Type or Print Clearly	
Full Name John Y. Caggiano	Work Address 121 Shattuck was Newinston, NH 03820
Primary Occupation Financial Advisor e-mail	Ocagoiano e smail. Com Work Phone 603 431 1382
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	ther organization in which you or a family member was an officer, director, associate, partner, apacity, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in	JUN 1 5 2022
profession, occupation, or category of business:	NEW LIABORCHURE
2. Health Care 3. Insurance 4. Real Estate, including b agent, developers, and la	
	Restaurants/ ging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog of gambling	racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise	emocial interest
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	NOTARY PUBLIC
Date 6/18/2Z Sign	Main Street State House Room 94, Concord, NH 03301
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Michael Cahily	Work Address MA
Primary Occupation Retived e-mail Mich	hael Caholl. 14g. State NILAS 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	Work Address N/A hael -C=hople. 1+19 -State N/14 Work Phone 1 esentative The sentative in which you are family member was an officer director associate narrows.
A. List below the name, address, and type of any profession, business, or other	city, and from which any income in excess of \$10,000 was derived during the preceding
1. WA	
2.	
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does not qualify
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 financial effect on you or a family member than it would on the general public:	of the following businesses, professions, occupations, groups, or matters. A person has a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle	
7. N.H. Retirement 8. Current use land 9. Rest System assessment program 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 raci	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	
Date 6/1/2022 Signatur	ure of Filer Much W 19, Calub NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly			,		,
Full Name Timethy PAUL CAHILL		Work Address	NIA		
Primary Occupation 0 (5A & ()	e-mail Tim	CAHILL YN H	1 @ PROTON MAIL WO	rk 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					
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professicalendar year. Sources of retirement benefits other than fed	ional or advisory capacity	, and from which	any income in excess of	\$10,000 was deri	ived during the preceding
I AM ON DISA	BILTY	NORK M	AN'S CO	MP	
if you have no qualifying income indicate by writing your i	initials next to the followir	ng statement.	My income does	not qualify	TPS
B. Indicate below whether you or a family member has a reportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would on the second secon	ge in law, a change in admovernment affecting the list on the general public:	inistrative rule, a d ted business, profe	ecision whether or not to ession, occupation, group	award a contract,	grant a license or permit,
profession, occupation, or category of business:	al Estate, including brokers	The same of the sa	nking or financial	6. State of N	ew Hampshire, county, or
I / Health (are II IS Inclurance II I	t, developers, and landlore			municipal em	
7. N.H. Retirement 8. Current use land assessment program		irants/	10. Sale and distribut beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	, or other legal for	14. Education	15. Water	
16. Agriculture 17. N.H. Business taxes: Profits Tax		Interest and Dividends Ta		pecify any other and interest —	ea in which you have a
have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	oregoing information is tr of this chapter or knowin	ue and complete to agly files a false stat	o the best of my knowled ement shall be quilty of a	ge and belief. RS misdemeanor.	A 15-A:9 Penalty. Any
Date 6-1-2022	Signature	of Filer	5		JUN 0 3 2022
Return to: Office of Secretary of	of State, 107 North Main S	treet, State House	Room 204, Concord, NH C	3301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name KAREN ELIZABETH CALABRO Work Address 117 Pine How Rd.	
Primary Occupation Physician Assistant e-mail Kcalabro@charter.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	
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
	JUN 0 9 2022 NEW HAMPSHIRE PARTMENT OF ST
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 potentifinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	a license or permit,
profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Physician Assistant.	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Ha	ampshire, county, or ment
7. N.H. Retirement System 8. Current use land 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 Utilities Commission 15. Water Resource 15. Water Resourc	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Dividends Tax Business Enterprise Tax Business Dividends Tax Business Enterprise Tax Business Dividends Tax Business Enterprise Tax Business Enterpri	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
Date 6/9/12 Signature of Filer Leve & Cildero 9	PAC

Type or Print Clearly	
Full Name THCQUELINE CAHI- PHTS Work Address	
Primary Occupation Retired e-mail General Con WorkPhone 6	183 431 7657
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was detailed as a lendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessalendar)	rived during the preceding
Verizon Pengan	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
discipline a licensee or permittee, or other decision by 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:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of the services services	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
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 a special interest —	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/2022 Signature of Filer	
	JUN 0 2 2022 NEW HAMPSHIRE

Type or Print Clearly			,
Full Name Jose' Eduardo Cambrils	Work Address	4	
Primary Occupation Retired e-mail	ose 4NHC Comlast. 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			
A. List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory calculated as a Sources of retirement benefits other than federal retirement and/or advisory calculated as a source of retirement benefits other than federal retirement and/or advisory calculated as a source of retirement benefits other than federal retirement and/or advisory calculated as a source of retirement benefits other than federal retirement and/or advisory calculated as a source of the source of th	pacity, and from which any income	in excess of \$10,000 was d	erived during the preceding
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If you have no qualifying income indicate by writing your initials next to the fol	llowing statement. My	income does not qualify	18C.
reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting t financial effect on you or a family member than it would on the general publi 1. Any profession, occupation, or business licensed or certified by t profession, occupation, or category of business:	he listed business, profession, occup c:	h such	d potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including by agent, developers, and lar			f New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program lodgi		and distribution of alcoholic s	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog r	acing, or other legal forms 14	. Education 15. Wat	er Resources
16. Agriculture 17. N.H. Business Business Enterprise		8. Optional: Specify any other special interest —	area in which you have a
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 kr	n is true and complete to the best of nowingly files a false statement shall	my knowledge and belief. be guilty of a misdemeanor.	RECE RECE
Date 6-/-2022 Sign	ature of Filer	Edwards Carbuts	JUN 02 7 12
Return to: Office of Secretary of State, 107 North M	lain Street, State House Room 204, C	oncord, NH 03301	NEW DEPART

TO	:OIMA	22	8 N	UL
DEPT	EKK	A CI	CIL	BEC.D

pe or Print Clearly			
II Name TARA CANAWAY	Work Address (Home)	4 ELLIOTT ST	. MASHUA NH 03064
mary Occupation	e-mail tcanawayegv	mail.com Work Pho	
me the office, position, board or commission, board of rectors, etc. or employment with state or county		٠.	
vernment held by you. NO ACRONYMS			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession endar year. Sources of retirement benefits other than federal	al or advisory capacity, and from whi	ch any income in excess of \$10,0	000 was derived during the preceding
CANAWAY GROUP LLC - 4	and the second of the second o		to the same a major
MITIGA SECURITY INC -	- 130 SEVENTH AVE.	UNIT 253, NEW YO	RK NY 10011 -
you have no qualifying income indicate by writing your initi	ials next to the following statement.	CYBERSEC My Income does not q	ualify SOFTWARE + Sol
eportable special interest in an item on this list if a change listipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the listed business, pr the general public:	ofession, occupation, group, or ma	
			6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of beverages	alcoholic 11. Practice of law
	Horse or dog racing, or other legal f gambling	74. Eddedton	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest a Dividend		any other area in which you have a rest
nave read RSA 15-A and hereby swear or affirm that the fore erson who knowingly falls to comply with the provisions of	going information is true and complet this chapter or knowingly files a false	e to the best of my knowledge an statement shall be guilty of a misd	emeanor.
Date 6/7/2022	Signature of Filer	Taa CC	JU.: 6 9 2022 NEW HAMPSHIRE
Return to: Office of Secretary of S	State, 107 North Main Street, State Hou	se Room 204, Concord, NH 03301	DEPARTMENT OF ST

Type or Print Clearly	
Full Name GERRI DENISE CANNO Work Address 57) CENTRAL AVE, DO	VER, NH
Full Name & BARI DENISE CANNO Work Address 577 CENTRAL AVE, DO Primary Occupation FACILITIES DIRECTOR e-mail GERRI, CANNOW CEMPATRON WORK Phone 603 43	5-2500 418222
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 dutalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	60C
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 financial effect on you or a family member than it would on the general public:	license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Harmonicipal employm	
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 Resource	
16. Agriculture 17. N.H. Business Enterprise Tax Business Enterpr	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.	RECEIVED
Date 6/1/22 Signature of Filer Juni Canna	JUN - 3 2022 NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
Full Name Anthony Caplan Work Address 810 Ray Rd., Henni	Ker NH
Primary Occupation + cocher (retired) e-mail anthony caplanie gmail.com Work Phone 605	3-428-7042
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Recesentative	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessarily and the included) of the included of the inclu	during the preceding
1. Teacher Bon Memorial School	
2. NH Retirement System	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	AR
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mater 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, grad discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	nt a license or permit,
profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services municipal employers, and landlords	Hampshire, county, or byment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date Tunnel 2 2222 Signature of Filer	RECEIVED
Date June 10, 2022 Signature of Filer Hutters (y/	JUN 13 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 G. Thomas CARdon	Work Address	2 OUN ingham	DR DEPLY M.
Primary Occupation RETIREd	e-mail & CAldon	2 MSN. Comwork 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	
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal in	or advisory capacity, and from which	h any income in excess of \$10,000 was der	ived during the preceding
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If you have no qualifying income indicate by writing your initial	s next to the following statement. 🔏	My income does not qualify	
B. Indicate below whether you or a family member has a speci reportable special interest in an item on this list if a change in I discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the profession, occupation, or business licensed profession, occupation, or category of business:	aw, a change in administrative rule, a ment affecting the listed business, pro e general public:	decision whether or not to award a contract, fession, occupation, group, or matter would p	grant a license or permit,
I / Health (are II IS Insurance II I	te, including brokers, elopers, and landlords 5. E		lew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	Horse or dog racing, or other legal fo ambling	rms 14. Education 15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax	11 1	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	oing information is true and complete is chapter or knowingly files a false st	to the best of my knowledge and belief. RS atement shall be guilty of a misdemeanor.	RECEIVED
Date 2-1, 2022	Signature of Filer	S. Showas ando	JUN 0 2 2022
Deturn to Office of Corretany of Sta	te 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Large Jean Carey Work Address 151 King St. Book	owen NH 0333
Primary Occupation Small Business e-mail Lorrie, Carey agriat, con Work Phone 6	03-796-2272
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Elected Official Town of Boscoweu Selection of Bosco	Moord .
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, deproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ved during the preceding
1. Spouse - State of MA (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 m reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water R	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	A 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 06-01-7027 Signature of Filer Power Canal	JUN 0 3 2022
Poture 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
ull Name Lorna Carlisle Work Address
imary Occupation retired e-mail lorna carlisle e yahoo.com Work Phone 603-731-9579
me the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS State representative Distort 5
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 prietor, 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 endar 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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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: North of Contord Furm s fand
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 sssessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax Business Business Interest and Specify any other area in which you have a special interest—
ave 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 son who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
te 6/6/22 Signature of Filer Pm C JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAM SHIR DEPARTMENT OF ST

