Type or Print Clearly
Full Name MARK F. RACIC Work Address N/A
Primary Occupation RETIRED e-mail mracic@comcast. net Work Phone 603 978 3784
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying Income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an Item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Interest and special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a special Interest - 18. Optional: Specify any other area in which you have a spec
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/22 Signature of Filer Havis

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

Type or Print Clearly	
Full Name Julie RADHAKRISHNAN Work Address	
Primary Occupation RETIRED e-mail Julie K3121@ GMAIL. EOM Work Phone	603-321-1965
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS N / H	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as ne	derived during the preceding
1. N/A 2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	BR
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contra discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou 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	ct, grant a license or permit,
	of New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Wat	law
	law ter Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other special interest —	law ter Resources
	ter Resources r area in which you have a RSA 15-A:9 Penalty. Any

Type or Print Clearly	
Primary Occupation Programmer e-mail vatter for statency & quail-com Work Phone 603-472-8623	
Primary Occupation Programmer e-mail vafter for statency of mail-com Work Phone 603-472-8623	;
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, part	ner
proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedual calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.	
2.	- 6. 4
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify HR	
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 permidiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:	it,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, municipal employment	or
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law	f
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean or. RECEIVED	7
Date G/7/2022 Signature of Filer W Waft JUN 0 9 2022 NEW HAMPSHIRE	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	E

Type or Print Clearly
Full Name John H. Randle TT Work Address 40 Clubbous ELW Thorn Ton, NHOS
Primary Occupation TARIGATION TECH e-mail TRANSLETT 43 GMAILEN Work Phone 603-724-3076
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS AND PARCY CTR 12 YEATON RESERVED. 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. Hoven Respondicy Statices 12 Year For Ach Sate et Flynouth, WHO3
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief RSA 15-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 misdemeaner.
Date 6 10 - 2022 Signature of Filer Sun HRandlott NEW HAMPSHIRE DEPARTMENT OF

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

Type or Print Clearly	G 3111
Full Name BRIAN LEE RATER	Work Address 3000 GOFFS FALLS RO, MANCHESTER NA
Primary Occupation SUFTWARE BNGN FOR e-mail BLK	NH94@ 6-MAIL. COM Work Phone Bul
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. BAB SYSTEMS	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a sinistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater attended to the state of New Hampshire. List each such
2. Health Care 3. Insurance agent, developers, and landlore	
7. N.H. Retirement 8. Current use land 9. Restaution assessment program lodging	10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any agly files a false statement shall be guilty of a misdemean or RECEIVED
Date 6-6-2022 Signature	001.00.20
Return to: Office of Secretary of State, 107 North Main S	treet, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name SRINIVASAN RAVIKUMAR Work Address 104 OCEAN DRIVE, SEABROOK, NHO38
Primary Occupation Selectron e-mail RAY14NH@GMAIL. 60M Work Phone 9788314645
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Board of Selectman, Town of Seabout
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. Watts water Technologies, N. Andover, MA 2. Notice Retirement trud,
2. Notia Restirement find,
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: RDR LLC
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Interest and Dividends Tax Interest and Special Interest — 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June - 1 - 2022 Signature of Filer

Type or Print Clearly	
Full Name Robert Andrew Ray Work Address 325 Stark Hwy North, D	reaborton, resc
Primary Occupation ratived Engineer e-mail robraynh@gsinet.net Work Phone 603	-774-5105
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1. AT+T Paysion \$2778.00	
2. Northern Telecom \$ 5700	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grandiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian and effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	t a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Fundamental services	lampshire, county, or yment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Reso	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date June 8, 2622 Signature of Filer Pobert a. Ray	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

ZG:	DINU	7.7	01	NUL	
				ECD C	K

Type or Print Clearly	
Full Name Harrier Raymond Work Address	
Primary Occupation Stand Mork Phone e-mail Steward #1 CHOTWAIL. COM Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	K
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, deproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived and the second services of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ved during the preceding
ALCY INTE CIPE SCIENCES, LOWELL MA, SENIOR ENGINEER	
2.	
if you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would permitted to a 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: None	ew Hampshire, county, or
2. Health Care B. Insurance agent, developers, and landlords services municipal en	ployment
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Of gambling	
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RS	A 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/16/22 Signature of Filer	JUN 13 2022
The second secon	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Edward R. (Ned) Raynolds Work Address LLO Aldrich Rd Por	tsmouthNH
Primary Occupation Convercial Solar Consultante-mail ned reembraces dar Work Phone 603	-365-1725
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary,	during the preceding
1. Revision Energy 7 Commercial Dr. Brentwood NH 03833	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	a license or permit,
profession, occupation, or category of business: Solar Eregy	
2. Health Care 3. Insurance agent, developers, and landlords services municipal employ	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resor	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date I June 2022 Signature of Filer Salward R Raymolds	JUN 0 2 2022
	NEW HAMPSHIRE DEPARTMENT OF STAT

