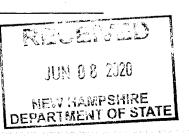
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A. List below the name, addres proprietor, or employee, or calendar year. Sources of re	served in any other p	ofession, business, or other or rofessional or advisory capaci er than federal retirement and	ty, and from which any i	income in excess of \$10,	000 was derived during	the preceding
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Date 4/3/2020

Signature of Reporting Individual



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I hav Pena Dat	the read RSA 15- μ ility. Any person $= -\frac{6}{12}$	who kno	eby swear wingly fai	or affirm that the f ls to comply with	foregoing information the provisions of this	chapter or knowin	giy files a false states	nent shall be	nd belief. RSA 15-A:9 guilty of a misdemeanor.
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Primary Occupation <u>16 (ONUFER IN MANAGEST NIH</u> E-mail <u>JUHE K3121@Camarit</u> . (See Work Phone <u>603</u> - 321 - V Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any 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. 1. 2. 1. 2. 1. 2. 1. 3. 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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contact, grant a license or discipline a licensec or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant 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, cocupation, or category of business: 1. Any profession, or coupsition of a loonhoirs 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 5. Banking or financial 6. State of New Hampshire, county, municipal employment 7. N.H. Retirement 8. Current we land services 10. Sale and distribution of alcoholic 11. Practice 12. Any business regulate	Type of Full Na	r Print CLEARLY me	RADHAKRI	SHNAN		Work Address:	·	. <u> </u>	· · · · · · · · · · · · · · · · · · ·
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeano	I hav	ve read RSA 15-A	and hereby swear (who knowingly fail	or affirm that the form	egoing information provisions of this	is true and compl chapter or knowir	lete to the best of my k igly files a false statem	nowledge and b tent shall be gui	clief. RSA 15-A:9 ty of a misdemeanor.
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSH DEPARTMENT OF								1	

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A	
Type or Print CLEARLY Full Name Hovoid Rafler Work Address: 32 Constitution Dr.	Bodford, NH
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A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived du calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring the preceding
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Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 6 2020
	NEW HAMPSHIRE

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	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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Full Name Matthew D. Rogh Work Address: 73 Levertle St Keene, NH 03431
Type or Print CLEARLY Matthew D. Poal Full Name Matthew D. Poal Work Address: 73 Levertle St teene, NH 0343) Primary Occupation Insurance rep E-mail Coolair lova @ yahoo. com Work Phone 603-313-1490
Name the office, position, board or commission, committee, board of <u>Nbn e</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Trupanian, Sea Hle WA, Insurance rep
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
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/ System ssessment program 9. Restaurants/
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9

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

2020 Date

Signature of Reporting Individual

Type or Full Nar	Print CLEAR	* Ed	S.RA	Istate		v	Vork Add	ress:						
Primary	Occupation	Retina	7			E-mail 📿	FIA	tote	suoil	Gr	Work Phon	e		
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А.	proprietor, or en	nployee, or	served in an	y other professi	onal or a	ess, or other organiz advisory capacity, and retirement and/or d	nd from w	hich an	y income in	excess of \$	10,000 was de	rived during	the precedin	
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Γ	7. N.H. Retirem	ent	1	rent use land		9. Restaurant			10. Sale and	distributio	on of alcoholic		11. Practic	ce of
	System 12. Any business re Itilities Commis			11	13. Horse ambling	e or dog racing, or oth	er legal fo	orms of	beverages	Education	☐ 15. W	ater Resourc	law	
<u> </u>	16. Agriculture		17. N.H. taxes:	Business Profits Tax		Business Enterprise Tax	Interest		18.0	Optional: Specia	becify any other il interest	area in which	n you have a	
Pena		n who kno	wingly fails			oing information is rovisions of this ch		knowi		false state	ment shall be	enilty of a ∴ RE		or
			Return to:	Office of Secret	ary of S	tate, 107 North Main	n Street, S	State Ho	use Room 20	04, Concord	1, NH 03301		HAMPSH	

Type or Print Clearly '		
Full Name MARIO RATZKI	Work Address P.O. BOX 213 E	ANDOUER 03231
Primary Occupation RETIRES	e-mail MARIORATZKIGGMAIL Work Phone	603 7355440
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	

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.)

PR and PR LLC, F.O. BOX 213, EANDOVER. NH 03231 BUSINESS IN BOSTON, MA 1. 2.

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

My income does not qualify

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

Γ	1. Any profe profession, oc					ified by the State of No	ew Ha	mpshire,	List each such		
Γ	2. Health Care	[[—] 3. In	surance			cluding brokers, rs, and landlords		5. Banki services	ng or financial	 6. State of Ne municipal emp 	w Hampshire, county, or ployment
Γ	7. N.H. Retirem System	lent		rrent use ment pro		9. Restaurants/ lodging			10. Sale and distributi beverages	on of alcoholic	┌────11. Practice of law
Г	 12. Any business regulated by the Public Utilities Commission 				☐ 13. Hors of gambli	e or dog racing, or oth ng	ner leg	al forms	14. Education	T 15. Water Re	esources
Г	16. Agriculture		17. N.H. taxes:				nteres)ividen	t and Ids Tax		pecify any other area l interest	a in which you have a

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

6.4.2020 Date Signature of Reporting Individual IIIN 0 5 232 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH Ø3301

Type or Print CLEARLY Full Name Ellen Plan	Work Address: Great Bay Community Colle ellen 4nh eguail Com Work Phone	ze Portmonth NH
Primary Occupation adjunct instructor E-mail	ellen 4nhequail com Work Phone	0
Name the office, position, board or commission, committee, board of $\underline{NH} RCV$ 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 orga proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o 1. 	, and from which any income in excess of \$10,000 was derived	during the preceding
2.		
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify	EM
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not to award a contract listed business, profession, occupation, group, or matter would p	et, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New services municipal emp	w Hampshire, county, or bloyment
7. N.H. Retirement 8. Current use land 9. Restauration System Image: system lodging	ants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water R	esources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax - 18. Optional: Specify any other area in special interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this Date $\frac{23}{2020}$	n is true and complete to the best of my knowledge and be chapter or knowingly files a false statement shall be guilt Signature of Reporting Individual	lief. RSA 15-A:9 y of a misdemeanor. RECEIVED
		JUN 0 8 2020
Return to: Office of Secretary of State, 107 North M	Iain Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE
L. L		DEPARTMENT OF STATE

Type or Full Nat	me John Reagan Work Address: 107 N. STATE 03301
	Occupation STATE SARETOF E-mail doba reason 11 OCT & Work Phone 2714063
director	ne office, position, board or commission, committee, board of STATE SQIQTON s, etc. or employment with state or county government held NO ACRONYMS.
А.	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.	
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If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care	3. Insurance	4. Real Estate, inclu agent, developers,		5. Bank services	ing or financial	6. State of New municipal emp	v Hampshire, county, or loyment
Г	7. N.H. Retirement System	1	rent use land ent program	9. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Γ	12. Any business regulate Utilities Commission	ed by the Public	ambling	or dog racing, or other	legal forms of	14. Education	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:			nterest and ividends Tax		ecify any other area in l interest	n which you have a

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

Date JUAR 3 2020 Ignature of Reporting Individual

RECEIVED JUN 032020 NEW HAMP3HIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Work Address: 7 WALL ST. CORCORD NH B301
Primary Occupation housing divector	E-mail trearducevocnh.org Work Phone 603.224.6669
Name the office, position, board or commission, committee, board of	County Commissioner - Merrimack Dist 1.
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)