Type or Print Clearly	
Full Name ALAN CARPENTER Work Address N/A	
Primary Occupation RETIRED e-mail ADCW/CECOMCAST. Me-Work Phone 978	3-987-7070
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
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2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	AZ
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grar discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	nt a license or permit,
The state of the s	Hampshire, county, or
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 Resolution	ources
16. Agriculture 17. N.H. taxes: Business Business Business Interest and Dividends Tax Dividends Tax Special interest	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any RECEIVED
Date JUNE 1, 2022 Signature of Filer	JUN 01 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly
Full Name Sharon Marie Carson Work Address State House
Primary Occupation e-mail bladensfield @ hotmail.com Work Phone (603) 661-4555
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Senate
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. U.S. Sept of Housing and Urban Development
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/ lodging 10. Sale and distribution of alcoholic beverages 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 Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 8, 2021 Signature of Filer Glason M. Contr

Type or Print	t.Clearly								
Full Name	June	PATRIC	K CARTY	/	Work	Address	1 SANOA	DIPER LANE,	SCABROK, NH 0387
Primary Occu	upation /	ETHER)	e-mail	J P carty	PO	gmail.com	Nork Phone	508-397-3300
	c. or employ	ment with	nmission, board state or coun ACRONYMS						
proprietor, or	r employee, o	or served in	any other profe	ssional or advisory	capacity, and	from which	any income in ex		icer, director, associate, partner, s derived during the preceding necessary.)
1.	MWARE	3401	HIUM	EN ANS, 1	ALO AL	TO, C	4 94304 3	ENTEMPRIC	SE SUPPLYANT
2. K	anas c	MP,	100 BRIC	USTUNG S	d, AND	MIN M	1A OLSW;	MAN FACTUR	ING SUTWARE
If you have no	o qualifying in	come indica	te by writing you	ur initials next to the	e following stat	ement.	My incom	e does not qualify	
reportable sp discipline a li financial effe	pecial interest icensee or per ect on you or a Any profession	in an item or mittee, or ot a family mem on, occupatio	n this list if a cha her decision by ber than it woul	nge in law, a chang government affecti d on the general p censed or certified	e in administra ng the listed buublic: by the State of	tive rule, a disiness, prof	decision whether or ression, occupation, shire. I ist each such	not to award a cont group, or matter wo	s, or matters. A person has a cract, grant a license or permit, build potentially have a greater
2. Heal	Ith Care	3. Insurance		leal Estate, includinent, developers, and		5. B	anking or financial ces		e of New Hampshire, county, or oal employment
7. N.H. System	. Retirement n		3. Current use la ssessment prog		9. Restaurants/ odging		10. Sale and di beverages	stribution of alcoho	lic 11. Practice of law
12. Any Utilities	business regu Commission	lated by the	Public	13. Horse or do	og racing, or ot	her legal fo	rms 14. Educ	ation 15. W	later Resources
16. Agı	riculture	17. N.H taxes:	Busin			Interest and Dividends T	11 1	onal: Specify any other special interest	her area in which you have a
								nowledge and belief	
Date	6	5-9-2	2		Signature of File	er	John	that le	JUN 0 9 2022
		Return to: C	Office of Secreta	y of State, 107 Nort	h Main Street, S	State House	Room 204, Concord	d, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly
Full Name Corinne E, Cascadden Work Address 1787 Hutchins St.
Primary Occupation Independent e-mail Corinne, Cascaden Egmail. Com Work Phone 603-723-0860
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. Retired School Superintendent 2. NH Commission on School Funding (Formerly)
2. NH Commession on School Funding (Formerly)
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 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 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 June 3, 2022 Signature of Filer Colinge E. Cascadden

Type or Print Clearly			
Full Name Kimberley Casely	Work Ad	dress N/A	
Primary Occupation RETIVEC	e-mail	Wor	rk 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 or opprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from	m which any income in excess of	\$10,000 was derived during the preceding
2.			
f you have no qualifying income indicate by writing your initi	ials next to the following stateme	ent. My income does	not qualify
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by 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:	nment affecting the listed busine the general public:	ess, profession, occupation, group,	award a contract, grant a license or permit, or matter would potentially have a greater
	state, including brokers, evelopers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	on of alcoholic 11. Practice of law
	Horse or dog racing, or other fgambling	14. 200001011	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		erest and dends Tax 18. Optional: Special	pecify any other area in which you have a I interest —
have read RSA 15-A and hereby swear or affirm that the fore- person who knowingly fails to comply with the provisions of	going information is true and co this chapter or knowingly files a	mplete to the best of my knowledge false statement shall be guilty of a	misdemeanor.
Date 11110, 9 2022	Signature of Filer		JUN 1 3 2022

Type or Pri	nt Clearly					
Full Name	Seamus Casey		Work Address	22 Industrial Dr	rive, Exeter, NH	03833
Primary Occ	Software Engineer	e-mail	Seamus4NH@gmail.	com	Work Phone	
directors, e	ffice, position, board or commission, board of etc. or employment with state or county t held by you. NO ACRONYMS					
proprietor,	ow the name, address, and type of any profession or employee, or served in any other profession ar. Sources of retirement benefits other than federal	al or advisory	capacity, and from which	n any income in exc	ess of \$10,000 was	derived during the preceding
1. m	nanroland Goss Web Systems America	as, LLC				NEW HAMPSHIRE
2.						DEPARTMENT OF STATE
If you have r	no qualifying income indicate by writing your init	ials next to th	e following statement.	My income	does not qualify	Z.C
reportable discipline a financial ef	below whether you or a family member has a spe special interest in an item on this list if a change is licensee or permittee, or other decision by gove fect on you or a family member than it would on . Any profession, occupation, or business license rofession, occupation, or category of business:	n law, a chang rnment affecti the general p	ge in administrative rule, a ng the listed business, pro ublic:	decision whether or r fession, occupation, o	not to award a contra	ct, grant a license or permit,
2. He	Paith (are II IS INSIITANCE II I	state, includin		Banking or financial	11	of New Hampshire, county, or I employment
7. N.I Syste	H. Retirement 8. Current use land assessment program		9. Restaurants/	10. Sale and dis	tribution of alcoholic	11. Practice of law
		13. Horse or d f gambling	og racing, or other legal fo	rms 14. Educa	tion 15. Wa	ter Resources
16. A	griculture 17. N.H. Business taxes: Profits Tax	Busine Enterp			nal: Specify any othe special interest	er area in which you have a
person who	RSA 15-A and hereby swear or affirm that the fore knowingly fails to comply with the provisions of	this chapter of	or knowingly files a false st			
Date	Suno Day 2000		Signature of Filer	///		KELLY WALTERS

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

NOTARY PUBLIC
State of New Hampshire
My Commission Expires
March 9, 2027

Type or Print Clearly	
Full Name MICHAEL CASTALDO Work Address NA	
Primary Occupation RETILES e-mail MIKE @ MILEUP. COM Work Phone 603	953 3945
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.)	
1. NA	
2. N.A	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	ncc
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 potentifinancial effect on you or a family member than it would on the general public:	license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamploym	mpshire, county, or nent
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in we 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-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.	JUN 1 0 2022
Date JUN 9 2022 Signature of Filer	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly						
Full Name DAVE	CATE		Work Address	4AIBLATST	Pe thin	N4 03075
Primary Occupation Self	employed	e-mail Tau	IOUSBEMELLY	FAIRPOUT, DET WO	rk Phone	603-631-2501
Name the office, position, board directors, etc. or employment government held by you.						
A. List below the name, address proprietor, or employee, or sen calendar year. Sources of retiren	ved in any other professiona	al or advisory capacit	ty, and from which	any income in excess of	\$10,000 was de	erived during the preceding
1. ALWUITY						
2.						
If you have no qualifying income	indicate by writing your initi	als next to the follow	ing statement.	My income does	not qualify	
	item on this list if a change ir e, or other decision by gover	n law, a change in adm nment affecting the li the general public:	ninistrative rule, a c isted business, prof	lecision whether or not to ession, occupation, group	award a contract	t, grant a license or permit,
2. Health Care 3. Ins	ilirance II I	tate, including broker		anking or financial		New Hampshire, county, or employment
7. N.H. Retirement System	8. Current use land assessment program	9. Resta	urants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission		Horse or dog racin gambling	g, or other legal for	14. Education		r Resources
1 16 Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any other I interest	area in which you have a
I have read RSA 15-A and hereby person who knowingly fails to co	swear or affirm that the fore mply with the provisions of	going information is t this chapter or knowi	rue and complete t ngly files a false sta	to the best of my knowled tement shall be guilty of a	ge and belief. I misdemeanor.	RECSIVED
Date 6/8/22		Signatur	e of Filer	Parse.	al.	JUN 0 9 2022
Retu	rn to: Office of Secretary of St	ate, 107 North Main S	Street, State House	Room 204, Concord, NH 0	3301	NEW HAMPSHIRE DEPARTMENT OF STAT
11000						

Type or Print Clearly	_			•	
Full Name John CATE	Work Address	287 UPPEY C	My Rd.	Lowon NIt os	321
Primary Occupation DAZRY Farmer e-mail Juho	E Jerseys	Ghail. Coh v	Vork Phone	607568-4664	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or discontinuous calendar year.	y, and from which	any income in excess	of \$10,000 was o	lerived during the preced	
1.					
2.					
If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My income do	es not qualify		
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	ninistrative rule, a	decision whether or not	to award a contract	ct, grant a license or perm	it,
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ate of New Hamps	shire. List each such			
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		anking or financial ces	11	f New Hampshire, county, employment	, or
7. N.H. Retirement 8. Current use land 9. Restart System assessment program lodging	urants/	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law	of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal for	L 14. EddCation		er Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends T		Specify any other cial interest —	area in which you have a	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complete of the complete or knowing the complete	rue and complete ongly files a false sta	to the best of my knowle tement shall be guilty o	edge and belief. of a misdemeanor.	RSA 15-A:9 Penalty. Any	,
Date 6/10/27 Signature	e of Filer	all			200