ype or Print Clearly	
Full Name Ellen Delana Read Work Address Booton Duck Toury 11 Stur	tevent, Boston MA
Primary Occupation Coldniver e-mail elen 4nh@gmail.com Work Phone	
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, discreption, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derivated alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ved during the preceding
Boston DuckTows, Boston, MA	
Boston Duck Tows, Boston, MA Hagan's Bar & Grille Haupton, NH (husband)	
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 me eportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, go liscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would point in ancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial for municipal employers.	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Research	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	a in which you have a
nave read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVE
signature of Filer Solone Rose	JUN 0 3 2022
Return to: Office of Secretary of State 107 North Main Street. State House Room 204, Concord, NH 03301	DEPARTMENT OF S

Type or Print Clearly			
Full Name MAURICE REGAN	Work Address	717 Borough Rd.	Perubrohe 65.340.2028
Primary Occupation Juyelologist	e-mail maurieregan	7 Ogwal Work Phone	63.340.2028
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	Ø		
List below the name, address, and type of any profession roprietor, or employee, or served in any other professional endar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from which	ch any income in excess of \$10,000	was derived during the preceding
Ø			
\$, , , , , , , , , , , , , , , , , , , ,		
you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualif	y
1. Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the State of New Hamp		
I / Health (are II IS Inclirance II I			tate of New Hampshire, county, or icipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	holic 11. Practice of law
	 Horse or dog racing, or other legal for family for the second of gambling 	14. Education	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Enterprise Tax		other area in which you have a
nave read RSA 15-A and hereby swear or affirm that the fore	egoing information is true and complete f this chapter or knowingly files a false s	to the best of my knowledge and be tatement shall be guilty of a misdeme	anor.
ate 86.06-202Z	Signature of Filer	Maria Ra	RECEIVE
ate 06.06. 2012	Signature of File	Maurice Regan	
Return to: Office of Secretary of S	State, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW HAMPOHIRE

Type or Print Clearly
Full Name Karen Reid. Work Address
Primary Occupation NUVSC e-mail ROHS 7CSBC 610ba1, Wef Work Phone (203)4/4-388
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS NO ACRONYMS 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. Owner of an air BNB
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA TSD:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. JUN 0 8 2022
Date 4/7/2022 Signature of Filer GOUNT GENERAL OF STATE

Type or Print Clearly	* *
Full Name Melanie Personew Hebert Work Address 23 College Rd	1
Primary Occupation D/A e-mail MeL-Megac yahoo, com Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	during the preceding
1. manchester Community: College	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	mad
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Harmonic pale employers.	ampshire, county, or ment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15- person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date Signature of Filer	RECEIVED JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly
Full Name Andrew Renzullo Work Address 2 Heritage Circle Hudson, NH
Primary Occupation Retired e-mail renzula@Yahou. Com Work Phone 603 882-8962
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. $-IRA^{is}$
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Filer (Indhur Po) 1 3 7022
Potum to Office of Secretary of State 107 North Main Street State House Room 204. Concord, NH 03301 NEW HAMPSHIRE NEW HAMPSHIRE

Type or Print Clearly
Full Name Jewife Chodes Work Address
Primary Occupation State Representative e-mail Sent la fix MI State House Grant Com Work Phone 603-760-8069
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Dividends Tax Business Enterprise Tax Dividends Tax Di
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6 2 20 22 Signature of Filer

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

Type or Print Clearly	
Full Name Denise Ricciardi Work Address 29 Magazine ST Be	dford, NH 03110
Full Name Denise Ricciardi Work Address 29 Magazine ST Be. Primary Occupation retireD e-mail dnricciardi@qol.com/ Work Phone 603.	4908572
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived of calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	during the preceding
1. DGA international LLC	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public:	a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of New Harmonic services	ampshire, county, or ment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource.	
16. Agriculture 17. N.H. Business Business Business Interest and special interest — 18. Optional: Specify any other area in special interest — special interest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
person who knowingly falls to comply with the provisions of this chapter of knowingly files a false statement shall be guilty of a misdement of	RECEIVED
Date June 8, 2022 Signature of Filer Denuse Ricciard	JUN 0 8 2022
	NEW HAMPSHIRE