Sporse employed by Dennehy & Bouley. 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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
- 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care \square 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			e, county, or
Г	7. N.H. Retirement System	1	rent use la ent progr		9. Restaurants/ lodging		11 .	10. Sa bevera	leand distribution on ages	ofalco	oholic		1. Practice of
Г	12. Any business regulated Utilities Commission	by the Public		Γ ^{13. Horse} gambling	or dog racing, or othe	r legal f	orms of	Г	14. Education	Г	15. Water Re	esources	
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interes Divider		Г	18. Optional: Spec special in			which you	u have a

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

Date 672020 'ED RECEIV Signature of Reporting Individual JUN 0 8 2020 **NEW HAMPSHIRE** Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

Type o Full Na	r Print CLEARI	. <mark>v</mark> Sal	vatore	Recuper	ro							own, NH, 0304
Primary	Occupation <u>C</u>	ar s	Salegn	nan		E-mail Pa	vid.Recc	pero a	gnaila	Work Phone	603-6	41-8400
director	he office, position rs, etc. or employr NO ACRONYM	nent with	or commissio n state or cou	n, committee, boar nty government he	d of Id	· · ·	· · · · · · · · · · · · · · · · · · ·	• ••••••••••••••••••••••••••••••••••••		· . ·		
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В. Г	reportable specie discipline a licer financial effect o	al interes nsee or p on you or sion, occ	t in any item ermittee, or c a family me upation, or bu	ly member has a s on this list if a cha other decision by go mber than it would siness licensed or ce	nge in law, a cl overnment affe l on the general rtified by the St	hange in adm cting the liste public: ate of New Har	inistrative rule, d business, prot mpshire. List ea	a decision fession, occ ch such prof	whether or not upation, group ession,	to award a com, or matter wou	ntract, grant a uld potentially	license or permit, have a greater
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Γ	7. N.H. Retireme System	nt	1	urrent use land ment program	· II	Restaurants/	- -	10. Sale ar beverages	nd distribution	ofalcoholic	11 .	11. Practice of aw
Г	12. Any business re Jtilities Commiss		y the Public		3. Horse or dog mbling	racing, or othe	r legal forms of	Γ 14.	Education	[15. Wate	er Resources	- -
Г	16. Agriculture	- · · · · · · · · · · · · · · · · · · ·	17. N.H. taxes:	□ Business Profits Tax	Business Enterprise		Interest and Dividends Tax	Г ^{- 18.}	Optional: Spec special i	cify any other ar nterest	ea in which yo	u have a
				or affirm that the ls to comply with								
Date	05104	1/2	020			<u> </u>	Sig	nature of Re	porting Individ	dual	R	ECEIVED
	· .				· · ·							JUN 0 4 2020
			Return to:	Office of Secretar	ry of State, 107	North Main S	Street, State Ho	use Room 2	204, Concord, 1	NH 03301		EW HAMPSHIRE RTMENT OF STATE

Type or Full Nat Primary	r Print CLEARLY meWork Address: 1 Tara Blud, Suite 200, Nashua y Occupation Realtor / HgentE-mail Reichert 4 Ward 3 D yahoo. com 0306 Kel Nork Phone 603-377.028
director	he office, position, board or commission, committee, board of N ACRONYMS.
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. 2. If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater

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

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

occupation, or category of business:

Γ	2. Health Care \Box 3. 1	nsurance	Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment			•	
Г	7. N.H. Retirement System	rent use la nent progr		P. Restaur lodging	ants/	Г	10. Sa bevera	ale and distribution ages	n of alc	oholic	Г	11. Practice of law	
	12. Any business regulated Utilities Commission	by the Public		□ 13. Horse gambling	or dog racing, or	other lega	forms of		14. Education	Г	15. Water Re	esource	S
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax		est and ends Tax	Г	18. Optional: Special	ecify an interes	iy other area in t	n which	you have a

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

Date 6-9-2020

Signature of Reporting Individual

RECEIVED JUN 16 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Full Nar	r Print CLEARL	N. Ronte	ew-Heber	we we	ork Address:	23 College	Pd. Gools	stown 20H	03045
Primary	Occupation	nsultan	t	E-mail MG	CanieR	HNHC yahoo	Work Phone (03674-98	85-3
director	he office, position s, etc. or employn NO ACRONYM	nent with state or cour	, committee, board of ity government held			· 	· . · · · ·		
Α,	proprietor, or en	nployee, or served in a	ny other professional enefits other than fede	siness, or other organization advisory capacity, and ral retirement and/or dis	from which an ability benefits	y income in excess of \$	10,000 was derived additional sheets a	d during the preced s necessary)	ding
1. 2.	Diane	flebert >	Mandres	ster Commu	eenity	College	1666 then	street	Man 03/02
	ave no qualifying	; income indicate by w	riting your initials nex	t to the following statem	ent.	My inco	me does not qualify	huit	
в. Г	reportable speci discipline a licer financial effect of 1. Any profes	al interest in any item nsee or permittee, or o on you or a family me	on this list if a change ther decision by gover nber than it would on siness licensed or certific 4. Real Estate, in	ed by the State of New Han	nistrative rule, a l business, profe npshire. List eac 5. Bank	a decision whether or mession, occupation, grou h such profession, ing or financial	ot to award a contra up, or matter would 6. State of N	act, grant a license l potentially have a ew Hampshire, cour	or permit, a greater
	7. N.H. Retireme	$rac{1}{r}$	urrent use land	ers, and landlords 9. Restaurants/	services	10. Sale and distributio	municipal en on of alcoholic	11. Prac	tice of
	System 12. Any business re Itilities Commiss	gulated by the Public	ment program	I lodging orse or dog racing, or other ing	legal forms of	beverages 14. Education	15. Water 1	l law Resources	
Г	16. Agriculture	17. N.H. taxes:	☐ Business Profits Tax		Interest and Dividends Tax		pecify any other area il interest	in which you have	a
I have Penal Date	e read RSA 15-A Ity. Any person	who knowingly fail	or affirm that the for s to comply with the	egoing information is t provisions of this cha	pter or knowin	ete to the best of my gly files a false state ature of Reporting Indi	ment shall be guil	JUN 1	anor. EIVED 2 2020
		Return to:	Office of Secretary of	f State, 107 North Main S	street, State Hou	use Room 204, Concord	i, NH 03301	NEW HAN DEPARTMEN	T OF STATE