Type or Print Clearly
Full Name Kathleen Cavalaro Work Address 32 Broad St. Rochester
Primary Occupation Business owner e-mail Kathleen (avalaro @gmail: com/Work Phone 640-712-4978
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.
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:
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. 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 Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and bividends 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 (11000) Signature of Filer

Type or F	Print Clearly							
Full Nam	e Kevin J Cava	naugh		Work Address	N/A			
Primary (Occupation Retired		e-mail	cavanaughkevin3@g	mail.com	Work Phor	ne N/A	
directors,		d or commission, board of nt with state or county NO ACRONYMS	N/A N/A					
proprieto	r, or employee, or ser	ss, and type of any profession rved in any other profession ment benefits other than fede	nal or adviso	ory capacity, and from which	h any incor	ne in excess of \$10,0	00 was derive	ed during the preceding
1.	The Northern Tru	st Company						
2.								
f you hav	e no qualifying incom	e indicate by writing your in	itials next to 1	the following statement.	N	ly income does not qu	alify	
discipline	e a licensee or permitte effect on you or a fam 1. Any profession, oc	n item on this list if a change ee, or other decision by gove ily member than it would or ccupation, or business licens n, or category of business:	ernment affect the general	cting the listed business, propublic:	ofession, occ	upation, group, or ma		
2.1	Health Care 3. In		Estate, includ developers, a		Banking or f		. State of New nunicipal emp	w Hampshire, county, or oloyment
	N.H. Retirement stem	8. Current use land assessment program		9. Restaurants/	10. Sa bevera	le and distribution of a	lcoholic	11. Practice of law
	Any business regulated ies Commission		13. Horse or of gambling	dog racing, or other legal fo	orms	14. Education	15. Water Re	esources
16.	. Agriculture	17. N.H. Business taxes: Profits Tax	Busin Enter	ness Interest an prise Tax Dividends	11 3	18. Optional: Specify a special interes	ny other area	in which you have a
person wh	no knowingly fails to co	v swear or affirm that the for comply with the provisions		r or knowingly files a false st				15-A:9 Penalty. Any
Date 6	5/9/22			Signature of Filer	Kr	J'	7/	JUN 0 9 2022
	Retu	urn to: Office of Secretary of	State, 107 No	orth Main Street, State House	e Room 204,	Concord, NH 03301	DE	NEW HAMPSHIRE PARTMENT OF STATE

Type of Print Clearly	
Full Name John Payad Const	Work Address 8 Trova Carde
Primary Occupation Analyst	e-mail John Crue Cong Cip 577) Work Phone 653-927-5
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NONE
proprietor, or employee, or served in any other professiona	, business, or other organization in which you or a family member was an officer, director, associate, partnal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding a little or advisory disability benefits shall be included. (Use additional sheets as necessary.)
1. Spok Inc	
2.	
2.	·
If you have no qualifying income indicate by writing your initia	als next to the following statement. My income does not qualify
If you have no qualifying income indicate by writing your initia B. Indicate below whether you or a family member has a special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special interest in an item on the special interest in an item or the special interest in an ite	cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit nment affecting the listed business, profession, occupation, group, or matter would potentially have a greate the general public:
If you have no qualifying income indicate by writing your initia B. Indicate below whether you or a family member has a special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special interest in an item on the special interest in an item or the special interest in an ite	cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit
B. Indicate below whether you or a family member has a specreportable 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 interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special profession, occupation, or category of business: 1. Any profession, occupation, or category of business:	cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit nment affecting the listed business, profession, occupation, group, or matter would potentially have a greate the general public:
B. Indicate below whether you or a family member has a specreportable 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 interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special profession, occupation, or category of business: 1. Any profession, occupation, or category of business: 4. Real Est	cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit nment affecting the listed business, profession, occupation, group, or matter would potentially have a greate the general public: Or certified by the State of New Hampshire. List each such tate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or matter would potentially have a greate the general public.
B. Indicate below whether you or a family member has a specreportable 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	cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit nament affecting the listed business, profession, occupation, group, or matter would potentially have a greate the general public: dor certified by the State of New Hampshire. List each such tate, including brokers, sevelopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, services 10. Sale and distribution of alcoholic 11. Practice of the services 11. Practice of the services 12. Practice of the services 13. Practice of the services 14. Practice of the services 15. Practice of the services 16. State

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

JUN 0 9 2022

4/0/2022

Signature of Filer

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 Ghannon E. Chandley Work Address
Primary Occupation not employed e-mail Shannon. Chandley, nh@aol. CWork 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.)
WWG part to the property
Vinebrook Partners, 5550 Huber Rd. Huber Heights OH 45424 (real estate)
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
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7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages 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 Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—boulds fled to the Youv
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 and 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 Mannon C Manager 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 Sarah Chapman Work Address 7 Armand dr Pelham NH 03076
Primary Occupation Part time dog trainer e-mail Schapmaniale@gmail. Com Work Phone 603-275-7948
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 precedir calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Internal Revenue Service, Tax Examiner, 310 Lowell St. Andover, MA 05501, Joe Chapman
2. Lowell General Hospital, Radiology Department, 295 Varnum Ave. Lowell, MA, 01854, Chris Chapmar
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, o
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. taxes: Business Business Enterprise Tax Interest and Dividends Tax Interest and Special Interest — 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 10/10/22 Signature of Filer Jarah Chapman JUN 13 20
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Joseph Chartier	Work Address 16 maple Road, Chelas ford, ma
Primary Occupation engineer e-mail	Work Address 16 maple Road, Chelms ford, ma Oseph Chartier 90@ Sma; Work Phone 603 508 2462
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	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 rdisability benefits shall be included. (Use additional sheets as necessary.)
1. Lockheed martin;/6 maple Roa	ad, Chelmsford, ma; Defense JUN 13 2022
If you have no qualifying income indicate by writing your initials next to the follo	owing statement. My income does not qualify NEW HAMPSHIRE DEPARTMENT OF ST
reportable special interest in an item on this list if a change in law, a change in	y of the following businesses, professions, occupations, groups, or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, he listed business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	ne State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broaden, developers, and land	
7. N.H. Retirement 8. Current use land 9. Re System assessment program lodgin	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 Interest and Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowing the state of the comply with the provisions.	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 06/10/7072 Signa	ature of Filer BSePh Chewitic REC'D CITY CLERI

Type or Print Clearly					
Full Name Tyler Justin Chase	Work Address			inchester, NH	
Primary Occupation Retail business owner	e-mail electtyler d	nase@gmail.a	Work Phone	603-668-1	6989
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, but proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal ret	r advisory capacity, and from wh	nich any income in ex	ccess of \$10,000 w	as derived during the	
1. Framers Market, 1301 Elm St	neet, Manchester, M	VH 03/04			
2.	,				
If you have no qualifying income indicate by writing your initials r	next to the following statement.	My incom	ne does not qualify		
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the profession, occupation, or business licensed or profession, occupation, or category of business:	w, a change in administrative rule, ent affecting the listed business, p general public:	, a decision whether or profession, occupation	r not to award a cor , group, or matter v	tract, grant a license o	r permit,
2 Health Care 3 Insurance 4. Real Estate		5. Banking or financial ervices		te of New Hampshire,	county, or
7. N.H. Retirement 8. Current use land assessment program	9. Bestaurants/	10. Sale and d beverages	istribution of alcoh	olic 11. Pr	actice of
	lorse or dog racing, or other legal mbling	14. 2000		Water Resources	
16. Agriculture 17. N.H. Business taxes:	Business Interest : Enterprise Tax Dividend		onal: 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 foregoin person who knowingly fails to comply with the provisions of this	ng information is true and comple chapter or knowingly files a false	te to the best of my ki statement shall be gu	nowledge and belie	f. RSA 15-A:9 Penal	ty. Any
Date 6/7/2022	Signature of Filer	agel		JUN 0 9 20	ED
Return to: Office of Secretary of State	. 107 North Main Street, State Ho	use Room 204, Concor	d, NH 03301	NEW HAM OF	IRE

Type or Print Clearly
Full Name Russan Marie Chester Work Address 34 John Gothe Dr Bedford, NH
Primary Occupation retired e-mail russan 4 bedford eqmail Work Phone 603-714-5381
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. none
2 none
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 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. PRSA 15-A:9 Reputy - Avg 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 0.8 2022
Date June 6, 2022 Signature of Filer Russan Marie Chesternew MAMPENIES DEPARTMENT OF STATE