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

DEPARTMENT OF STAT

Type or Print Clearly	
Full Name CECILIA RICH	Work Address 212 MAPLE ST SOMERS WORTH NH
Primary Occupation D 15 A B L C D e-mail C	ECILIA RICH WHENMAIL WWOrk Phone 603 814 0247
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	er organization in which you or a family member was an officer, director, associate, partner acity, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.)
1. CUSTOM DRUMSTICKS 212 MAPLE ST SOME	(SWULTH, NH 03878
2.	
If you have no qualifying income indicate by writing your initials next to the follo	owing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in a	
2. Health Care 3. Insurance 4. Real Estate, including brol agent, developers, and land	
7. N.H. Retirement 8. Current use land 9. Res	staurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rad of gambling	cing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	
I have read RSA 15-A and hereby swear or affirm that the foregoing information in person who knowingly fails to comply with the provisions of this chapter or known and the provisions of the chapter or known and the provision and	is true and complete to the best of my knowledge and belief. RSANS Penalty. Any wingly files a false statement shall be guilty of a misdemeanor. RECEIVE
Date 6-1-22 Signat	NEW HAMPSHIR DEPARTMENT OF ST

Type or Print Clearly				1	
Full Name JEFFREY C RICH		Work Address	212 MAP	LE ST S	OMERS WORTH NIT
Primary Occupation WOOD WORKER	e-mail jef	frich85 a	MSN. COM	Work Phone	603 583-2415
Name the office, position, board or commission, board of lirectors, etc. or employment with state or county povernment held by you. NO ACRONYMS					
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession elendar year. Sources of retirement benefits other than federal	al or advisory capacity	, and from which	any income in exces	s of \$10,000 was	s derived during the preceding
CUSTOM DRUMSTICKS 212	MAPLE ST.	SOMERSWO	RTH, NH 03	878	
·	•				
you have no qualifying income indicate by writing your init	tials next to the followin	ng statement.	My income d	oes not qualify	
1. Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the St	mgr s tills to give manufalliation relativements done you see the	Department and the second seco		
I / Health (are II is instirance II i	state, including brokers evelopers, and landlord		anking or financial es		e of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restau lodging	rants/	10. Sale and distribeverages	oution of alcohol	lic 11. Practice of law
121111111111111111111111111111111111111	 Horse or dog racing f gambling 	, or other legal for	14. Educatio		Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta	1 1	l: Specify any oth ecial interest —	her area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	going information is tr this chapter or knowin	ue and complete t gly files a false sta	o the best of my know tement shall be guilty	ledge and belief. of a misdemeand	RSA 15-A:9 Penalty. Any
Date 6-1-2022	Signature	of Filer	FGG Rul		JUN - 3 2022
Peturn to Office of Secretary of S	State 107 North Main S	treet State House	Room 204, Concord. N	H 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Domenic M. Richardi	Work Address 95 Water Village Road Ossipee NH 03864
Primary Occupation Law enforcement e-mail dri	ichurdi@carrollcountynhnet WorkPhone 603 539-2284
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	of Sheriff. Carroll County
	r organization in which you or a family member was an officer, director, associate, partne city, and from which any income in excess of \$10,000 was derived during the precedin disability benefits shall be included. (Use additional sheets as necessary.)
1. NH Retirement System	
2.	
If you have no qualifying income indicate by writing your initials next to the follo	wing statement. My income does not qualify
reportable special interest in an 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 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	
2. Health Care 3. Insurance 4. Real Estate, including brok agent, developers, and land	kers, 5. Banking or financial 6. State of New Hampshire, county, or
	staurants/ 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rac of gambling	cing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Ta	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 i person who knowingly fails to comply with the provisions of this chapter or known	is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any
	RECEIVED
Date 4/1/22 Signat	ture of Filer Comerce M Richard JUN 01 2022
Return to: Office of Secretary of State, 107 North Mai	in Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Beth Richards Work Address 3 Willard	Street
Primary Occupation Self employed e-mail both richards forward 3e gmail Wo	rk Phone 603340 2488
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family memb 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 additional professional or advisory capacity) and from which any income in excess of calendar year.	\$10,000 was derived during the preceding
1. James E Richards 3 Willard Street Concord NH 0330	3 State of NH employee
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does	not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupare 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 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: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Coco C	award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution beverages	on of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 18. Optional: Special s	pecify any other area in which you have a l 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 knowledgers on who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a	ge and belief. RSA 15-A:9 Penalty. Any misdemeanor.
Date June 9.2022 Signature of Filer Beth Richar	ds RECEIVED
	JUN 1 0 2022