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Type or Full Nat	r Print CLEA	RLYAn	drew	Renzullo		ork Address:	2 Heritage	Circle 1	Hudson, NH 0305
Primary	Occupation_	Retn	red	• •					603 882-8962
director	he office, posi s, etc. or empl NO ACRON	oyment wit	or commission h state or cour	n, committee, board of nty government held	New Hamp	oshire s	tate Repre	<u>sentative</u>	·
A ,	proprietor, o	r employee,	or served in a	ny other professional	usiness, or other organiza or advisory capacity, and aral retirement and/or di	d from which any	income in excess of \$	10,000 was derived	during the preceding
1.	Fid	elity	IRÂ			· · · · · · · · · · · · · · · · · · ·		• •	
2.									
íf you h	ave no qualify	ving income	indicate by w	riting your initials new	t to the following staten	ient.	My incor	ne does not qualify	·
г 	financial effe	ofession, occ	r a family me	mber than it would on siness licensed or certifi	rnment affecting the liste the general public: ed by the State of New Ha More e including brokers, pers, and landlords	mpshire. List each			potentially have a greater
Г	7. N.H. Retire System	ement		ment program	9. Restaurants	/ Г	10. Sale and distributio beverages	i	11. Practice of law
	12. Any busines Itilities Comm		by the Public	gambl	lorse or dog racing, or othe ling	er legal forms of	14. Education	15. Water F	· · ·
Г	16. Agricultu	re	17. N.H. taxes:	⊢ Business Profits Tax ⊢	Business Enterprise Tax	Interest and Dividends Tax		ecify any other area i l interest	in which you have a
Pena	e read RSA 1 lty. Any per	son who ki	ereby swear nowingly fai	or affirm that the for is to comply with the	regoing information is e provisions of this ch	apter or knowin	ete to the best of my gly files a false states burner Reporting Indiv	ment shall be guil	ty of a misdemeanor. RECEIVED JUN - 8 2020
			Return to:	Office of Secretary o	f State, 107 North Main	Street, State Hou	se Room 204, Concord	I, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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Type or Print CLEARLY Andrew Renzulla	Work Address:	2 Heritage Circle,	Hudson, NH 03051
Primary Occupation <u>Retired</u>	E-mail <u>renzula</u>	J Yahoo. Com Work Phone_	603 882-8962
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	New Hampshire	Stute Representativ	<u>e</u>
A. List below the name, address, and type of any profession, but proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than feder	or advisory capacity, and from which a	ly income in excess of \$10,000 was deriv	ed during the preceding
1. Fidelity IRA		······································	•
2			
If you have no qualifying income indicate by writing your initials nex	t to the following statement.	My income does not qual	fy
	in law, a change in administrative rule, nment affecting the listed business, pro- the general public: ed by the State of New Hampshire. List ea Non e ncluding brokers, 5. Ban	a decision whether or not to award a con fession, occupation, group, or matter wou ch such profession, cing or financial 6. State of	tract, grant a license or permit, ld potentially have a greater
7. N.H. Retirement 8. Current use land System assessment program	ers, and landlords service 9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages	employment 11. Practice of law
C / Stora	orse or dog racing, or other legal forms of ing	14. Education 15. Wat	r Resources
☐ 16. Agriculture 17. N.H. ☐ Business taxes: ☐ Profits Tax	Business Enterprise Tax Dividends Tax	∏ ☐ ☐	- -
I have read RSA 15-A and hereby swear or affirm that the for Penalty. Any person who knowingly fails to comply with the	egoing information is true and comp provisions of this chapter or knowi	lete to the best of my knowledge and ngly files a false statement shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.
Date $\frac{6/4/2020}{2000}$		drew Reyelle	RECEIVED
	Sig	nature of Reporting Individual	JUN - 8 2020
Deturn to: Office of Secretary of	f State, 107 North Main Street, State Ho	ouse Room 204, Concord, NH 03301	NEW HAMPSHIRE
Return to: Office of Scoretary of		······	DEPARTMENT OF STATE

Na	me JENNIFER M. RHODES Work Address: 85-A PAFKER SE. WINCHESEER, NH 03470
nary	Occupation Admin Asst. E-mail Schodes OWN HSD. Old Work Phone 603. 2.39. 8061
ctor	ne office, position, board or commission, committee, board of <u>WIN Chestes</u> Planning Board s, etc. or employment with state or county government held NO ACRONYMS.
А.	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.	
ou h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
в.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

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 73. Insurance			4. Real Estate, including brokers, agent, developers, and landlords				11	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
7. N.H. Retiremen System		rent use l ient progr			□ 9. Restau lodging	irants/		Г	10. Sa bever	ale and distribution ages	ofal	lcoholic	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										esources			
16. Agriculture	17. N.H. taxes:		iness its Tax	-	Business nterprise Tax	Г	Interest a Dividend		Г	18. Optional: Special			which you have a

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 nalty. 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.

Vate 6-8-2020 Signature of Reporting Individual RECEIVED JUN 16 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	meDenise	Ricciardi	Work Address:	
Primary	Occupation retirect		E-mail dnricciar	dia goli COM Work Phone
director	he office, position, board or commission rs, etc. or employment with state or cour NO ACRONYMS.			
A.	proprietor, or employee, or served in a calendar year. Sources of retirement b	my other professional or adviso enefits other than federal retire	ry capacity, and from which any ment and/or disability benefits sl	a or a family member was an officer, director, associate, partner, income in excess of \$10,000 was derived during the preceding <i>hall be included</i> . (Use additional sheets as necessary)
1.	Supervisor at	DeMoulas M	arket Busket	Tewksbury Ma
2.	DCA Internat	10114L, Presid	ent 29 Maga	- Tewksbury Ma zine St Bedford NH 03110
If you h	nave no qualifying income indicate by w	vriting your initials next to the for	ollowing statement.	My income does not qualify
В.	Indicate below whether you or a fami	ly member has a special interes	t in any of the following busines	ses, professions, occupations, groups or matters. A person has a

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

Г	2. Health Care \Box 3. In	isurance		Real Estate, inclu gent, developers,	U	5. Bankin services	ng or financial	6. State of New municipal emp	v Hampshire, county, or loyment
Г	7. N.H. Retirement System		rent use la ent progra		P. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	
Г	12. Any business regulated b Utilities Commission	y the Public		□ 13. Horse gambling	or dog racing, or other	legal forms of	☐ 14. Education	☐ 15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	⊢ Busi Profit			nterest and ividends Tax	□ □	ecify any other area in I interest	which you have a

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

Date 6/10/2020

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Signature of Reporting Individual

JUN 1 0 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

Type or Full Na	ne Christieler J. Rice Work Address: 101 North Rd Brentwood, NH USBUY
	Occupation Public Safety Dispatcher E-mail Ricey Semiente Of Gmuil. Com Work Phone 603.679-2224
director	e office, position, board or commission, committee, board of <u>Rækingham Carry</u> <u>Sheriffs</u> office, <u>Employee</u> , s, etc. or employment with state or county government held NO ACRONYMS.
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
If you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify <u>Gyve</u>
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent developers and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment

	2. Health Care 3. In	surance U	gent, developers,	0 ,		vices	5 01 11		municipal empl	loyment
X	7. N.H. Retirement System	8. Current use l assessment progr		9. Restaurants/ lodging	Г		10. Sa bevera	leand distribution ages	ofalcoholic	□ 11. Practice of law
	12. Any business regulated by Utilities Commission	y the Public	13. Horse gambling	e or dog racing, or other	legal form	ns of		14. Education	15. Water Re	sources
۲X.	16. Agriculture	1			Interest an Dividends			* .*	cify any other area in nterest	which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is 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 6/11/2020

JE CEWED Signature of Reporting Individual JUN 1 2 2020 NEW HAMPSHIRE

DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Kimberly Anne Rice	Work Address:	5 Leighton	st. Pepp	erell Ma.
Primary Occupation Bartender	Work Address: E E-mail Kimrice4	42 gmail.com	Work Phone 9	78-433-5877
Name the office, position, board or commission, committee, board of		· · · · · · · · · · · · · · · · · · ·		
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retirement	y capacity, and from which an	y income in excess of \$10	,000 was derived	d during the preceding
1 2	· · · ·	·		
If you have no qualifying income indicate by writing your initials next to the fo	llowing statement.	My income	e does not qualify	·
 B. Indicate below whether you or a family member has a special interest reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the general 1. Any profession, occupation, or business licensed or certified by the S occupation, or category of business: Hubband 504 	change in administrative rule, a ecting the listed business, profe al public:	a decision whether or not ession, occupation, group, h such profession.	to award a contra , or matter would	act, grant a license or permit, potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including bia agent, developers, and lar		ing or financial	 6. State of Ne municipal en 	ew Hampshire, county, or pployment
	0. Restaurants/ dging	10. Sale and distribution of beverages	ofalcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	racing, or other legal forms of	14. Education	15. Water I	Resources
17. N.H. Business Business taxes: Profits Tax Enterprise			ify any other area nterest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in Penalty. Any person who knowingly fails to comply with the provision	formation is true and compl	ete to the best of my kn	lowledge and be	elief. RSA 15-A:9
Date	Bur	berly K	ico	
		ature of Reporting Individ		JUN - 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107	INORTH Main Street, State Hou	ise Room 204, Concord, I	105301	DEFAILTMENT OF OTATE