Type or Print Clearly				,	
Full Name Jacqueline Chretien		Work Address	602 S. M	ain St. D	wham NC 27701
Primary Occupation editor	e-mail Jacqu	reline. Chr	etiene gnal	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	11.00				
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	onal or advisory capacity	, and from which	any income in exce	ess of \$10,000 wa	as derived during the preceding
1. Unitarian um versatist Ch	witch of Ma	nehoeter	(clerk)	(no mana	2)
2.			,		
If you have no qualifying income indicate by writing your ir	nitials next to the followin	g statement.	My income	does not qualify	de
B. Indicate below whether you or a family member has a safe reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the safe profession, occupation, or business licent profession, occupation, or category of business:	e in law, a change in admi vernment affecting the list on the general public:	nistrative rule, a d ted business, prof	decision whether or n ession, occupation, g	ot to award a con	tract, grant a license or permit,
I / Health (are it is inclirance ii i	l Estate, including brokers , developers, and landlord		anking or financial ces		te of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program		rants/	10. Sale and dist beverages	ribution of alcoho	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	, or other legal for	14. Educat		Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta		Interest and Dividends T		al: Specify any ot pecial interest —	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	oregoing information is tro of this chapter or knowin	ue and complete t gly files a false sta	o the best of my kno tement shall be guilt	wledge and beliet y of a misdemean	f. RSA 15-A:9 Penalty. Any or.
Date 6/10/2022	Signature	of Filer			JUN 13 2022
Return to: Office of Secretary o	of State, 107 North Main St	reet, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name Jacany L. Cilley	Work Add	dress		
Primary Occupation Retired	e-mail jcilley a	Daol.com	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal results.	or advisory capacity, and from	which any income in excess	of \$10,000 was deriv	ved during the preceding
	,			
you have no qualifying income indicate by writing your initials	next to the following stateme	nt. My income do	es not qualify	
discipline a licensee or permittee, or other decision by government of the financial effect on you or a family member than it would on the second of the second of the profession, occupation, or category of business:	general public:		up, or matter would p	otentially have a greater
I / Mealth Care II IS Instirance II I	e, including brokers,	5. Banking or financial services	6. State of Ne	ew 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 iaw
	Horse or dog racing, or other le mbling	14. Education		
16. Agriculture 17. N.H. Business Profits Tax		ends Tax 18. Optional: spe	Specify any other are cial interest —	a in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoi erson who knowingly fails to comply with the provisions of thi	ng information is true and con s chapter or knowingly files a f	nplete to the best of my knowled alse statement shall be guilty o	edge and belief. RS. f a misdemeanor.	RECEIVED
Pate 6/1/2022	Signature of Filer	Jacalyn	ally	JUN - 3 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly		
Full Name Kichard E. Clark	Work Address 2425 latay	ette Rd #4, Ports. NH 038
Primary Occupation Attachey	e-mail rich @ NH Sea coast lawyers. com	Vork Phone 603 - 431-0009
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None	
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family membral or advisory capacity, and from which any income in excess ral retirement and/or disability benefits shall be included. (Use additional contents of the included of the in	of \$10,000 was derived during the preceding
1. Clark & Assoc, LLP, 2425	La Fayette Rel #4, Portsmorth, NH o	13801
2. Abenahi Laun Sprinklers 24		3801
If you have no qualifying income indicate by writing your ini	tials next to the following statement. My income do	es not 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:	Afterney irrigation real estate salesp	up, or matter would potentially have a greater
agent, c	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	ution of alcoholic 11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Education f gambling	15. Water Resources 1 17 gutin
16. Agriculture 17. N.H. taxes: Business Profits Tax		Specify any other area in which you have a cial interest —
	egoing information is true and complete to the best of my knowle f this chapter or knowingly files a false statement shall be guilty of	
Date 5/30/2022	Signature of Filer	RECEIVED
, ,	Santo 107 North Afric Santo Santo House Santo House	JUN 0 1 2022
neturn to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord, NH	DEPARTMENT OF STATE

Type or Print Clearly	_			
Full Name TERRY MICHARL CLARK	Work Address	69A ISLAND	ST KE	ENE
Primary Occupation RETIRED - REALTOR e-mail telar	keco.class	ine. nh. us Wor	k Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	OF COMM	MSSONER C	HESHIRE	02
A. List below the name, address, and type of any profession, business, or other of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	ty, and from which a	iny income in excess of	\$10,000 was derive	ed during the preceding
1. REAL ESTATE				
2. HIGHER EDUCATION				
If you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income does i	not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adricipline 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:	ministrative rule, a de	cision whether or not to a	award a contract, gr	ant a license or permit,
Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	tate of New Hampsh	re. List each such		
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo		nking or financial s	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program 9. Resta	aurants/	Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission of gambling	ng, or other legal form	14. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	11 1	ecify any other area interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complete of the c	true and complete to ingly files a false state	the best of my knowledgement shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
Date / JUNE 2022 Signatur	re of Filer	ANNI		RECEIVED
		HUME	Car 4	IIIN 0 1 2022

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

JUN 0 1 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name John R. Cloutier Work Address 1200 Elm St., Suite 203, Mana	hester, N.H. 03103
	306-6374
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, New Hampshire House of Representative Townshire House Office Townshire House Office Townshire House To	esentatives,
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.	during the preceding
1. Secretary, Board of Directors, NH Community Federal Gredit Union, 98 Charl	lestown Rd. N.H.
1. Secretary, Board of Directors, NH Community Federal Gredit Union, 98 Chaples Vice President, Friends of the Fiske Free Library, Broad St., Cluremont, N.A. 03	3743
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	t a license or permit,
— 4 Real Estate including brokers — 5 Banking or financial — 6 State of New H	lampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal employ	
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 of gambling 15. Water Resolution 1	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest—	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	-A:9 Penalty. Any
	RECEIVED
Date John 3, 2022 Signature of Filer John 19. Cloudies	JUN 15 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name = Cohen = Tinothy-Ronald = Gordono Work Address W/A	
Primary Occupation Freedom Advocate e-mail Raddad 722@protonmail-com Work Phone	603 815 1621
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 oppoprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 we 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.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	C TRG
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in 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 of financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	ntract, grant a license or permit,
profession, occupation, or category of business:	at of New Homeshire county or
/ Worlth Caro II IZ Incurance	ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcohologing	nolic 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 Business Enterprise Tax Dividends Tax 18. Optional: Specify any of 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 true and complete to the best of my knowledge and beli- person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any
Date 9 Jun 2022 Signature of Filer Cohen	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 Matthew Coker	Work Address One	Harbor Side Prive Boster/Mu 02128
Primary Occupation Pilot	e-mail Matt for Mare Sity @	gmail.com 603-892-7083
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N/A N/A	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)		
1. Jet Dive Arrays 27	-el Queens Plaza	N. Queens, M. 11101
2. Cholson Lamne Director	Lakes Region Montal Houls	N, Queens, M 1/101 HA MO BOSCONST LACONTY, NH 03246
If you have no qualifying income indicate by writing your initia		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: LICSW, MLADC, Director at Lahos Rogian Montal Hoalty Costar		
Le I / Health (are II is instirance II I	te, including brokers, elopers, and landlords 5. Banking or f services	financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sa bevera	ale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources		
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.		
Date 6-1-2022	Signature of Filer	0 2 /11/6
Date 6-1-2022 Signature of Filer JUN 03204 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301		

Type or Print Clearly	Home -		
Full Name Riché Colcombe	Werk Address	76 gones Road Hillsbo	eough, NH 03244
	e4nh@gn		860.614.6208
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or discontinuous capacity.	rganization in which	any income in excess of \$10,000 wa	icer, director, associate, partner, s derived during the preceding
1. New England Mechanical Stavices Inc 649 East - dibla Emcor Services New England Mechanical Type & Business HVAC Mechanical Mainten If you have no qualifying income indicate by writing your initials next to the following	Industrial Pa (Position) vance		
B. Indicate below whether you or a family member has a special interest in any of t reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list 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 Stapprofession, occupation, or category of business:	inistrative rule, a de ted business, profes	cision whether or not to award a cont ssion, occupation, group, or matter w	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	ds service	esmunicip	e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. Restaution assessment program lodging	irants/	 Sale and distribution of alcoho beverages 	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	, or other legal form	14. Education 15. V	/ater Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify any ot special Interest —	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tree person who knowingly fails to comply with the provisions of this chapter or knowing Date Output Date Signature	ngly files a false state	the best of my knowledge and belief ement shall be guilty of a misdemeand	RSA 15-A:9 Penalty. Any or.
Return to: Office of Secretary of State, 107 North Main S	treet, State House R	oom 204, Concord, NH 03301	NEV HANDEPARTMENT

STATE

Name of office, position, board or commission, board or directors, Lt. IL employment with state or country government held by Me Greater Hillsborough Republican Town Committee, Treasurer & B. Fuller Public Library, alternate Peustee Night Riders, The., Treasure and Board & Dieschor Controcook Valley ATV Riders, Treasurer and Board & Directors History Alive Go Hillsborough Historical Society, Treasurer only Member, Hillsborough (Pown of) Economic Development Commission

attach to 2022 New Hampshire Statement of Financial Interests

RSA 15-A for Riché Colcombe, 76 Jones Rd

Hillsborough, nH

ticke Obline

1 ype	or Print Clearly		
Full N	ame Suzanne L Collins	Work Address	25 Trooper Leslie G Lord Mem Hwy, Colebrook 03576
Prima	ry Occupation Retired	e-mail sue.collins825@gmail.	.com Work Phone 603-237-4224
direct	the office, position, board or commission, board of ors, etc. or employment with state or county nment held by you. NO ACRONYMS	Coos County Treasurer	
propri	t below the name, address, and type of any profession letor, or employee, or served in any other professional dar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	th you or a family member was an officer, director, associate, partne any income in excess of \$10,000 was derived during the precedin be included. (Use additional sheets as necessary.)
1.	NH Retirement System, 54 Regional Dri	ive, Concord, NH 03301	\$85,633
2.	Town of Colebrook, Selectman, 17 Bridg	ge Street, Colebrook, NH 03576	\$4,500
lf you	have no qualifying income indicate by writing your initi	ials next to the following statement.	My income does not qualify
repor	table special interest in an item on this list if a change in	n law, a change in administrative rule, a de rnment affecting the listed business, profe the general public:	esses, professions, occupations, groups, or matters. A person has a ecision whether or not to award a contract, grant a license or permit, ession, occupation, group, or matter would potentially have a greater hire. List each such
	2 Health Care 3 Insurance 4. Real Es	state, including brokers, 5. Bar evelopers, and landlords service	nking or financial 6. State of New Hampshire, county, or municipal employment
√	7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic law
		 Horse or dog racing, or other legal form gambling 	ns 14. Education 15. Water Resources
	16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest —
	read RSA 15-A and hereby swear or affirm that the foreg who knowingly fails to comply with the provisions of t		/
Date	06/01/2022	Signature of Filer	Sugare Collin
	Return to: Office of Secretary of St	tate, 107 North Main Street, State House R	doom 204, Concord, NH 03301

PECEIVED

JUN 0 2 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print Clearly
Full Name Edward Cantes Work Address 6 Bancroft Rd Landon detty, No Primary Occupation Pro Sect Mangage-mail edward Cambes @gmail Work Phone 603-862-2017
Primary Occupation Pro Sect Manyese-mail edward combys @gmail Work Phone 603-867-2017
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. None
None None
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or
7. N.H. Retirement System agent, developers, and landlords services municipal employment 9. Restaurants/ 10. Sale and distribution of alcoholic service of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 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 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 9 2022
Date 6/8/2022 Signature of Filer Gold Signature of Filer