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

JUN 1 0 2022

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Jan Richardson	Work Address W/A
rimary Occupation Francial Analyst	e-mail Richardson who grail can Work Phone
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	
roprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, associate, partner, and or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding areal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
you have no qualifying income indicate by writing your in	nitials next to the following statement. My income does not qualify
1. Any profession, occupation, or business licer profession, occupation, or category of business:	sed or certified by the State of New Hampshire. List each such
I / Health (are II I I Institance II I	developers, and landlords services municipal employment
7. N.H. Retirement System 8. Current use land assessment program	
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	Business Interest and Enterprise Tax Dividends Tax Interest and Special Interest —
nave read RSA 15-A and hereby swear or affirm that the fo erson who knowingly fails to comply with the provisions	regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6822	Signature of Filer JUN 1 0 2022
Detum to Office of Secretary	F State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			
Full Name Leon H Riveout	Work Address	55 School ST Lan	LASTET NH
Primary Occupation Registrar	e-mail TIDEOUT 4 TEP	a gran com Work Phone	663 788 2392
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Register of Dee	es Cos Coun	<u>2</u>
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from whic	h any income in excess of \$10,000 w	vas derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your ini	tials next to the following statement.	My income does not qualify	THEZ
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in administrative rule, a ernment affecting the listed business, pro the general public:	decision whether or not to award a co fession, occupation, group, or matter	ntract, grant a license or permit,
I / Health (are II is inclirance II I			ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohology beverages	nolic 11. Practice of law
	13. Horse or dog racing, or other legal for gambling	orms 14. Education 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions o			
Date 6-2-2022	Signature of Filer	Frond Rideout	JUN 0 2 2022 NEW HAMPSHIRE
Return to: Office of Secretary of	State, 107 North Main Street, State House	e Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Tholders & Riley	Work Address	21 Abbey Rooc	1, Brentwood, NH 03833
Primary Occupation & Kemployed - Business Owner	r e-mail Had @ Had for	governor con Work	Phone 603-397-921/
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Governow		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	I or advisory capacity, and from which	any income in excess of \$	10,000 was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initi	als next to the following statement.	My income does no	ot qualify
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change ir discipline a licensee or permittee, or other decision by governing financial effect on you or a family member than it would on the special speci	law, a change in administrative rule, a denment affecting the listed business, profective general public:	ecision whether or not to av ssion, occupation, group, o	vard a contract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hampsr	ure. Tist each such	
1 1 / Dealin Care in 15 insurance ii i	tate, including brokers, service 5. Ba	nking or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	Sale and distribution beverages	of alcoholic 11. Practice of law
	 Horse or dog racing, or other legal forr gambling 	ns 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta		cify any other area in which you have a nterest
I have read RSA 15-A and hereby swear or affirm that the foregerson who knowingly fails to comply with the provisions of			
		. 1	RECEIVED
Date 6/11/22	Signature of Filer		JUN 0 1 2022
Return to: Office of Secretary of St	ate, 107 North Main Street, State House F	Room 204, Concord, NH 033	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name SANDRA K	NGELSTEIN	Work Address			
Primary Occupation	e-mail		Wor	k Phone	
Name the office, position, board or commodirectors, etc. or employment with someone with some some of the common o					
A. List below the name, address, and typoroprietor, or employee, or served in an calendar year. Sources of retirement beneated	y other professional or advisory ca fits other than federal retirement and/o	pacity, and from which a or disability benefits shall b	ny Income in excess of eincluded. (Use addition	\$10,000 was derived all sheets as necessary	during the preceding
New Hampshire K	Peterenent System, 5 mashive, Dept of Hea	4 Regional Dr.	ive, Conord, N.	H 03301	* 11 23-279 11
State of New Ha	mashive Dept. of Hea	12hand Human Se	eniew, 129 Pleas	ant St. Conco	d, NH 0330/
If you have no qualifying income indicate			My income does	Г	
reportable special interest in an item on t discipline a licensee or permittee, or othe financial effect on you or a family member 1. Any profession, occupation, profession, occupation, or category	r decision by government affecting or than it would on the general public or business licensed or certified by t	the listed business, profes ic:	sion, occupation, group,		
2. Health Care 3. Insurance	4. Real Estate, including be agent, developers, and last		king or financial	6. State of New I	lampshire, county, or yment
/VAV	Current use land 9. F	Restaurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Pu Utilities Commission	iblic 13. Horse or dog of gambling	racing, or other legal form	14. Education	15. Water Reso	
16. Agriculture 17. N.H. taxes:	Business Business Enterprise		special	ecify any other area in interest —	
have read RSA 15-A and hereby swear or person who knowingly fails to comply wit	affirm that the foregoing information the provisions of this chapter or k	n is true and complete to nowingly files a false state	the best of my knowledg ment shall be guilty of a	misdemeanor	EC 2022
Date 4/9/2022	Sign	nature of Filer	//) a		JUN 10 7022 NEW HAMPSHIRE PARTMENT OF STA
Patrice 4 065	co of Cogretany of State 107 North N	lain Street State House Br	nom 204 Concord NH 03	301 DE	PARTMILI