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Type or Print CLEARLY Full Name Kimberly Anne Rice Work Address: 55 Leighton St. Peppere Primary Occupation Bartender E-mail Kimrice44@gmail.com Work Phone 978-	11 ma.
Primary Occupation Bartender E-mail Kimrice 44 Signail. COM Work Phone 978-	433-5877
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, as proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as neces	g the preceding
1.	
2	1 1
 Indicate bottom interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline 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: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: High Care Health Care Insurance Real Estate, including brokers, municipal employment decision 	tially have a greater \underline{rship}
2. Health Care 3. Insurance agent, developers, and landlords services municipal employm 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	ient
	11. Practice of
- 12. Any business regulated by the Public - 13. Horse or dog racing, or other legal forms of - 14. Education - 15. Water Resource	11. Practice of law
System in the state of the stat	11. Practice of law
Image: System 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 Image: System 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Special interest Image: System 15. A and bereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	11. Practice of law ces ch you have a RSA 15-A:9 a <u>misdemeanor</u> .
I2. Any business regulated by the Public Utilities Commission I3. Horse or dog racing, or other legal forms of gambling I4. Education I5. Water Resource I16. Agriculture I7. N.H. taxes: Profits Tax Business Enterprise Tax Interest and Dividends Tax I8. Optional: Specify any other area in whice special interest	11. Practice of law ces ch you have a RSA 15-A:9

Type or Print CLEARLY Full Name <u>CCCILIA</u> MANIA RICI+	Work A	ddress:		
Primary Occupation	E-mail		Work Phone	· · · · · · · · · · · · · · · · · · ·
Name the office, position, board or commission, committee, boa directors, etc. or employment with state or county government h 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	onal or advisory capacity, and from	which any income in excess of \$	10,000 was derived	during the preceding
1.		·		
2.			· · · · · · · · · · · · · · · · · · ·	
If you have no qualifying income indicate by writing your initial	s next to the following statement.	My incor	ne does not qualify	<u>C</u> R
 B. Indicate below whether you or a family member has a sereportable special interest in any item on this list if a ch discipline a licensee or permittee, or other decision by generation of the series of the series	ange in law, a change in administration overnment affecting the listed bus d on the general public:	ative rule, a decision whether or no ness, profession, occupation, grou	ot to award a contra	ct, grant a license or permit,
	ate, including brokers, velopers, and landlords	5. Banking or financial services	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distributio beverages	n of alcoholic	11. Practice of law
12. Any business regulated by the Public	13. Horse or dog racing, or other lega ambling	forms of T 14. Education	15. Water R	Resources
If If It		est and ends Tax - 18. Optional: Sp specia	ecify any other area i interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the Penalty . Any person who knowingly fails to comply wit	e foregoing information is true a h the provisions of this chapter	and complete to the best of my to the best of my to the best of my to the best of the best	knowledge and be nent shall be guilt	elief. RSA 15-A:9 ty of a misdemeanor.
Date		Signature of Reporting Indiv	vidual	RECEIVED
				JUN 04 2020
Return to: Office of Secreta	ry of State, 107 North Main Street	, State House Room 204, Concord	1	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print CLEARLY Full Name Roger Romeo Richard Work Address: 28 whithey's	May Norbury 14
Full Name Roger ROMeo Richard Work Address: 28 Whithey's Primary Occupation Retifed E-mail Boulake 90 a yelder Work Phone (603) DOUETT?
Name the office, position, board or commission, committee, board of	
 A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dir proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a calendar year.) 	d during the preceding
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualifying income does not qualifying income does not qualifying income does not qualify and the following statement.	ŷy
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a cont	
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: 5. Banking or financial 6. State of Rev Hampshire	d potentially have a greater
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 municipal e 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 	New Hampshire, county, or
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 Municipal effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any business 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Municipal effect on you or a family member than it would be the services 1. Health Care 3. Insurance 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 1. 12. Any business regulated by the Public 1. Horse or dog racing, or other legal forms of 14. Education 15. Water	New Hampshire, county, or mployment 11. Practice of
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 Municipal et al. System 10. Sale and distribution of alcoholic beverages 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 15. Head forms of 15. Water 	New Hampshire, county, or mployment 11. Practice of law Resources
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:	New Hampshire, county, or mployment 11. Practice of law Resources a in which you have a belief. RSA 15-A:9
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 Municipal e 7. N.H. Retirement 8. Current use land agent, developers, and landlords 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water gambling 16. Agriculture 17. N.H. Business Profits Tax. 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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gue Date 	New Hampshire, county, or mployment 11. Practice of law Resources a in which you have a belief. RSA 15-A:9
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: Image: state of the	New Hampshire, county, or mployment 11. Practice of law Resources a in which you have a belief. RSA 15-A:9 ilty of a misdemeanor.
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 Municipal e 7. N.H. Retirement 8. Current use land agent, developers, and landlords 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water gambling 16. Agriculture 17. N.H. Business Profits Tax. 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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gue Date 	New Hampshire, county, or mployment 11. Practice of law Resources a in which you have a belief. RSA 15-A:9

Type Full N	or Print CLEARL	Domenic	M. Richar	Work	Address: <u>70</u>	Box 190,95 h	later Village	Rd., Ossipee NH 03864 03 539-2284
		un Enforce		E-mail drie	chardiec	arrollcostynha	Work Phone 6	03 539-2284
Name directo	the office, position	, board or commission nent with state or cour	, committee, board of	Office of Curroll	f Sher	ife		
A	proprietor, or em	ployee, or served in a	ny other professional or a	ess, or other organization advisory capacity, and fro <i>retirement and/or disabi</i>	om which any	income in excess of \$1	0,000 was derived	during the preceding
I.	Carroll	County Sh	erift, 95 Wut	er Village road	Ossio	ee NH 1286	4	
2.	NHR	tivement Sy	stem 54 Region	nul Dr. Ster, (ioncord	NH 03301		
If you	have no qualifying	income indicate by w	riting your initials next to	the following statement		My incon	ne does not qualify	
B	reportable specia discipline a licen	al interest in any item of see or permittee, or of	on this list if a change in	ent affecting the listed bu	trative rule, a	decision whether or no	t to award a contrac	atters. A person has a t, grant a license or permit, potentially have a greater
X		sion, occupation, or bus category of business:	iness licensed or certified b	by the State of New Hamps	hire. List each	such profession, tology + Estheti	15 NH Dept.	of Education
	2. Health Care	3. Insurance	4. Real Estate, incluagent, developers.		5. Bankin services	g or financial	6. State of New municipal emp	w Hampshire, county, or bloyment
×	7. N.H. Retireme System		rrent use land nent program	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	11. Practice of law
	12. Any business reg Utilities Commissi	gulated by the Public	ambling	or dog racing, or other leg	gal forms of	14. Education	15. Water Ro	esources
	16. Agriculture	17. N.H. taxes:			erest and		cify any other area in interest	ı which you have a

