benefits shall be included. (Use additional sheets as necessary.)
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te 6/10 12022 Signatur	re of Filer Tamela J. Hubbard JUN 13 20
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301 NEW HAMPSH DEPARTMENT OF

Type or Print Clearly		
Full Name Benelall B. Highe	Work Address 116 man 3	T Ashband
Primary Occupation REatTON	e-mail Kencladb. Hughes @ Gmail. 00 Wor	kPhone 603-968-3112
Name the office, position, board or commission, board directors, etc. or employment with state or cougovernment held by you. NO ACRONYMS	1 ///// 111 4	
proprietor, or employee, or served in any other prof	ofession, business, or other organization in which you or a family membe fessional or advisory capacity, and from which any income in excess of an federal retirement and/or disability benefits shall be included. (Use addition	\$10,000 was derived during the preceding
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Any profession, occupation, or business profession, occupation, or category of business.	licensed or certified by the State of New Hampshire. List each such ess: Elate Hushes Roalty Group. Ashland + 1	wen tempor the Reportment
VI / Health (are II K Inclirance II V I	Real Estate, including brokers, gent, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use assessment pro		on of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	15. Water Resources
16 Agriculturo	ness Business Interest and 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 to person who knowingly fails to comply with the provisi	he foregoing information is true and complete to the best of my knowledge ons of this chapter or knowingly files a false statement shall be guilty of a r	e and belief. RSA 15-A:9 Penalty. Any nisdemeanor.
Date 6/1/27	Signature of Filer	JUN 0 2 2022
Return to: Office of Secreta	ary of State, 107 North Main Street, State House Room 204, Concord, NH 03.	NEW HAMPSHIRE

Type or Print Clearly
Full Name John B. Hunt Work Address 165 Sunridge Rd. Rively
Primary Occupation Retired e-mail 36 bont Oprodis, Work Phone 603 345-1/29
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Representation of the Cereal Court
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. Elmhorst Corp Bigelow Sy Pittsborgh PA 15219
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Ent
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
Date June 1, 2022 Signature of Filer JUN 02 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name David O. Hydr Work Address 19 Co.) Lyond R 2 Lacong NH03240
Primary Occupation Retried e-mail dhud 3246 Pytha com Work Phone 603-630-0366
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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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 ssystem 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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. JUN 07 2022
Date June 3, 2022 Signature of Filer Confl. Aud NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		_			
Full Name Don Hyre,		Work Address	212 (0,	lige Aus	603 583 4444
Primary Occupation Lawye	e-mail			Work Phone	603 583 4444
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capaci	ty, and from whic	h any income in exce	ess of \$10,000 was	derived during the preceding
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If you have no qualifying income indicate by writing your init	ials next to the follow	ing statement.	My income	does not qualify	
reportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the l the general public:	isted business, pro	fession, occupation, g		
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I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is this chapter or know	true and complete ingly files a false st	to the best of my know atement shall be guilty	wledge and belief. y of a misdemeano	RSA 15-A-S Panelly. Any T. REC 3 2022 JUN 03 2022 JUN 03 2022
Date 6/1/22	Signatu	re of Filer	lus,	And the state of t	DEPARTMENT OF STATE
Return to: Office of Secretary of S	State, 107 North Main	Street, State House	Room 204, Concord,	NH 03301	DEPAR