Type or Print Clear	rly				
Full Name	FliEZER RWERM	Work Address	12 Court	Str	Keene NH 0343
Primary Occupation	Sheriff	e-mail erivera eco	cheshire.whis	ork Phone	603-352-4238
	osition, board or commission, board of employment with state or county y you. NO ACRONYMS	Sheeff			
proprietor, or empl	name, address, and type of any profession loyee, or served in any other profession arces of retirement benefits other than fede	nal or advisory capacity, and from which	th any income in excess	of \$10,000 was	derived during the preceding
1. DAR	Amouth Health (spouse			
2. Cha	Amouth Health (shire County (Self	-)			
	ifying income indicate by writing your in		My income doe	es not qualify	
financial effect on	ee or permittee, or other decision by gove you or a family member than it would or profession, occupation, or business licens n, occupation, or category of business:	the general public: sed or certified by the State of New Hami			
2. Health Car	re B. Insurance agent,	developers, and landlords ser	vices	municip	al employment
7. N.H. Retin	rement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	ution of alcohol	ic 11. Practice of law
12. Any busing Utilities Comm	ess regulated by the Public mission	13. Horse or dog racing, or other legal for gambling	orms 14. Education	15. W	ater Resources
16. Agricultu	taxes: Business Profits Tax	Business Interest ar Enterprise Tax Dividends		Specify any oth	ner area in which you have a
I have read RSA 15- person who knowir	A and hereby swear or affirm that the for ngly fails to comply with the provisions o	regoing information is true and complete of this chapter or knowingly files a false s	e to the best of my knowle tatement shall be guilty of	dge and belief. f a misdemeand	JUN 0 1 2022
Date 6/1/2	2	Signature of Filer	18		NEW HAMPSHIRE DEPARTMENT OF STATE
	Return to: Office of Secretary of	State, 107 North Main Street, State House	se Room 204, Concord, NH	03301	

Type or Print Clearly,	
Full Name Laren Loach Work Address POBOX 10 New E	30810nM1030
Primary Occupation Sales e-mail Kaven 4 hulls 42 egman Work Phone	033008497
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	red during the preceding
1. Community Values of Greater Nashua, PD Box 10, New Boston 2. OTR Productions PO Box 10 New Boston NH 03070 - ente	VH03070 hus
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 make 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, go discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	rant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Ne municipal employees	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water R	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other are special interest—	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
Date U 10 1022 Signature of Filer Arum Prach	RECEIVED
Deturn to Office of Secretary of State 107 North Main Street State House Room 204 Concord NH 03301	JUN 13 2022

DEPARTMENT OF STATE

Type or Print Clearly
Full Name John Robinson Work Address NHTI
Primary Occupation Teacher e-mail j-4nhss@gmail.com Work Phone 603-216-7719
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS ADJUNET FORCULTS NH COMMUNITY CELLEGE SYSTEM ADJUNET FORCE SYSTEM ADJUNET FORCULTS NH COMMUNITY CELLEGE SYSTEM ADJUNET FORCE SYST
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. Karen Robinson Londonderry School District 4A Kitty Hawk Landing
Londonderry, NH 0305?
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED
Date 6 9 22 Signature of Filer Signature of Filer CEPARISHINE
Return to: Office of Secretary of State 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name James Leon Roesener Work Address 140 N. Main St. C	Concord NH
Primary Occupation Store Manager e-mail james leon roesener my Work Phone	603-998-1278
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as ne	derived during the preceding
1. NIA	
2. N.A.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contra discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou financial effect on you or a family member than it would on the general public:	ct, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
I I / Honith Caro II I/ Incurance II I	of New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	ter Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other special interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 68122 Signature of Filer James Roesenur	JUN C 8 1022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly	
Full Name DAVID POCHEFORT	Work Address 338 Union St; Littleton, NH 0356
Primary Occupation Regulator Affairs Director e-mail david	soche Port 5 ny egrapilicon Work Phone 603-444-0094
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NH BOARD of Phormay
	rganization in which you or a family member was an officer, director, associate, partner y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Eastern States Company Praimary	
2. Revelation Pharma Corpolation	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a sinistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business: Pharmeuis	ate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement System 8. Current use land assessment program 9. Restau	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowin	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any agly files a false statement shall be guilty of a misdemeanor.
Date C 3 2022 Signature	of Filer

Type or Print Clearly
Full Name Ship AllAN Rollins Work Address Loupleys 351 Sunsposest Newfor
Primary Occupation Supervisor of Godelhase e-mail 5 Wip @ LAUDILEYS, CINKOrk Phone 603-863-105
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. LAVAITA Building Supply 351 Sunspect, Newport, NH 03773
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 613 22 Signature of Filer Skip Rollins