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

RECEIVED Date ______ Une 3, 2020 Signature of Reporting Individual

JUN 032020 NEW HAMP SHIRE DEPARTMENT OF STATE

Type o Full Na	me BETH KICHARDS Work Address: <u>3 INILLARD ST CONCORD NH U3</u> 303
Primary	Occupation <u>Selfenployed</u> E-mail <u>beth Achardstonward 3</u> . Work Phone <u>603.219.0852</u> egrave.cum
director	he office, position, board or commission, committee, board of
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	STATE OF NEW HAMPSHIRE (spouse)
2.	
If you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Ł	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care 73. In	4. Real Estate, including brokers, agent, developers, and landlords			۲,	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment				
Г	7. N.H. Retirement System		rent use lai ient progra		□ 9. Restan	urants/		\bowtie	10. S bever	ale and distribution ages	nofalco	oholic	
Г	12. Any business regulated by Utilities Commission	y the Public		13. Horse gambling	or dog racing,	or other	legal fo	rms of	Г	14. Education		15. Water R	esources
Г	16. Agriculture	17. N.H. taxes:	$\sqcap \frac{\text{Busin}}{\text{Profits}}$		Business nterprise Tax		Interest Dividend		Г	18. Optional: Sp special	ecify any interest	y other area in t	n which you have a

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

Date <u>flune 10, 2020</u>	Beth Deeler of Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North M	ain Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020 NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEARLY Full NameWendy_Adams_Bichardson	Work Address: P.O. Box 603
Primary Occupation Homemaker - Mother - Wife - Farmer E-mail	Work Phone <u>201-332-2619</u>
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1. Grand View Farm, P.O. Box 603, Conway N.H. 0331	δ
2.	
f you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
 discipline a licensee or permittee, or other decision by government affecting the life financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	dministrative 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 Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurant System assessment program lodging	nts/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
Image: 12. Any business regulated by the Public13. Horse or dog racing, or or gamblingUtilities Commissiongambling	ther legal forms of 14. Education 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	_ Interest and 18. Optional: Specify any other area in which you have a Dividends Tax special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date June 8th, 2020

Wendy Kichardha Signature of Reporting Individual

Type or Full Na	ame LCON N RIDEOUT	Work A	idress: <u>55</u>	School 5	i Lance	STER NH
Primary	y Occupation Register of Deeps	E-mail <u>Clde</u>	OUT 4 rep	a) z mailis	Work Phone 6	63 788 2932
director	the office, position, board or commission, committee, board of ors, etc. or employment with state or county government held i. NO ACRONYMS	Registerof	DEEDS	Court	y Planning	Beard
A.	List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or a calendar year. <i>Sources of retirement benefits other than federal</i>	dvisory capacity, and from	which any inco	me in excess of \$10	,000 was derived a	during the preceding
1.						
2.						
If you h	have no qualifying income indicate by writing your initials next to	the following statement.		My income	does not qualify	THE
B.	Indicate below whether you or a family member has a special in reportable special interest in any item on this list if a change in l discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the	aw, a change in administra ent affecting the listed busi	tive rule, a decis	sion whether or not	to award a contrac	t, grant a license or permit,
R	1. Any profession, occupation, or business licensed or certified b occupation, or category of business:	by the State of New Hampshi		profession,		
_	2 Health Gara - 4. Real Estate, inclu	iding brokers,	5. Banking or	financial	6. State of Nev	w Hampshire, county, or

	2. Health Care 3. In	surance	4. Real Estate, incl agent, developers	0 ,	5. Bankin services	ng or financial	6. State of New municipal emp	/ Hampshire, county, or loyment
	7. N.H. Retirement System		rent use land ent program	9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business regulated by Utilities Commission	the Public	ambling	e or dog racing, or other	legal forms of	14. Education	15. Water Re	esources
Γ	16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	11	ecify any other area in interest	which you have a

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

RECEIVED Date 6-2-2020 Signature of Reporting Individual JUN 03 2020 NEW HAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

Type or Full Nar	ne Patrick William Riverd Work Address: 1000 Elm St. Monchester NH 03101
Primary	Occupation Lawy E-mail Purivarde gmail. (on Work Phone (Cou3) 552-5244
Name th	e office, position, board or commission, committee, board of <u>NA</u>
	s, etc. or employment with state or county government held
by you.	NO ACRONYMS.
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	American Wealth Protection, 1000 Elm St. Monchester NH 03101 - Lew Fin
2.	American Wealth Protection Financial 1000 clm St, Marchester NH 03101-Financial Advisors
If you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit.

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: L(u)ver - Bar Association

					•						
	2. Health Care 3. I	nsurance		Real Estate, inclu ent, developers,	•	\boxtimes	5. Bankin services	ng or fi	nancial	6. State of New municipal emp	w Hampshire, county, or ployment
	7. N.H. Retirement System		rrent use lan nent progra		9. Restaurants/ lodging			10. Sal bevera	le and distribution ges	n of alcoholic	$ \begin{array}{c} 11. \text{ Practice of} \\ \text{law} \end{array} $
,	12. Any business regulated b Utilities Commission	y the Public		13. Horse gambling	or dog racing, or othe	r legal fo	orms of	Г	14. Education	15. Water R	esources
	16. Agriculture	17. N.H. taxes:	□ Busir Profits		Business nterprise Tax	Interest Dividen		Г	18. Optional: Special	ecify any other area i interest	n which you have a

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

6/12/2020 Date

(//_				
7°7	Signature of Reporting Individual	JUN 1	2 2	2020

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RF

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 1	5-A
Type or Print CLEARLY Full Name	St KEERE NH
Primary Occupation <u>ShERIPP</u> E-mail <u>Criverae</u> co deshienh.) Work Phone 003 352 42 3 V
Name the office, position, board or commission, committee, board of <u>Sleen R</u> <u>Council on Divers</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$ calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use	10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income	ne does not qualify
 reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or nu discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group 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: 	p, or matter would potentially have a greater
Image: Second state in the second state including brokers, agent, developers, and landlords Image: Second seco	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restaurants/ lodging10. Sale and distribution beverages	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and I	ecify any other area in which you have a linterest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my Penalty . Any person who knowingly fails to comply with the provisions of this chapter or anowing ly files a false state	knowledge and belief. RSA 15-A:9

L

Type or Print CLEARLY Christopher Allan Roberge	Work Address: 61 c Hanover St
Type or Print CLEARLY Christopher Allan Roberge Full Name Christopher Allan Roberge Primary Occupation Notary Public E-mail	Chrisroberge NH@gmailcom Work Phone 6037078568
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/	
1. The Karibbean 61 c hanover st. L	ebanon, NH 03766 LLC
2	
If you have no qualifying income indicate by writing your initials next to the following s	tatement. My income does not qualify <u>CR</u>
reportable special interest in any item on this list if a change in law, a change in	The following businesses, professions, occupations, groups or matters. A person has a a administrative rule, a decision whether or not to award a contract, grant a license or permite listed business, profession, occupation, group, or matter would potentially have a greater

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

Γ	2. Health Care 73. In	surance u	Real Estate, inclu gent, developers,	•		5. Banking ervices	or financial	6. State of New municipal emp	v Hampshire, county, or loyment
Γ	7. N.H. Retirement System	8. Current use assessment prog		9. Restaurants/ lodging	1	· ·	0. Sale and distribution everages	ofalcoholic	11. Practice of law
Γ	12. Any business regulated by Utilities Commission	the Public	ambling	e or dog racing, or other	legal for	ms of	14. Education	15. Water Re	esources
Γ	16. Agriculture				Interest a Dividends	1		ecify any other area in interest	n which you have a

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

Date 06/04/2020 Chin hoberge RECEIV Signature of Reporting Individual JUN 08 2020 **NEW HAMPSHIRE**

DEPART

T OF STATE

Type or l Full Nam	Print CLEARLY e Kortherine D. Rogers		Work Address:	N/A		
	Decupation Retired	E-mail	Katherpe	SICLOW.co	work Phone <u>M</u>	V/A
directors,	office, position, board or commission, committee, board of etc. or employment with state or county government held NO ACRONYMS.	NONE				
ŗ	List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity	, and from which an	ny income in excess	of \$10,000 was derived	during the preceding
1.	NONE					
2.						
If you hav	ve no qualifying income indicate by writing your initials next t	o the following st	atement.	My	income does not qualify	KDR
B	Indicate below whether you or a family member has a special	interest in any of	the following busing	esses professions o	occupations groups or ma	atters. A person has a