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

Type or Print Clearly	_			
Full Name Barbara Contois	Work Address	87 Hill Ra	FRANK	IN NH 0323
	_	to for freeze C	KPhone 60	3 934 2320
government held by you. NO ACRONYMS Treasurer	1 Belking	AND DESCRIPTION OF THE PERSON	4 Burea	W
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 capacicalendar year. Sources of retirement benefits other than federal retirement and/or discourses.	ty, and from which	h any income in excess of	\$10,000 was deriv	red during the preceding
1. Stocks & Stones Farm 12P	PO BO) × 186 ×	tre Bar	when NH 03.
2. MA Stocks & Stowes LLC If you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income does		tec NH 032
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:	ministrative rule, a disted business, pro	decision whether or not to fession, occupation, group,	award a contract, g	rant a license or permit,
Any profession, occupation, or business licensed or certified by the Sprofession, occupation, or category of business:	tate of New Hamp	snire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo		Banking or financial ices	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Resta System assessment program lodging	urants/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	ig, or other legal fo	14. Education	15. Water R	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends T		ecify any other are l interest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is a person who knowingly fails to comply with the provisions of this chapter or knowing the provisions of the chapter or knowing the chapter of the chapter of the chapter of the chapter of the chapter or knowing the chapter of the chap	true and complete ingly files a false sta	to the best of my knowleds atement shall be guilty of a	ge and belief. RSA misdemeanor.	A 15-A:9 Penalty. Any
Date 6-1-2022 Signatur	re of Filer	3		

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

Type or Print Clea	rly				
Full Name	FURGEOS CULIOSOFHEFRARY		Work Address	194 GILMANTON,	BELMONT NH 03200
Primary Occupatio	n Ratikap	e-mail G	FORGE GG ET	HGINGERING. COWORK Phone	603-207-8023
directors, etc. or government held b	osition, board or commission, board of employment with state or county by you. NO ACRONYMS	husiness or ot	her organization in wh	ich vou or a family member was a	n officer director associate partner
proprietor, or emp	ployee, or served in any other professional arces of retirement benefits other than federa	al or advisory ca	pacity, and from whic	h any income in excess of \$10,000	was derived during the preceding
1. N/	/A				
Angeling Strangering region	ifying income indicate by writing your initi	als next to the fo	llowing statement.	My income does not qual	lify
reportable special discipline a license	whether you or a family member has a spe interest in an item on this list if a change in see or permittee, or other decision by gover you or a family member than it would on	n law, a change in nment affecting	n administrative rule, a the listed business, pro	decision whether or not to award a	contract, grant a license or permit,
Maria Company	profession, occupation, or business license n, occupation, or category of business:	0	the State of New Hamp	shire. List each such	
2. Health Ca	re i is insurance ii i	tate, including bevelopers, and la			State of New Hampshire, county, or unicipal employment
7. N.H. Reti System	rement 8. Current use land assessment program	9. Flodg	Restaurants/	10. Sale and distribution of alcohole beverages	coholic 11. Practice of law
12. Any busin Utilities Comr		3. Horse or dog gambling	racing, or other legal fo	orms 14. Education	15. Water Resources
16. Agricultu	ure 17. N.H. Business taxes: Profits Tax	Business Enterprise	Tax Interest an Dividends		ny other area in which you have a t
	A and hereby swear or affirm that the foreign that the foreign fails to comply with the provisions of				
Date 6/10/2			nature of Filer	George Conderant	JUN 1 5 2022
	Return to: Office of Secretary of S	tate, 107 North N	Main Street, State House	e Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name CASEY Conley	Work Address 6 Pla	rence St.	
Primary Occupation Edital e-mail Confe	gencarley o grant.com	Work Phone 20	1-272-1992
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 operation, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or discounts.	, and from which any income in e	xcess of \$10,000 was deriv	ed during the preceding
1. I sha unversity of NEW	Hampshine		
2. MARITIME PUBLIShing			
If you have no qualifying income indicate by writing your initials next to the followi		ne does not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admissipline a licensee or permittee, or other decision by government affecting the list 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 St profession, occupation, or category of business:	inistrative rule, a decision whether o ted business, profession, occupation	or not to award a contract, gr n, group, or matter would po	ant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broken agent, developers, and landlon		6. State of New	w Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restart System lodging		listribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Edd		
16. Agriculture 17. N.H. Business Enterprise Tax	BIVICEITOS FOX	ional: Specify any other area special interest	
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	ue and complete to the best of my k gly files a false statement shall be gu	nowledge and belief. RSA uilty of a misdemeanor.	
Date 6 1 22 Signature	of Filer	the lity	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name William Onlin	Work	Address Hothison	171 Exeter R.	#169 Neutrold NI
Primary Occupation Line Operator	e-mail		Work Phone 60	3)772-3771
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 ex	cess of \$10,000 was deriv	ved during the preceding
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If you have no qualifying income indicate by writing your initi	als next to the following state	ement. My incom	e does not qualify	BC
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	n law, a change in administrat nment affecting the listed bu	tive rule, a decision whether or	not to award a contract, g	rant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of I	New Hampshire. List each such		
	tate, including brokers, evelopers, and landlords	5. Banking or financial services	6. State of Ne	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and dis	stribution of alcoholic	11. Practice of law
	Horse or dog racing, or oth gambling	14. Edde		
16. Agriculture 17. N.H. Business taxes: Profits Tax		nterest and 18. Option	nal: Specify any other are special interest —	
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and this chapter or knowingly file	complete to the best of my kn s a false statement shall be gui	owledge and belief. RS/ Ity of a misdemeanor.	JUN 0 2 2022
Date 6(1/2022	Signature of File	, Ch	- On	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Pr	rint Clearly				-					
Full Name	Christophi	25	CONNelly		Work Address	329	MAST	20AD	Goffst	OUN NH 03045
Primary O	ccupation Sher	: tt		e-mail Christo	opher - Connel	ly @comcus	st. net V	Vork Phone	603	714-0155
directors,	office, position, board etc. or employmen ont held by you.		sion, board of e or county	lsborusgn						
proprietor	low the name, address, or employee, or serear. Sources of retires	ved in any	other professional or	advisory capacity	y, and from which	th any inco	me in excess	of \$10,000	was derived of	during the preceding
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2.										
If you have	e no qualifying incom	e indicate by	writing your initials r	next to the following	ng statement.	1	My income do	es not qualif	у [ChR
reportable discipline financial e	te below whether you e special interest in ar a licensee or permitte effect on you or a fam 1. Any profession, or profession, occupation	n item on this ee, or other o ily member t ccupation, o	s list if a change in lav decision by governme than it would on the o	v, a change in adment affecting the lise general public:	ninistrative rule, a sted business, pro	decision w ofession, occ	hether or not cupation, gro	to award a co	ontract, grant	a license or permit,
2. H	lealth Care 3. In	surance	11 1	e, including broker opers, and landlor		Banking or vices	financial	11 1	tate of New H icipal employ	ampshire, county, or ment
	N.H. Retirement tem		urrent use land sment program	9. Restau	urants/	10. Sa bevera	ale and distrib	ution of alco	holic	11. Practice of law
	any business regulated es Commission	by the Pub	lic 13. H	lorse or dog racing	g, or other legal f	orms	14. Education	1 15	. Water Resou	irces
16.	Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest ar Dividends		18. Optional: spe	Specify any cial interest	other area in 	which you have a
I have reac	d RSA 15-A and hereby no knowingly fails to c	y swear or af	firm that the foregoin	ng information is to chapter or knowing	rue and complete	to the best	t of my knowl hall be guilty o	edge and be	lief. RSA 15	-A:9 Penalty. Any
_		,			-	0		A		RECEIVED
Date	92/22		1	Signature	e of Filer	hy	sh L) - (in	ully	JUN 02 2022
	Ret	urn to: Office	e of Secretary of State	, 107 North Main S	Street, State Hous	se Room 204	4, Concord, NI	H 03301		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name James R Connes SR Work Address WA.
Primary Occupation D: 6abled e-mail Jungle @ metrocast. Net Work Phone U1
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 of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business 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.
Date 6-3-22. Signature of Filer James P. Convince.

Type or Print Clearly
Full Name Patricia Comway Work Address Rte 125, Brentwood NH
Primary Occupation Attorney e-mail peconumy or cao net Work Phone 63-642-4249
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Rocking ham Conty Attaney
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. Eric Lamb, 51 Summit Dr., Atkinson, NH 0381 1, Lawrence, MA 2. Salem NH-Town-retired police offices School District School
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:
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
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. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/3/2022 Signature of Filer Falian Carry

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

Type or Print Clearly	
Full Name Brian D. Cole Work Address 35 Plue ST Mand	hester NIF
Primary Occupation Whole 54 le Disro e-mail B Cole 794@ GMA, 1. Com Work Phone 603	647 5511
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
1. JCI	
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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	RD C
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public:	nt a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	;
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal employers	Hampshire, county, or oyment
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 Res	ources
16. Agriculture Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
~ 11	RECEIVED
Date 61122 Signature of Filer Superior Signature of Filer Signat	JUN 01 2022
T .	The second secon