Type or Print Clearly
Full Name Deanna Rollo Work Address 259 County Farm Road
Primary Occupation Refined e-mail Deanna 1214@ Asl. Com Work Phone
Primary Occupation Refined Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS e-mail Deanna 1214@ Asl.com Work Phone County Commissioner
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, par 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 preceded and the professional sheets as necessary.) 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 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 permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greatinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. An person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeator. RECEIVED
Date 6.2-2022 Signature of Filer New HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Valerie Roman Work Address n/a	
Primary Occupation Retired e-mail Vramano al. Cam Work Phone n/	a
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	VR
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	nt a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal emplo	Hampshire, county, or byment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in 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 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any RECEIVED
Date 1822 Signature of Filer Valoue Roman	JUN 1 0 2022
204 6 AUL 02204	NEW HAMPSHIRE DEPARTMENT OF STATI

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

Type or Print Clearly
Full Name Catherine A. Rombeau Work Address 27 Pembroke Way, Bedford, NH 03110
Primary Occupation Attorney e-mail Catherine. rombeau @gmail. com Work Phone 917.447. 2574
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Littler mendelson, P.C., 2301 McGee Street, suit 800, Kanses City, MO 64108
2. United States Attorney's office, 53 Acas at St., concord, NH 03301 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty VED person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06.01.22 Signature of Filer Catherin a. Rombean NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly				
Full Name Muthing took	Work Address	75 Leverel	Hofreet	Frence NH 6347.
Primary Occupation Insurate e-mail COU	lais lova e yo	alion con Work	k Phone	03-713-1998
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or disa	, and from which any	y income in excess of	\$10,000 was der	rived during the preceding
1. They cance, Book Dock I'M Heath' I	>1997 LLC, 1	Mourily, P	roduces,	
2. If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My income does r	not qualify	
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	inistrative rule, a decis	sion whether or not to a	award a contract,	grant a license or permit,
Any profession, occupation, or business licensed or certified by the Star profession, occupation, or category of business:	ate of New Hampshire	List each such		en element mentalmuraja birir m. (1) 5 yerip day bir dashir bir dashir dashir da
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord		ing or financial	6. State of N municipal er	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restau System lodging		Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	, or other legal forms	14. Education		Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	pecify any other a I interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is triperson who knowingly falls to comply with the provisions of this chapter or knowin	ue and complete to thigly files a false statem	ne best of my knowledg nent shall be guilty of a		SAIS A.9 Penalty. And
		1		JUN 0 9 2022
Date 6.8.2022 Signature	of Filer	MT(4).	Wh.	NEW H MPSHIF

ype or Print Clearly	
full Name CASTOR Rosenalald Work Address Work Address	
Primary Occupation Karred e-mail Crady Rosenwald mork Phone	
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	em
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derivated alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ved during the preceding
Lovenda Posewald RAV. Thus of 2000, 181 Finance	real
you have no qualify in this process by writing your initial next and high statement. My income does not qualify	19K)
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mare portable 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, go discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public:	rant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, 5. Banking or financial 6. State of Ne agent, developers, and landlords services	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water R	esources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	a in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
Date 2-10-2022 Signature of Filer Endy Rosuma	A RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 0 2022
	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Pri	int Clearly												
Full Name	MATT	+EW	200	NO5		Worl	Address	TIMBE	RLANG	E RD	MIN	MAHO	MH 03087
Primary Oc	cupation EN	REPEN	EUR		e-mail w	ratthew.	roundsag	grail.com	Work Ph	none	603-	321-25	82
directors, e	office, position, b etc. or employi nt held by you.	ment with		county	N/A								
proprietor,	ow the name, ad or employee, or ear. Sources of re	served in	any other	professiona	or advisory of	apacity, and	from which an	y income in e	excess of \$10	0,000 was d	erived du		
1.	STANDARD	PUNER	OF	AMERIC	A INC	17 18	EC HNOLOGY	1 way	JH24U	PM a	030	187	
2.		TOTAL TOTAL STATE CO. THE WATER CONTROL TO STATE CO. THE CO.	A A A STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STATE ADDRESS OF THE STATE AND ADDRESS OF THE STATE ADDRESS OF THE ST	and the state of t			and a strong of the strong of	t part i propositionos y manuscriticionis del constitución de la const				- Harrison which and an improve the Management	5
If you have	no qualifying inc	ome indicat	e by writi	ng your initi	als next to the i	following stat	ement.	My inco	me does not	qualify			
reportable discipline a financial ef	e below whether especial interest i a licensee or perr ffect on you or a 1. Any profession rofession, occupa	n an item or nittee, or ot family mem n, occupation	n this list i her decision ber than i on, or busi	f a change ir on by gover t would on t ness license	n law, a change nment affecting the general pul	in administra g the listed bo blic:	itive rule, a deci usiness, professi	sion whether o	or not to awa n, group, or r	rd a contrac	t, grant a l	icense or p	ermit,
2. He	ealth Care	3. Insurance			tate, including evelopers, and l		5. Bank services	ing or financia		6. State of municipal		npshire, cou ent	inty, or
7. N. Syste	.H. Retirement em	14 1	3. Curren	use land t program		Restaurants, Iging		10. Sale and obeverages	distribution o	of alcoholic		11. Pract law	ice of
	ny business regul s Commission	ated by the	Public		3. Horse or dog gambling	g racing, or of	her legal forms	14. Edu	cation	15. Wate	er Resourc	es	
16. A	Agriculture	17. N.H taxes:		Business Profits Tax	Business Enterpris	1 1	Interest and Dividends Tax	18. Opt	tional: Speci special int	fy any other erest	area in wh	nich you ha	ve a
	RSA 15-A and he										RSA 15-A:	9 Penalty.	Any
Date	JUNE	151	202	2		gnature of Fil		Mount	2/	>			CEIVED N 0 1 2022
		Return to: C	office of Se	ecretary of St	tate, 107 North	Main Street,	State House Ro	om 204, Conco	ord, NH 0330	1			HAMPSHIRE MENT OF STAT