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

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

	2. Health Care	3. Insurance	4. Real Estate, incl agent, developers	•	5. Banki services	ng or financial	6. State of New municipal emp	v Hampshire, county, or ployment
Γ	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/ lodging		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
Γ	12. Any business regu Utilities Commission	•	13. Horse gambling	e or dog racing, or other	legal forms of	14. Education	15. Water Re	esources
	16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax		ecify any other area in interest	which you have a

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

JUNE 6. 2020 Date

Kan Plan Signature of Reporting Individual

Type or Print CLEARLY Full Name Met Ne A. Rollins	Work Address: 35(JUNPARE ST	Nere port, NH
Primary Occupation 60+ & house MANAger E-mail_	Work Address: <u>35(JURAPTE ST</u> 5KIP CLAUD/1845, CQM Work Phone	863-1050
Name the office, position, board or commission, committee, board of	· · · · · · · · · · · · · · · · · · ·	
 A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or 	, and from which any income in excess of \$10,000 was derived r disability benefits shall be included. (Use additional sheets a	d during the preceding
1. <u>Lavelley Building Supply N</u> 2. Sugar River Bank N	ewport	
If you have no qualifying income indicate by writing your initials next to the following sta		·
 B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the l financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not to award a contra isted business, profession, occupation, group, or matter would	act, grant a license or permit,
2. Health Care Γ 3. Insurance Γ 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System8. Current use land assessment program9. Restaura lodging	nts/ [7] 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or or gambling Utilities Commission	other legal forms of [- 14. Education [- 15. Water]	Resources
Image: Total state17. N.H. taxes:Image: Business Profits TaxBusiness Enterprise TaxImage: Total state17. N.H. taxes:Image: Business Profits TaxImage: Business Enterprise Tax	- Interest and 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 Penalty . Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and b chapter or knowingly files a false statement shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor.
Date <u>61420</u>	Signature of Reporting Individual	RECEIVED
		JUN 0 8 2020
Return to: Office of Secretary of State, 107 North Ma	ain Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

1.5

Type o Full Na	meDeanna	Roll	0		W	ork Address:			
Primary	y Occupation Ref.	red		• •	E-mail	Jeanna	214 @ AO/.Com	2 Work Phone	
director	the office, position, board rs, etc. or employment w NO ACRONYMS.						·	· · · · · · · · · · · · · · · · · · ·	
, A ,	proprietor, or employe	e, or served in a	any other p	professional or a	dvisory capacity, and	from which a	you or a family member with the second secon	10,000 was derived	during the preceding
1.				u <u>n 1793 ann, 35 an a</u> um		· ·			
2.									
If you h	nave no qualifying incom	e indicate by w	riting you	r initials next to	the following statem	ent.	My incor	ne does not qualify	د
B.	reportable special inter	est in any item permittee, or o	on this list ther decisi	t if a change in l ion by governme	aw, a change in admi ent affecting the listed	nistrative rule,	esses, professions, occup a decision whether or no fession, occupation, grou	t to award a contrac	t, grant a license or permit,
۲	1. Any profession, or occupation, or categor	· ·	siness licen	sed or certified b	y the State of New Har	npshire. List ea	ch such profession,		
Г	2. Health Care $[-3]$	Insurance		Real Estate, inclu gent, developers,		5. Ban service	king or financial s	6. State of New municipal emp	v Hampshire, county, or loyment
Г	7. N.H. Retirement System		urrent use la ment progr		9. Restaurants/ lodging	Г	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business regulated Jtilities Commission	by the Public		ambling	or dog racing, or other	legal forms of	14. Education	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	⊢ ^{Busi} Profi			Interest and Dividends Tax	□ ^{18.} Optional: Sp special	ecify any other area in interest	which you have a
т 1	a mand DEA 16 A and b	anabu autoon	ar offirm	that the forego	ing information is t	mie and comr	lete to the best of my l	moviled as and hal	of DSA 15 A.O

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.

-3-2020 Date

RECE Signature of Reporting Individual

JUN - 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Valerie Roman	Work Address: Ma
Primary Occupation Retired / Freelance Consultant E-	nail Vromane adi, Cam Work Phone n/a
Name the office, position, board or commission, committee, board of	House of Representatives (State Rep)

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

boro RJ DOCOUSL Morrissey BlvJ, Boston 02125 2.

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

My income does not qualify

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

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

Г	2. Health Care 3. I	nsurance	1.4	4. Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment	
Г			rrent use la nent progra			s/	10. Sale and distributio beverages			n of alcoholic	11. Practice of law
Г	12. Any business regulated 1 Utilities Commission	y the Public		□ 13. Horse gambling	or dog racing, or ot	her legal i	forms of	Г	14. Education	15. Water R	lesources
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Intere Divide	st and nds Tax	Г		ecify any other area i interest	n which you have a

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

Date 6/4/2020 Signature of Reporting Individual

RECEIV JUN 08 2020 NEW HAMPSHIRE ENT OF STAT

Type o Full Na	r Print CLEARLY	vine A. Ron	mbeau	Work Address:	27 Pembroke	Way, Bedford	NH 03110
Primar	y Occupation	Attorney	E-,	mail Cotheriner	gnail con	Work Phone 415-27	6.2609
director		ent with state or count	committee, board of N/A				
A.	proprietor, or em	ployee, or served in an	of any profession, business, or other by other professional or advisory cap nefits other than federal retirement of	bacity, and from which a	ny income in excess of \$1	0,000 was derived during the pr	
1.	Littler	Mendelsor	n, PC, 2301 McE	nee Street, S	vite 800, Ka	neas City MO L	A108
2.	United	States A.	Horney's office,	53 Pleasan	It Street C	mcord, NH O	3301
If you l			iting your initials next to the following			ne does not qualify	
B.	reportable specia discipline a licen	l interest in any item o see or permittee, or oth	y member has a special interest in ar on this list if a change in law, a chang her decision by government affecting ther than it would on the general pul	ge in administrative rule, g the listed business, pro	a decision whether or no	t to award a contract, grant a lice	ense or permit,
		sion, occupation, or busi category of business:	iness licensed or certified by the State o	of New Hampshire. List ea	ch such profession,		
			4 Poel Estate including broke	ng 5 Dam	king or financial	6 State of New Hempshire	aguntu or

	2. Health Care 3. In	surance	agent, developers, and				5. Banking or financial services			6. State of No municipal em	-	shire, county, or nt	
_	7. N.H. Retirement	- 8. Curr	rent use la	nd	9. Restau	irants/			10. Sa	ale and distribution	ofalcoholic	-	11. Practice of
	System	assessm	ent progra	m	lodging				bevera	ages		1	law
	12. Any business regulated by Utilities Commission	y the Public]	13. Horse gambling	or dog racing, o	or other l	egal fo	rms of		14. Education	15. Water I	Resource	25
Γ	16. Agriculture	17. N.H. taxes:	Busir Profite		Business nterprise Tax		nterest ividenc				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 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 04.03.20

Signature of Reporting Individual

RECEIVED JUN 0 5 2020 . NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name PAUL ALLAN ROMSKY JR.	Work Address: 53-3 PINE HILL ROAD HOLLIS, NH 03049
Primary Occupation ENG-INEER E-	mail romsk22egmail.com Work Phone (603) 732-3973
Name the office, position, board or commission, committee, board of <u>NONE</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisory car	r organization in which you or a family member was an officer, director, associate, partner, pacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. PAUL ROMSKY! RAYTHEON (CONTRACTOR) 6260 C	SUARDIAN GTWY, ABERDEEN PROVING GROUND, MD 21005
2	
If you have no qualifying income indicate by writing your initials next to the follow	ing statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change	ny of the following businesses, professions, occupations, groups or matters. A person has a ge in administrative rule, a decision whether or not to award a contract, grant a license or permit, g the listed business, profession, occupation, group, or matter would potentially have a greater blic:
1. Any profession, occupation, or business licensed or certified by the State of occupation, or category of business:	of New Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlor	
7. N.H. Retirement System 8. Current use land assessment program 9. Re lodgin	estaurants/ 10. Sale and distribution of alcoholic 11. Practice of
	ng beverages law
12. Any business regulated by the Public13. Horse or dog raciUtilities Commissiongambling	ng beverages law law 19. Severages 14. Education 15. Water Resources

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.