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Brian D. Cole Work Address 35 Pine ST Manchester
Primary Occupation wholestie Dist. e-mail BCOLE 794 @ Gunn. Com Work Phone 603 647 5511
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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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 Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. 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
Date 6/1/22 Signature of Filer JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly						
Full Name Su	rsannah Colt		Work Address	N/A		
Primary Occupation	Retired	e-mail colts	susannah	agmail. com	Work Phone	
	tion, board or commission, board of mployment with state or county ou. NO ACRONYMS	N/A				
roprietor, or employ	ne, address, and type of any profession wee, or served in any other profession wes of retirement benefits other than feder	al or advisory capacity	, and from which	any income in exce	ess of \$10,000 was deri	ved during the preceding
None	· · · · · · · · · · · · · · · · · · ·					
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reportable special int discipline a licensee of inancial effect on you 1. Any pro	ether you or a family member has a species in an item on this list if a change lor permittee, or other decision by gove u or a family member than it would on fession, occupation, or business license occupation, or category of business:	n law, a change in adm rnment affecting the lis the general public:	inistrative rule, a cited business, prof	decision whether or n ession, occupation, g	ot to award a contract, g	rant a license or permit,
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7. N.H. Retirer System	8. Current use land assessment program	9. Restau	irants/	10. Sale and dist beverages	ribution of alcoholic	11. Practice of law
12. Any business Utilities Commis		Horse or dog racing f gambling	g, or other legal fo	14. Educat		
16. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T	ax 18. Option	al: Specify any other are pecial interest —	a in which you have a
have read RSA 15-A a	nd hereby swear or affirm that the fore y fails to comply with the provisions of	going information is tr	ue and complete	to the best of my kno Itement shall be guilt	wledge and belief. RS. y of a misdemeanor.	A 15-A:9 Penalty. Any
Date 6/6/	2022	Signature	_	Strann		JUN 0 8 2022
	Return to: Office of Secretary of S	State, 107 North Main S	treet, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Pri								
Full Name	PAHRICK	Joseph	Cook	Work	Address 16	1 Londondeen	ry Tup	WPike Hookself NI 603-669-7307
Primary Occ	PAHRICK Cupation PiPe	FiHER /PI	um ber e-	Mail Aziplock 12	@aol.Con	Work	Phone	603-669-7307
directors, e	ffice, position, boar etc. or employme t held by you.		county					
proprietor, o	or employee, or se	erved in any other	professional or a		from which any is	ncome in excess of	10,000 was	er, director, associate, partner, derived during the preceding ecessary.)
1.								
2.								
If you have r	no qualifying incom	ne indicate by writi	ng your initials ne	xt to the following stat	ement.	My income does n	ot qualify	
reportable : discipline a	special interest in a	in item on this list i tee, or other decisi	f a change in law, on by governmen	a change in administra t affecting the listed bu	tive rule, a decisio	n whether or not to a	ward a contra	or matters. A person has a ct, grant a license or permit, ld potentially have a greater
	. Any profession, o ofession, occupation			Poc: Use /	New Hampshire I	ist each such		
2. Hea	alth Care 3. I	nsurance		ncluding brokers, ers, and landlords		or financial		of New Hampshire, county, or lemployment
7. N.H Syste	H. Retirement m	8. Current assessment		9. Restaurants/lodging). Sale and distributio verages	n of alcoholic	11. Practice of law
1 1 '	y business regulate Commission	d by the Public	13. Hor	rse or dog racing, or ot ling	her legal forms	14. Education	15. Wat	ter Resources
16. A	griculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax		ecify any othe nterest	r area in which you have a
				information is true and apter or knowingly file				RSA 15-A:9 Penalty. Any
Date 6	-3.22			Signature of File	Poty	& ach		JUN 0 3 2022
	Ret	turn to: Office of Se	ecretary of State, 1	07 North Main Street, S	State House Room	204, Concord, NH 033	301 D	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Veanene Cooper Work Address	
Primary Occupation Retired e-mail jeanene cooper 4NH@ Work Phone mail. Com	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	SPECIAL DESCRIPTION OF THE PROPERTY OF THE PRO
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, personal 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 precedendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
Port City Air, 104 Grafton Road, Portsmouth, NH, Aircraft Maintenance	
DocuPhase, 951 Islington St. Unit Z, Portsmouth, NH, Siftware Development	+++
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rmit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, countries municipal employment	ity, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice beverages	e of
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 Interest and taxes: Profits Tax 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:9 Penalty. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RSA 15-A:9 Penalty. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	VED
Date June 1, 2022 Signature of Filer Sanene Cooper JUN 03 NEW HAMP DEPARTMENT	PSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	2. 01/1

Type or Print Clearly
Full Name Jeanene Cooper Work Address
Primary Occupation Retired e-mail jeanene cooper 4NH @Work Phone gmail-com
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. Port City Air, 104 Grafton Road, Portsmouth, NH, Aircraft Maintenance
2 DocuPhase (Treeno), 951 Islington St. Unit 2, Portsmouth, NH, Computer Softwar
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. Business Profits Tax Business Enterprise Tax Business Dividends Tax Business Profits Tax Business Enterprise Tax Dividends Tax Business Special interest — 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 2, 2022 Signature of Filer Spanlin Oogle?

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

Type or Print Clearly
Full Name Stephen Larimer Copithorne Work Address 105 Parade Rd LRES Primary Occupation Direct Support e-mail copithorne gmail. com Work Phone 603-524-7878
Primary Occupation Direct Support e-mail copithorne gmail. com Work Phone 603-524-7878
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. Lakes Region Community Services
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license 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. 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 misdemeanor.
Date June 10 2022 Signature of Filer Stepher L. Copithons JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			,	
Full Name anne Copp	Wor	k Address		
Primary Occupation	e-mail		Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Ex	EC Courc	ic	
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than fed	onal or advisory capacity, and	from which any income in exc	ess of \$10,000 was deri	ved during the preceding
1.				
2.			AND THE RESERVE OF THE PARTY OF	
If you have no qualifying income indicate by writing your in	nitials next to the following stat	tement. My income	does not qualify	a.c
B. Indicate below whether you or a family member has a sereportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by gor financial effect on you or a family member than it would on the series of the series o	ge in law, a change in administra vernment affecting the listed by on the general public:	ative rule, a decision whether or usiness, profession, occupation,	not to award a contract, g group, or matter would p	grant a license or permit,
profession, occupation, or category of business:				
C 1 Z. Dealth Care II D. Institutione	l Estate, including brokers, , developers, and landlords	5. Banking or financial services	6. State of Normanicipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program		10. Sale and dis beverages	tribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or ot of gambling	ther legal forms 14. Educa	tion 15. Water F	Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	1 1	Interest and Dividends Tax 18. Option	nal: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions Date		es a false statement shall be guil	ty of a misdemeandr.	A 15-A:9 Penalty. Any PECETYFD JUN 1 0 2022
4/N/AX		State House Room 204, Concord	NH 03301	EW HAMPSHIRE RTMENT OF STATE

Type or Print Clearly	
Full Name TRAYS CORCORAN Work Address 275 Qualker-St	
Primary Occupation Software ensineer e-mail TICE TIC, COM Work Phone 603	529 3452
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 docalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	r, associate, partner, uring the preceding
1. N/A	
2. N/A	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	rue
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:	ially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamployn	impshire, county, or nent
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Dividends Tax 18. Optional: Specify any other area in v	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 missemeanor.	A:9 Penalty. Any
Date: 10 JUN 2022 Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEV DEPARTMENT OF S

Type or Print Clearly
Full Name Glenn Cordelli Work Address P.O. Box 209 Tufton 6000 038/
Primary Occupation retired e-mail glenn. Cordellieles, state, who work Phone 603-515-0008
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. Nys Retirement System
1. Nys Retirement System 2. Social Security Disability
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/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022 Signature of Filer Ohm Grelle:

Type or Print Clearly	,
Full Name Thomas H. Cormen Work Address 55 Westview Lane, Leb	anou, NH 03766
Primary Occupation Retired e-mail theornen agmail.com Work Phone 60:	3-448-2442
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Candidate for NH House of Representative	es
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, diproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	red during the preceding
1. Dartmouth College	
Dartmouth College Textbook author	
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 m reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rant 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 Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	
16. Agriculture Business Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other are 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.	RECEIVED
Date June 7, 2022 Signature of Filer Thomas H. Comen	JUN 1 0 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly
Full Name Patricia Cornell Work Address none
Primary Occupation Retired e-mail Cornell492 Comcast, Not Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you. NO ACRONYMS 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.)
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such 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 sssessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 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 —
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 APP Decision 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 APP Decision 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 Patricia Comply NEW HAMPSHIRE NEW HAMPSHIRE DEPARTMENT OF STA

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

CLER	ALIO GLIA Or Print Clearly	2022 NE	W HAMPSHIR	E STATEMENT OF	FINANCIAL II	NTERESTS - RSA	15-A	
Full N	17.7	,0 7. Cat	<u> </u>		Work Address	76 w. 46	(15 A Mashi	a NH 03060
Prima	ry Occupation	Malacaso RC	402	e-mail deco	20100	n	Work Phone	603-882-2244
directo		on, board or commis ployment with sta ou. NO ACR	te or county	foresont	ztic	beneal C	ourt	
propri	etor, or employe	e, or served in any	other profession		y, and from whi	ich any income in e	excess of \$10,000 w	fficer, director, associate, partnass as derived during the preceding s necessary.)
1.								
2.								
lf vou	have no qualifyin	a income indicate by	writing your in	tials next to the follow	ng statement.	∨ My inco	me does not qualify	CAN
discip	oline a licensee or cial effect on you 1. Any prof	permittee, or other or a family member ession, occupation, o	decision by gove than it would on or business licens	rnment affecting the l	sted business, p	rofession, occupatio	n, group, or matter v	ntract, grant a license or permit, vould potentially have a greate
	profession, o	ccupation, or catego				Paulden au Consti		to of New Hampshire, souther
	2. Health Care	3. Insurance		state, Including broke Jevelopers, and landlo	B 1	. Banking or financia rvices		te of New Hampshire, county, o ipal employment
	7. N.H. Retirem System		urrent use land sment program	9. Resta	urants/	10. Sale and beverages	distribution of alcoh	olic 11. Practice of law
	12. Any business tilities Commiss	regulated by the Pub ion		13. Horse or dog racir of gambling	g, or other legal	14. 201		Water Resources
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a Dividend		tional: Specify any o special interest	ther area in which you have a
I have	read RSA 15-A ar	nd hereby swear or a	ffirm that the for	egoing information is f this chapter or know	rue and complet	te to the best of my	knowledge and belie	ef. RSA 15-A:9 Penalty. Any nor.
persor	- The kilothingly	Taile to comply with			г	0	- AA	
Date	Ton	2 2018	2	Signatu	e of Filer	1 two	1 000	

Type or Print Clearly	
Full Name John J. Coughin Work Address \$00 Chestnut Stra	est Marchester,
Primary Occupation Phills byrough Countg-mail John, coughline honh, gow Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deriv calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	ved during the preceding
1. NH Jadicial Retirement Niktate Retirement (Spouse)	
	me)
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial	
2. Health Care 3. Insurance agent, developers, and landlords services grant grant municipal em	
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water R	esources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest	Sudicial Retiemen
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/2022 Signature of Filer	JUN 0 1 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 Panela Cough!	Work Address	Retired	
Primary Occupation	e-mail	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Alternale Plann	ing Board	
List below the name, address, and type of any profession or oprietor, or employee, or served in any other profession alendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	ch any income in excess of \$10,000 was deri	ved during the preceding
Husband-Hilsborough	County Attorney		
you have no qualifying income indicate by writing your init	cials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change 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 licenses profession, occupation, or category of business:	in law, a change in administrative rule, a rnment affecting the listed business, pro the general public:	decision whether or not to award a contract, of ofession, occupation, group, or matter would p	grant a license or permit,
		Banking or financial 6. State of Novices municipal em	ew Hampshire, county, or aployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	Horse or dog racing, or other legal for gambling	orms 14. Education 15. Water F	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends		ea in which you have a
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	going information is true and complete	to the best of my knowledge and belief. RS	A 15-A:9 Penalty. Any
	in chapter of thorningly most related	,	RECEIVED
Date 6/1/2022	Signature of Filer	Samela Caughle	JUN 0 2 2022
į.			NEW HAMPSHIRE