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

Type or Print Clearly	
Full Name ROBERT H. PROUR Work Address	
Primary Occupation Retired e-mail RHO Rows DOON Sto, Work Phone	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS OMUISSIONER DIST 3	
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, association, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during to calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	12
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 per 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 licens discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially ha financial effect on you or a family member than it would on the general public:	e or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshir services	e, county, or
	Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which y special interest —	ou have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Per person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
RECEI	VED
Date 6-/-22 Signature of Filer JUN 01	2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMI DEPARTMENT	

Type or Print C	Clearly							٠.		
Full Name	Jellin	Jean	of No	9	Work Address					NH 03051
Primary Occupa	ation ME	CH 47210		e-mail Je	(Tray. rae	pe ea	sein.co	Work Phone	663	-500-402
directors, etc. government he A. List below to proprietor, or e	he name, addre	NO ACRON ss, and type of rved in any oth	or county YMS any profession her profession	n, business, or otheral or advisory capa	city, and from wh	nich any ind	come in exces	s of \$10,000	was derived	tor, associate, partner, during the preceding
1.	Sagler-	· Qn+c	oe a	-d OIL						
2.	lampst	M Con	Alle.	school						
If you have no o	qualifying incom	e indicate by w	riting your init	ials next to the follo	wing statement.		My income d	oes not qua	lify	
reportable spe discipline a lice financial effect	ecial interest in a ensee or permitt t on you or a fam	n item on this li ee, or other de ily member tha	st if a change i cision by gover an it would on		dministrative rule, e listed business, p	, a decision profession, o	whether or no occupation, gro	t to award a	contract, gran	ers. A person has a it a license or permit, ntially have a greater
profe	ssion, occupatio	n, or category	of business:	consigned antidioxidest total con-modifications as an excitamental of	anggang dhat e vilid of sales on come approximated throughfullinders pay	and report from a re-specific district.			· A. April 10 - 1 1 2 proposition of the limited and the second	tens agrandere e sandre. Mander tot 1, 8 % out online i mandate i mendate encourant activis i me
2. Health	Care 3. Ir	surance		state, including bro evelopers, and land		5. Banking of ervices	or financial	11 1	State of New I unicipal employ	Hampshire, county, or yment
7. N.H. F System	Retirement		rent use land nent program	9. Res	staurants/		Sale and distri erages	bution of al	coholic	11. Practice of law
	usiness regulate	d by the Public		 Horse or dog rad gambling 	cing, or other lega	forms	J 14. Educatio		15. Water Reso	
16. Agric	culture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Ta	Interest Dividend	- 1	18. Optiona	l: Specify ar ecial interes	ny other area in	n which you have a
I have read RSA person who kno	15-A and hereb owingly fails to c	y swear or affir omply with th	m that the fore provisions of	going information this chapter or kno	is true and comple wingly files a false	ete to the be statement	est of my know shall be guilty	ledge and b of a misden	pelief. RSA 15 neanor.	5-A:9 Penalty. Any
Date	6/9/2	47		Signa	ture of Filer	A	MA	2	REGE JUN 13	
	Ret	urn to: Office o	f Secretary of S	State, 107 North Ma	in Street, State Ho	use Room 2	04, Concord, N		NEW HAMI	PSHIRE OF STATE

Type or Print Clearly
Full Name Terry Roy Work Address NA
Primary Occupation Sischled Vet e-mail NA Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Kundy Roy, 252 South RJ. Deer Feld, NH 03037 HR Director Rythoon.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gullty of a misdemeanor.
Date 6/1/32 Signature of Filer