63/2020 Date

.

Signature of Reporting Individual

JUNE 0 5 2020

OF STATE

Type or Print CLEARLY Full Name Abigan & Roonly	Work Address: 16 Whitehall RI, Ste 2 Rochester, MHO3867
Primary Occupation Ontroller	E-mail <u>agroney)) equal. com</u> Work Phone (60)) 30 - 3533
Name the office, position, board or commission, committee, board of \underline{Mv}_{in} directors, etc. or employment with state or county government held by you. NO ACRONYMS.	v
proprietor, or employee, or served in any other professional or advisory	her organization in which you or a family member was an officer, director, associate, partner, capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>int and/or disability benefits shall be included</i> . (Use additional sheets as necessary)
1. Stafthunters, 1 Middle St Portimuth, Bad	Keeper - Abigail Roonez, employee
2. Bournival Jecp, Lafayette Rd. Po	rts muth, Service Advisor - Timuthy Runny, employee
If you have no qualifying income indicate by writing your initials next to the foll	wing statement. My income does not qualify

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

2. Health Care	3. Insurance	4. Real Estate, incluagent, developers,	-	5. Bankir services	ng or financial	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System	1	rent use land ent program	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	11. Practice of law
12. Any business regulate Utilities Commission	ed by the Public	ambling	or dog racing, or other	legal forms of	14. Education	☐ 15. Water Re	esources
16. Agriculture	17. N.H. taxes:			nterest and Dividends Tax		ecify any other area in interest	n which you have a

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

RECEIVE Date (/1/2020)JUN 15 2020 Signature of Reporting Individual Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330 DEPARTMENT OF STATE

		20	20 NEW HAMPSH	uke Statement UI	F FINANUIAL I	NIEKE515 - K5A 15	-A	
Type Full N	or Print CLEARLY Jame Elizabeti	Ann	2 Ropp	N	ork Address:	195 Hanover	Street,	Manchester 03104
Prima	ry Occupation acupy	incluri	5+	E-mail 🔦	runciveiki	egmail.	Work Phone 🕜	03-669-0808
directo	the office, position, board or ors, etc. or employment with a. NO ACRONYMS.			Register	of Prob	ate, Itillst	poraigh (curty
А	 List below the name, addr proprietor, or employee, o calendar year. Sources of 	r served in an	y other professional	or advisory capacity, an	d from which any	income in excess of \$1	0,000 was derived	during the preceding
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lf vou	have no gualifying income i	ndicate bv wr	ting your initials ne	xt to the following stater	ment.	My incon	ne does not qualify	
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В		in any item o rmittee, or oth	n this list if a change er decision by gove	e in law, a change in adm rnment affecting the liste	ninistrative rule, a	decision whether or no	it to award a contra	ct, grant a license or permit.
V	 Any profession, occu occupation, or category o 		ness licensed or certif	ied by the State of New Ha			1999 - 1 da i i casta la domana ana	
•	2. Health Care 3. In	surance		including brokers, pers, and landlords	5. Bankir services	ig or financial	6. State of Ne municipal em	ew Hampshire, county, or aployment
4.4.9	7. N.H. Retirement System		rent use land ent program	9. Restaurants lodging		10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12 Any business regulated by Utilities Commission	y the Public	13. H gamb	forse or dog racing, or oth ling	er legal forms of	14 Education	15. Water I	Resources
]	Interest and line Interest and line						in which you have a	

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Date 6-1-2020

Elizabeth Kepp Signature of Reporting Individual

Ropp. Eliz

JUN 0 5 2020	
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Type or Print CLEARLY Full Name Aris L. Rosenfield E-mail 1000 shoes 2013 egmail. con Work Phone N/A Primary Occupation Reticed Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you, NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 9. Restaurants/ 10. Sale and distribution of alcoholic 8. Current use land 11. Practice of 7. N.H. Retirement lodging beverages assessment program law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. Business Interest and 18. Optional: Specify any other area in which you have a Business 16. Agriculture Enterprise Tax special interest ---taxes: Profits Tax Dividends Tax

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Date 6.5.2020

Signature of Reporting Individual

JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

RECEVED

Type or Print CL	LEARLY		
Full Name	Inday Rosenwald	Work Address: State House,	CONCORD , NAT
Primary Occupation	ion wor employed state senator E-mail	CINTY, RESONWALD	Work Phone (103271 - 3642
	position, board or commission, committee, board of	Senator	
	employment with state or county government held		
by you. NO ACR	CONYMS		
proprieto calendar Contra 1. <u>Lyc</u>	we the name, address, and type of any profession, business, or other organ or, or employee, or served in any other professional or advisory capacity, year. Sources of retirement benefits other than federal retirement and/or Mic Made al Curler Pension, MAN the st with Revoc Trust, ELDRIDO Klementowicz Rivec. Trust, ELDRIDO M & Trust, ELDRIDO M & Trust, ELDRIDO M & Trust, ELDRIDO Mailfying income indicate by writing your initials next to the following state	and from which any income in excess of \$ disability benefits shall be included. (Use in the set of	10,000 was derived during the preceding additional sheets as necessary)

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 5Doutse is filensed and set of all

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2. Health Care 3. In	nsurance	1	eal Estate, inclue ent, developers, a	-	Γ.	:	Banki vices	ng or fi	inancial	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System		rrent use lan nent program		9. Restau lodging	rants/	Г		10. Sa bevera	leand distribution ages	n of alcoholic	11. Practice of law
12. Any business regulated b Utilities Commission	y the Public	Г	13. Horse gambling	or dog racing, o	r other leg	gal form	ns of		14. Education	15. Water Re	esources
16. Agriculture	17. N.H. taxes:	□ Busine Profits		usiness nterprise Tax		erest and idends 7				ecify any other area in interest	which you have a

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

Cindy Rasenweld Bignature of Reporting Individual Date 6-4 - 2020 JUN 1 2 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE

DEPARTMENT OF S

Type or Print CLEARLY Full Name Williem Russer	Work Address: 35 Crosby Dr William Russtr Ggu-Jun edu Wor ns Engineer	Bestord MA
Primary Occupation Systems Engineer E-mail	William Russtragu-Jun edu Wor	k Phone 978- 4371414
Name the office, position, board or commission, committee, board of	ns Engineer	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or advisory capacity and the served of the serve	, and from which any income in excess of \$10,000	was derived during the preceding
1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
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If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does	not qualify
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not to aw listed business, profession, occupation, group, or m v Hampshire. List each such profession,	ard a contract, grant a license or permit, hatter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords		5. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restaura lodging	ants/ 10. Sale and distribution of alco beverages	oholic
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education	15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax	y other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my knowle chapter or knowingly files a false statement sh	edge and belief. RSA 15-A:9 nall be guilty of a misdemeanor.
Date 6/3/2020	Tirlln Geore	RECEIVED
	Signature of Reporting Individual	JUN 1 0 2020
Return to: Office of Secretary of State, 107 North M	ain Street, State House Room 204, Concord, NH 03	3301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Claire Couil lard Work Address: E-mail Cdrouillard @ Omeast. activork Phone Primary Occupation refired afformer Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) New Hampslure Hosp - refired 36 Clinton St anad AH03301 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession. attorner occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or Г 2. Health Care ☐ 3. Insurance services municipal employment agent, developers, and landlords 10. Sale and distribution of alcoholic 9. Restaurants/ 1. Practice of 8. Current use land 7. N.H. Retirement law Altorne lodging assessment program beverages System 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 15. Water Resources 14. Education gambling Utilities Commission Business Business Interest and 18. Optional: Specify any other area in which you have a 17. N.H. 16. Agriculture Profits Tax special interest ----Enterprise Tax Dividends Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Date 6-12-2020 Signature of Reporting Individual JUN 15 2020 **NEW HAMPSHIRE** Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