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

DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Matt Conton	e-mail Mattforstate rep@protonmail.com Work Phone 603-989-5676
Primary Occupation Far Mer	e-mail Mattforstate rep@protonmail.com Work Phone 603-989-5676
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, associate, partner anal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding trail 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 in	nitials next to the following statement. My income does not qualify
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 in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater in the general public:
Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Hampshire. List each such
	Estate, including brokers, developers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	
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 taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
	regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022	Signature of Filer Wettto Culn

Type or Print Clearly	Latha
Full Name Michelle Couture Work Address 800 Tron Schenec	ctady Rd M
Primary Occupation Labor Relation Specialist e-mail Michelle Couturs egmail Work Phone 518	640-6600
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1. None	
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gran discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Drgan Exteriors - Contractor	t 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 Insurance services	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Dividends Tax Dividends Tax Special Interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1: person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6 16 22 Signature of Filer Michielle Contra	JUN 0 8 2022
Peturn 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 Kathryn Coyle	Work Address	660 Middle St.	Portsmouth, NH 03801
Primary Occupation Attorney.	e-mail polizzotto@gma	il.com Wor	k Phone 617-413-0325
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	County Commissioner - Rocking	ghami Police Comm	rissioner- City of Portsmooth
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	nal or advisory capacity, and from which	n any income in excess of	\$10,000 was derived during the preceding
1. Coyle Law, PLLC - 660 Midd	k St. Portsmouth, NH 03801	- Low Practic	2
2. BOT, LLC - 660 Middle St. Port-	smooth, NH 03801 - Real Esta	te Development	
If you have no qualifying income indicate by writing your in	nitials next to the following statement.	My income does	not qualify
B. Indicate below whether you or a family member has a s reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would on the second of the second o	e in law, a change in administrative rule, a ernment affecting the listed business, pro n the general public:	decision whether or not to fession, occupation, group,	award a contract, grant a license or permit,
		Banking or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program		10. Sale and distribut beverages	on of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal fo of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax		11	pecify any other area in which you have a I interest
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	regoing information is true and complete of this chapter or knowingly files a false st	to the best of my knowled	ge and belief. RSA 15-A:9 Penalty. Any misdemeanor.
	_		RECEIVED
Date 6/1/22	Signature of Filer	11 Ceyl	JUN 0 1 2022
Detum to Office of Socretons	f State 107 North Main Street State House	Poom 204 Concord NH (NEW HAMPSHIRE

Type or Print Clearly		
Full Name Keuin Cogle	Work Address 660 m. 12k Str	eel Portsmouth NH
Primary Occupation A + + + + + + + + + + + + + + + + + +	e-mail Keun L Cogle @ Smail.con Work Phone	603-234-8654
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Rockinghen County Sheriff	
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an nal or advisory capacity, and from which any income in excess of \$10,000 tral retirement and/or disability benefits shall be included. (Use additional sheets	was derived during the preceding
1. Cogle Lew PLLC, 2. Rockingha County	Bringing Derry Toyather had	
2. Rockingha County		
If you have no qualifying income indicate by writing your init	tials next to the following statement. My income does not qualif	y
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	recial interest in any of the following businesses, professions, occupations, groin law, a change in administrative rule, a decision whether or not to award a comment affecting the listed business, profession, occupation, group, or matter the general public: ed or certified by the State of New Hampshire. List each such	ontract, grant a license or permit,
profession, occupation, or category of business:		
I I / Mealin (are II Is inclirance II V		tate of New Hampshire, county, or icipal employment
System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alco beverages	holic law Practice of
	13. Horse or dog racing, or other legal forms 14. Education 15 gambling	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Enterprise Tax Dividends Tax special interest	
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my knowledge and be f this chapter or knowingly files a false statement shall be guilty of a misdeme	lief. RSA 15 RECORDS WED
		JUN 0 6 2022
Date 6/3/2022	Signature of Filer	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Edward "Scott" Cracraft Work Address 271 Belling Mfm)	Rd Gilford,
Primary Occupation Refired e-mail gentand scholars gmail Work Phone 528	~6692 03z44
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.)	
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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	C
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:	cense 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 Hamp services	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Dividends Tax 18. Optional: Specify any other area in which special interest—	ch you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 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 O JUNE 2022 Signature of Filer Sumu Scott Warrett Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 3 2022 NEW HAM SHIRE DEPARTMENT OF STA
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Contesta, 117 1950	Bell And Charles of City

Type or Print Clearly				•
Full Name Michael Costable Ir	Work Address			
Primary Occupation Self / Re-Seller e-mail WI	Rostable	egmail: com Work	Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other oppoprietor, or employee, or served in any other professional or advisory capaciticalendar year. Sources of retirement benefits other than federal retirement and/or discovered to the service of th	ty, and from which a	ny Income in excess of !	\$10,000 was derived	d during the preceding
1. Teala SJOLander 110 Cu	Shing Corn	er Kd Frag	lom NH	03836. Banke
2	,		**	
If you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income does n	ot qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adridiscipline a licensee or permittee, or other decision by government affecting the infinancial 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:	ministrative rule, a dec isted business, profes	ision whether or not to a sion, occupation, group, o	ward a contract, gra	nt a license or permit,
2. Health Care 3. Insurance 4. Real Estate, Including broke agent, developers, and landlo	1 X 1	king or financial	6. State of New municipal empl	Hampshire, county, or coyment
7. N.H. Retirement 8. Current use land 9. Resta system assessment program lodging	eurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	ng, or other legal form	14. Education	15. Water Res	
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area interest —	in 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.	true and complete to ingly files a false state	the best of my knowledgment shall be guilty of a r	e and belief. RSA misdemeanor.	RECEIVED
Date 6/10/22 Signatur	re of Filer	KIL		JUN 1 3 2022
Parties of Sametany of State 107 North Main	Street State House Ro	nom 204. Concord. NH US	301	NEW HAM PSHIRE

Type or Print Clearly	
Full Name Bruce Leonard Cragin Work Address 1357 USR	Work Phone 603-757-3480
Primary Occupation Retired e-mail BLC8@ cornell, edu	Work Phone 603-757-3480
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 r proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in exc calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use a	cess of \$10,000 was derived during the preceding
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2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income	e does not qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, financial effect on you or a family member than it would on the general public: 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	6. State of New Hampshire, county, or municipal employment
	stribution 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 14. Educa	ation 15. Water Resources
16. Agriculture Business Business Interest and Dividends Tax 18. Option 18. O	onal: 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 kno person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guil	owledge and belief. RSA 15-A:9 Penalty. Any lty of a misdemeanor.
	RECENE
Date 6-9-2022 Signature of Filer Dang	JUN 1 3 202
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord	NEW INC. SHI

Type or Print Clearly	
Full Name Susan Cragin Work Address 163 N Main St	alde terrilität die delle State
Primary Occupation Register of De-15 e-mail susancragin@earthlink.Work Phone 603-228-0	10
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Register of Deeds, Marrimack County	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, paper proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Register of Deeds, Merrimack County 2.	diameter on the Address delication
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:	rmit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. I ist 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, countries agent, developers, and landlords	ty, or
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law	e 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 Business Interest and Dividends Tax Business Dividends Tax Business Business Dividends Tax 18. Optional: Specify any other area in which you have special interest—	• a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. As 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	ny
Date June 3 2022 Signature of Filer JUN 0 3 2022	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE	TE

Type or Print Clearly
Full Name KAREL A. CRAWFORD Work Address P.O. BOX 825 CENTER HARBOR NAGEDX
Primary Occupation Self-Employed e-mail KareInh & hotmailson Work Phone 603-677-2911
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. DAVID S. CRAWFORD CO. BOX 805, Center Harbor, NHO3000 - State Police Retired w/pension
2. KARELA. CRAWTER D. P.O. BOX 825, Center Harbor, NA 03026 - Red H:11 Driving SchoolLCC
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: Driver Education - List each by the State of New Hampshire.
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law
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 Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax Business Enterprise Tax Business 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. RECEIVED
Date 6/1/22 Signature of Filer Signature of Filer NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly		
Full Name DAMES L. CREIGHTE	Work Address 155 KEFNE RD, ANT	-RIM NH03840
Primary Occupation SELF - EMPLOYED	e-mail CREAGETEN GNIF @ GAACC, CON Work Phone	603 588 2759
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other profession	sion, business, or other organization in which you or a family member was an office onal or advisory capacity, and from which any income in excess of \$10,000 was derail retirement and/or disability benefits shall be included. (Use additional sheets as need as the contract of the contra	lerived during the preceding
1. CRIA MA JOR NORTH EX	AST GUIDES, LEC	
2. EAGLE POINT GLOBAL	L SOLUTIONS, LLC	
If you have no qualifying income indicate by writing your in	initials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the second of t	nsed or certified by the State of New Hampshire. List each such	ct, grant a license or permit,
I / Health (are II is instirance II I		f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program		11. Practice of law
12. Any business regulated by the Public Utilities Commission	of gambling — — —	ter Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	special interest	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	foregoing information is true and complete to the best of my knowledge and belief. s of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
		RECEIVED
Date 1 JUNE 2022	Signature of Filer	JUN 1 0 2022
Return to: Office of Secretary	of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name DAMES L. CREIGGETON Work Address 155 KEENERD, ANT.	RIM NHO3840
Primary Occupation SELF-EMPLOTED e-mail CREGOTTON GNIF @ GARGOTTON Work Phone	5035882759
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, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was detailed as a lendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessarily as a lendar year.)	rived during the preceding
CRIA MÁJOR NORTH EAST GUIDES, LEC	
EAGLE POINT GLOBAL SOLUTIONS, LLC	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal en	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
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. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Rulerson 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 1 JUNE 2022 Signature of Filer	RECEIVED
pri n	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Cinoy Creteau - Miller Work Address
Primary Occupation Refired e-mail C-beach Chotmail-com Work Phone 403-209-1444
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. Retrievent Benefits of \$50,400,00 Annually
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 municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6722 Signature of Filer und with DEPARTMENT OF STATE