Type or Print Clearly						
Full Name Ros	semarie L. Rung		Work Address			
Primary Occupation	retired	e-mail rung	e conca	nt. net	Work Phone	
	clon, board or commission, board of inployment with state or county ou. NO ACRONYMS	State Rep	resenta	tive, He	137 Commi	ssion
roprietor, or employ	ne, address, and type of any profession ee, or served in any other profession as of retirement benefits other than feder	nal or advisory capacity,	and from which	n any income in ex	cess of \$10,000 was der	ived during the preceding
				-		
you have no qualifyi	ng income indicate by writing your ini	itials next to the followin	g statement.	My incom	e does not qualify	ER
eportable special intelliscipline a licensee of inancial effect on you	ether you or a family member has a sperest in an Item on this list if a change or permittee, or other decision by gove u or a family member than it would on fession, occupation, or business licens occupation, or category of business:	in law, a change in admi ernment affecting the list the general public: sed or certified by the Sta	nistrative rule, a red business, pro	decision whether or fession, occupation, shire. List each such	not to award a contract, group, or matter would	grant a license or permit, potentially have a greater
2. Health Care	II IS INCITEDO II I	Estate, including brokers, developers, and landlord		Banking or financial ices	municipal er	lew Hampshire, county, or nployment
7. N.H. Retiren	8. Current use land assessment program	9. Restaulodging	rants/	10. Sale and di beverages	stribution of alcoholic	11. Practice of law
12. Any business Utilities Commis		13. Horse or dog racing, of gambling	or other legal fo	rms 14. Educ	ation 15. Water	Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T		onal: Specify any other a special interest —	rea in which you have a
erson who knowingly	nd hereby swear or affirm that the for y fails to comply with the provisions of	regoing information is tru of this chapter or knowing Signature	gly files a false st	to the best of my kr atement shall be gu	nowledge and belief. Rillty of a misdemeanor.	RECEIVED JUN 0 2 2022
June	Return to: Office of Secretary of		-	Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly		KAMCO LOCK 50	cumons 03053
Full Name MANTIN GEONGE RUSSO	Work Address	19 INDEPENDENCE D	a conson very, not
Primary Occupation LOCKSW177+ e-mail W	ER 1980 @ ME	TROCAST NET Work Phone	12 (63) 231-0598
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, business, or oproprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from which	h any income in excess of \$10,000) was derived during the preceding
1. KAMED LOCK SOLUTIONS 19 MORREND - ME	DR LONDOND	enay NH 03053	LOC KSITOP
2.			
If you have no qualifying income indicate by writing your initials next to the f	following statement.	My income does not qua	Hay .
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general public licensed or certified by profession, occupation, or category of business:	in administrative rule, a the listed business, pro- plic: the State of New Hamp	decision whether or not to award a fession, occupation, group, or matte	contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and leading agent, developers.		- 11 1	State of New Hampshire, county, or nicipal employment
	Restaurants/ ging	10. Sale and distribution of alcohole beverages	coholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission 13. Horse or dog	racing, or other legal fo	orms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise			y other area in which you have a t —
I have read RSA 15-A and hereby swear or affirm that the foregoing informati person who knowingly fails to comply with the provisions of this chapter or	on is true and complete	to the best of my knowledge and b	elief. RSA 15-A:9 Penalty. Any eanor.
	-	11.	RECEIVED
Date 16 JUNE 2022 Sig	nature of Filer	Mate Coffsur	JUN 13 2022
Return to: Office of Secretary of State, 107 North	Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Linda Vandecar Ryan Work Address N/A
Primary Occupation Retired Teacher e-mail ryan linda 2022 agraci (Work Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
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. STEPHEN G. RYAN, VP-FINANCE, PAN AM RAILWAYS, INC 1700 IRON HORSE PARK 2. N. BILLERICH, MA 01862 (RETIRED 12/31/2021)
N. BILLERICH, MA 01862 (RETIRED 12/31/2021)
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/3/22 Signature of Filer Links V fryen

Type or Print Clearly		-			
Full Name Moira Ryan	Wo	ork Address	2 Snowbe	cry Holle	no Londonderin
Primary Occupation	e-mail Moitav	janfor	invep@ prote	rk Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				-	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and	d from which a	ny income in excess of	\$10,000 was deri	ived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your ini	itials next to the following st	atement.	My income does	not qualify	V
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in administ ernment affecting the listed in the general public:	rative rule, a dec ousiness, profes	cision whether or not to sion, occupation, group	award a contract,	grant a license or permit,
2 Health Care 3 Insurance 4. Real E	Estate, including brokers, developers, and landlords	5. Ban	king or financial	6. State of N	ew Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurant		10. Sale and distribut beverages		11. Practice of law
1	13. Horse or dog racing, or of gambling	other legal form	14. Education	15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other ar Il interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the for- person who knowingly fails to comply with the provisions of	regoing information is true a of this chapter or knowingly f	nd complete to iles a false state	the best of my knowled ment shall be guilty of a	ge and belief. RS misdemeanor.	RECEIVED
Date 6/1/2022	Signature of F	iler /	wia Oy		NEW HAMPSHIRE

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