Type or Print CLEARLY ROBERT H ROWE Work Address: E-mail RH. ROWE & COMCAST, N Work Phone 554-5530 Primary Occupation RETIRED Name the office, position, board or commission, committee, board of Hillsbordugers COUNTY COMMISSIONER 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) 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 matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession. occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 7. N.H. Retirement 11. Practice of lodging assessment program beverages . System law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources gambling Utilities Commission 17. N.H. Business Business 18. Optional: Specify any other area in which you have a Interest and 16. Agriculture Profits Tax special interest ---**Dividends** Tax Enterprise Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9

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

Date 6/4/20

Signature of Reporting Individual

JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>PERFY</u>	Work Address:	
Primary Occupation Discub	ed Veteran E-mail tussel and con Work Phone	
	nmission, committee, board of State Rop. Ro, Kinghan 32, Member Municipa	<u> </u>
proprietor, or employee, or s	and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, rved in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding rement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
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If you have no qualifying income ind	ate by writing your initials next to the following statement. My income does not qualify <u>TR</u>	
reportable special interest in discipline a licensee or perm financial effect on you or a f		rmit, ter
2. Health Care 73. Insu	agent, developers, and landlords services municipal employment	
Γ ^{7. N.H.} Retirement System Γ	8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law	f
12. Any business regulated by th Utilities Commission	Public T 13. Horse or dog racing, or other legal forms of gambling T 14. Education T 15. Water Resources	
16 Agriculture	N.H. Business Business Interest and Enterprise Tax Dividends Tax Interest and Specify any other area in which you have a special interest	
I have read RSA 15-A and hereb Penalty. Any person who know	swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 ngly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date <u>650</u>	Signature of Reporting Individual	
· (JUN 0 8 2020)
	eturn to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIN DEPARTMENT OF S	RE

Type of Full Nat	me Kosemarie Louise Rung Work Address:
Primary	Occupation <u>retired</u> <u>E-mail <u>range concast.net</u> Work Phone the office, position, board or commission, committee, board of <u>state representative</u></u>
director	the office, position, board or commission, committee, board of <u>state</u> representative s, ctc. or employment with state or county government held NO ACRONYMS.
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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lf you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify RR
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession,

occupation, or category of business:

Г	2. Health Care 73. I	nsurance	4. Real Estate, including brokers, agent, developers, and landlords			Г	5. Banking or financial services			inancial	6. State of New Hampshire, county, or municipal employment		
Γ_	7. N.H. Retirement System	1	rrent use la nent progr		9. Restaut lodging	rants/	Г		10. Sa bevera	le and distribution ages	n of alcoholic	II. Practice of law	
Г	12. Any business regulated b Utilities Commission	by the Public		gambling	e or dog racing, o g	r other leg	al form	ms of	Г	14. Education	15. Water Re	sources	
Γ	16. Agriculture	17. N.H. taxes:			Business Enterprise Tax		erest ar idends		Г		ecify any other area in interest	which you have a	

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Date 4/4/2020

Signature of Reporting Individual

JUN 10 2020

Type or Print CLEARLY Full Name Denny Rupsecht	Work Address:
Primary Occupation Student	E-mail druprech+ 356Q Work Phone 603 349 7542
Name the office, position, board or commission, committee, board of	E-mail druprecht 3560 Work Phone 603 349 7542 gmail.com State Representative N.H. House of Representatives
proprietor, or employee, or served in any other professional or a	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>l retirement and/or disability benefits shall be included</i> . (Use additional sheets as necessary)
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If you have no qualifying income indicate by writing your initials next to	o the following statement. My income does not qualify
reportable special interest in any item on this list if a change in l discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed or certified b occupation, or category of business:	by the State of New Hampshire. List each such profession,
agent, developers,	and landlords services municipal employment
7. N.H. Retirement System8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public13. HorseUtilities Commissiongambling	e or dog racing, or other legal forms of [14. Education [15. Water Resources
16 A griculture	Business Interest and Dividends Tax II. Optional: Specify any other area in which you have a special interest
	oing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 rovisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Signature of Reporting Individual
Return to: Office of Secretary of Sta	tate, 107 North Main Street, State House Room 204, Concord, NH 03301 JUN 1 2 2020

NEW HAMPSHIRE

Type o Full Na	me Kosemary F. Russell Work Address: 75 state street, Boston, Ma 0409
Primary	r Print CLEARLY me KOSemary F. Russell Work Address: 75 State Street, Bostin, Ma 2109 Occupation <u>FT Program Manager</u> E-mail <u>(USSell rocdmsmith. Com</u> Work Phone <u>603-566-3816</u>
Name th	he office, position, board or commission, committee, board of
	rs, etc. or employment with state or county government held NO ACRONYMS.
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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	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

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

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Г	2. Health Care	- 3. Insurance	ce 4. Real Estate, including brokers, agent, developers, and landlords			Г	5. Banking or financial services			inancial	6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System	1	rrent use lan nent progra		9. Restaur lodging	rants/	Г		10. Sa bevera	ale and distribution ages	ofalcoholic	
F,	12. Any business regula Utilities Commission			13. Horse gambling	or dog racing, or	r other leg	al form	ns of	Г	14. Education	☐ 15. Water I	Resources
Г	16. Agriculture	17. N.H. taxes:	⊢ Busir Profits		Business nterprise Tax		rest an dends '		Г		cify 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 true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter of knowingly files a faise statement shall be guilty of a misdemeanor.

Date

<u>Signature of Reporting Individual</u> JUN 0 9 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name ACTOR Ryan	Work Address:	
Primary Occupation North	nail armust Hue hurn Work Phone	
Name the office, position, board or commission, committee, board of <u>NCNE</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	2 .*	
A. List below the name, address, and type of any profession, business, or other o proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and	acity, and from which any income in excess of \$10,000 was derived during t	the preceding
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If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify _744	
 B. Indicate below whether you or a family member has a special interest in any reportable special interest in any item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting t financial effect on you or a family member than it would on the general public I. Any profession, occupation, or business licensed or certified by the State of the occupation, or category of business: 	e in administrative rule, a decision whether or not to award a contract, grant the listed business, profession, occupation, group, or matter would potentia lic:	a license or permit,
2. Health Care 7. Insurance 4. Real Estate, including brokers, agent, developers, and landlords		
7. N.H. Retirement 8. Current use land 9. Resta System 9. Resta	staurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, gambling	g, or other legal forms of 14. Education 15. Water Resource	28
In 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which special interest	you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information of the state of t		ISA 15-A:9
Penalty . Any person who knowingly fails to comply with the provisions of t		CEIVED
Date 12 prime 2020	Signature of Reporting Individual JUI	N 1 5 2020
Return to: Office of Secretary of State, 107 North	NEW	HAMPSHIRE MENT OF STATE