Type or Print Clearly				/
Full Name DA UD A. CRUIT	Work Address	333 D.w. H	GHUAY BO	SCANAN AS
Primary Occupation SHURE	e-mail Deneity you	SNay Wo	rk Phone 603	-568-6682
Name the office, position, board or commission, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS	f minimack Ca	SHO SHO	1.73	
A. List below the name, address, and type of any profest proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than feeting the server of the se	sional or advisory capacity, and from whi	ch any income in excess of	\$10,000 was derived	during the preceding
1. N.H. DETTAZ MZA	T Systim			
2.		interprocessor decorations in the high displaying control of the c		posturant parties and the contract of the cont
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 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 profession, occupation, or category of business:	ge in law, a change in administrative rule, overnment affecting the listed business, proon the general public: ensed or certified by the State of New Ham	a decision whether or not to ofession, occupation, group	award a contract, gran , or matter would pote	t a license or permit,
I / Health Care II IS Insurance II I	al Estate, including brokers, 5	. Banking or financial vices		Hampshire, county, or yment
7. N.H. Retirement 8. Current use lan assessment progra		10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal of gambling	forms 14. Education	15. Water Reso	ources
16. Agriculture 17. N.H. Busines taxes: Profits T			pecify any other area in Il interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provisions	foregoing information is true and complet s of this chapter or knowingly files a false	e to the best of my knowled statement shall be guilty of a	ge and belief. RSA 1 misdemeanor.	5-A:9 Penalty. Any
, , , , , , , , , , , , , , , , , , , ,		0		RECEIVED
Date 6-1-22	Signature of Filer	2 6	1	JUN 01 2022
Return to: Office of Secretary	of State, 107 North Main Street, State Hou	se Room 204, Concord, W	33301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Cle	arly				7				
Full Name	Leff!	D CK	ONYN		Work Addres		NA		
Primary Occupat	ion RE	tire.		e-mail Keit	H CRONYN	1642	@GMA: Wo	rk Phone	NA
Name the office, directors, etc. of government held	or employme		e or county	e-mail Keit	entive				
proprietor, or en	ployee, or se	erved in any o	other professiona		y, and from wl	hich any	income in excess of	\$10,000 was de	, director, associate, partner, erived during the preceding essary.)
1.									
2.	2 /04 m. v. q								
lf you have no qu	alifying incor	ne indicate by	writing your initia	als next to the followi	ng statement.		My income does	not qualify	
reportable speci discipline a licen financial effect o	al interest in a see or permit in you or a far y profession, o	an item on this itee, or other d nily member t	s list if a change in lecision by goverr han it would on t business licenses	law, a change in adn	ninistrative rule sted business, p	, a decision profession	on whether or not to n, occupation, group,	award a contract	r matters. A person has a t, grant a license or permit, d potentially have a greater
2. Health C	are 3.	Insurance	11 1	tate, including broker velopers, and landlor		5. Banking ervices	g or financial		New Hampshire, county, or employment
7. N.H. Re System	tirement		urrent use land sment program	9. Resta	urants/		 Sale and distribute everages 	ion of alcoholic	11. Practice of law
12. Any bus Utilities Cor		ed by the Publ		Horse or dog racing gambling	g, or other lega	forms	14. Education		er Resources
16. Agricu	ture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest		18. Optional: Specia	pecify any other a I interest —	area in which you have a
I have read RSA 1 person who know	5-A and herel ingly fails to	by swear or aff comply with t	irm that the foreg he provisions of t	going information is t this chapter or knowl	rue and comple ngly files a false	ete to the estatemen	best of my knowled nt shall be guilty of a	ge and belief. If	RECEIVED
Date 6	/2/2	2022		Signatur	e of Filer	Mi	Oly		JUN - 3 2022
	De	turn to Office	of Cocretany of St	rate 107 North Main S	Street State Ho	use Room	204, Concord, NH 0	3301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Kenne Cross	Work Address 250 Pleasant St, Concord, NIT
Primary Occupation Medical Assistent e-mail Koros	SSnhOgmail.com Work Phone 603-227-7000
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 y, and from which any income in excess of \$10,000 was derived during the preceding cability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special Interest in an item on this list if a change in law, a change in adm	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 tate of New Hampshire. List each such
4 Real Estate including brokers	
agent, developers, and landlord	
7. N.H. Retirement System 8. Current use land lodging 9. Restau	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 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowin	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 misdemea nor. RE EIVED
Date 6702 Signature	NEW KAMPSHIRE
	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 May Con Crowell Work Address 603-882-6933 19 16	inple Strashua MI
Primary Occupation Regestry of Dieds e-mail Work Address 603-882-6933 19 16 Work Phone 603	TRALE SAMASKUR MI 0300 8826933
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Regestry by Ouds	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1. Hellsbore Country Regestry Of Duds	
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public:	it a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Insurance services	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	urces
16. Agriculture 17. N.H. taxes: Business Business Business Interest and Dividends Tax Dividends Tax Business Business Interest and Dividends Tax Dividends Tax Business Interest and Dividends Tax Business Interest and Special interest	ı which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
	RECEIVED
Date 06/03/2022 Signature of Filer Mary arn Crowell	JUN 0 3 2022
/	- INCLUDE A SECONDE

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

NEW HAMPSHIRE
DEPARTMENT OF STAT

Type or Print Clearly			
Full Name M, chi421 Congana	Work Address	POB 999, HANOUS	SE NH 07755
Primary Occupation Tetined	e-mail MJ czymse ho	trusil, com Work Phone	102-443-190
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NHINTERMEND Trust		
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 \$10,000 was	derived during the preceding
1. Genesis Health Com.	Lesuna, NX 03	3766	
2.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would on the special of the special	e in law, a change in administrative rule, a de ernment affecting the listed business, profe n the general public:	ecision whether or not to award a contra ssion, occupation, group, or matter wou	ct, grant a license or permit,
IVI / Mealth (are IIV/ is insurance II I	Estate, including brokers, developers, and landlords		of New Hampshire, county, or I employment
7. N.H. Retirement 8. Current use land assessment program		Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission	Horse or dog racing, or other legal for of gambling	14. Education 15. Wa	ter Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Enterprise Tax Dividends Ta	18. Optional: 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 fo person who knowingly fails to comply with the provisions	regoing information is true and complete to of this chapter or knowingly files a false stat	o the best of my knowledge and belief. ement shall be guilty of a misdemeanor.	
			RECEIVED
Date 6-1.22	Signature of Filer	mark) (un asso	JUN 0 1 2022 NEW HAMPSHIRE
Return to: Office of Secretary of	State, 107 North Main Street, State House	Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Prin	t Clearly									
Full Name	FERGUS	CULLEN			Work Address	152	Boxwa	00 LN P	avé ~	
Primary Occi	upation (•~	المسالات		-mail FERC	O FERC	ر د در	r. m	Work Phone	603 500	5450
	tc. or employme	ard or commission ent with state of NO ACRONY	or county	4						
proprietor, o	or employee, or s	erved in any other	nny profession, bus er professional or ner than federal reti	advisory capacit	y, and from wh	nich any inc	come in exc	ess of \$10,000 w	as derived durin	sociate, partner, g the preceding
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2.						74 de .				
If you have n	o qualifying incor	ne indicate by wri	ting your initials n	ext to the followi	ng statement.		My income	does not qualify		
discipline a l financial effe	licensee or permit ect on you or a fai Any profession,	ttee, or other deci mily member than	t if a change in law sion by governmen it would on the g siness licensed or business:	nt affecting the li eneral public:	sted business, p	orofession, o	occupation,	group, or matter v		
2. Hea	olth Care 3.	Insurance		including broker pers, and landlor		5. Banking o	or financial		ite of New Hamp	
7. N.H. Syster	. Retirement m		nt use land nt program	9. Resta	urants/		Sale and dis erages	tribution of alcoh		11. Practice of aw
	business regulate Commission	ed by the Public	13. Ho of gam	orse or dog racing bling	g, or other legal	forms	14. Educa	tion 15.	Water Resources	
16. Ag	riculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividend		18. Option	nal: Specify any o special interest —	ther area in whic	h you have a
			that the foregoing provisions of this c							Penalty. Any
Date 6	(10/22			Signature	e of Filer	5/			The second section of the sect	1 0 2022
	Re	turn to: Office of	Secretary of State,	107 North Main S	Street, State Hou	use Room 2	04, Concord	, NH 03301		IAMPSHIRE IENT OF STATE

			•
ull Name Nancy J. Cunning	Work Address	9 Latteside F	#2 Lincoln, NH03251
imary Occupation Consulting	e-mail n's consu	Hing@ gal.conyork Ph	one 603 745-3491
me the office, position, board or commission, board of rectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	Self employed	Business own	-r
List below the name, address, and type of any profession prietor, or employee, or served in any other profession and are served. Sources of retirement benefits other than federal	al or advisory capacity, and from whi	ch any income in excess of \$10	000 was derived during the preceding
Proprietor			
ou have no qualifying income indicate by writing your initi	ials next to the following statement.	My Income does not o	ualify
Lincolds Caro R 13 Inchrance II I	the general public: ed or certified by the State of New Ham state, including brokers, 5.	pshire. List each such Banking or financial	6. State of New Hampshire, county, or
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7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of beverages	municipal employment alcoholic 11. Practice of law
System assessment program 12. Any business regulated by the Public 1	1 1	10. Sale and distribution of beverages	alcoholic 11. Practice of
System assessment program 12. Any business regulated by the Public 1	Is. Horse or dog racing, or other legal for gambling Business Interest at Dividends	10. Sale and distribution of beverages 14. Education 18. Optional: Specify special interests	11. Practice of law 15. Water Resources any other area in which you have a rest

Type or Print Clearly	
Full Name Crais Cunningham	Work Address
Primary Occupation Retired e-mail NH	CCUNNIND COMCGST, NET
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 by, and from which any income in excess of \$10,000 was derived during the preceding stability benefits shall be included. (Use additional sheets as necessary.)
1. None	
2. If you have no qualifying income indicate by writing your initials next to the following the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following income indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following indicate by writing your initials next to the following initial your initials next to the following initial your initial your in	
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 life financial effect on you or a family member than it would on the general public:	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 Sprofession, 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. Restal 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	14. Education 13. Water resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is 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. BSA 13-A-9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor. BECEIVED
Date 6-1-2022 Signature	ne of Filer JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Lean Cushman Work Address GOI Riverway Pl, Bedford, NH 03110
Primary Occupation NUVSE e-mail Leah PCushman agmail.com Work Phone (608) 488-0779
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:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special interest — 18. Optional: Specify any other area in which you have a special inter
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 0601 2022 Signature of Filer Leel P. Ceuleman C. Signature of Filer