Full Name JORDAN G ULERY	Work Address 36 Bas Ken St.
Primary Occupation RetireD, soni e-mail Repu	VERY @ Comeast. NET Work Phone 231-7867
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	RESENTATIVE
	organization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. UIRICH LitigAtion Support, LLC	
2. Social Security	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
	ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 15. Water Nesources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
16. Agriculture taxes: Profits Tax Enterprise Tax	

Type or Print Clearly
Full Name KAREN C. UMBERGER WORK Address ROBOX 186 KEARSARGE, NH0380
Primary Occupation RETIRED e-mail KARENUMBERGERD SMATTPROPER
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REP CARROLL COUNTY DISTRICT 1.
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 Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date JUNE 2, 2002 Signature of Filer Waren C. Umberger

Type or Print Clearly	1
Full Name Jakob Unger Jr Work Address 157 Main St	Gorham
Primary Occupation Retail Management e-mail Kajregn up Protonmail Work Phone 80	02-328-0415
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, of 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 necessions)	ved 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	Jel.
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or meportable 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 prinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of New municipal em	ew Hampshire, county, or aployment
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	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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
A Williams	RECEIVED
Date Ce/9/2022 Signature of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly			L.		
Full Name Jose Alejano	20 Urnutta	Work Address	9 Can Phello	est Hudson	10403055
Primary Occupation Refine	e-mail al	fandro y sol	Coitisens of Wor	k Phone 60	33211291
Name the office, position, board or commissions directors, etc. or employment with state government held by you. NO ACRO	e or county	/	y of the Youn		our4
A. List below the name, address, and type or coprietor, or employee, or served in any calendar year. Sources of retirement benefits	other professional or advisory capa	acity, and from which	any income in excess of	\$10,000 was derive	d during the preceding
2.					
fyou have no qualifying income indicate by	writing your initials next to the follo	owing statement.	My income does	not qualify	JAV.
B. Indicate below whether you or a family no reportable special interest in an item on this discipline a licensee or permittee, or other diffinancial effect on you or a family member to the special or	list if a change in law, a change in a ecision by government affecting the han it would on the general public: business licensed or certified by the	dministrative rule, a d e listed business, profe	ecision whether or not to a ession, occupation, group,	award a contract, gra	int a license or permit,
2. Health Care 3. Insurance	4. Real Estate, including brol agent, developers, and land		anking or financial res	6. State of New	Hampshire, county, or oyment
	rrent use land 9. Res	staurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Publ Utilities Commission	13. Horse or dog rad of gambling	cing, or other legal for	ms 14. Education	15. Water Res	sources
16. Agriculture 17. N.H. taxes:	Business Business Profits Tax Enterprise Ta	Interest and Dividends Ta		ecify any other area interest —	in which you have a
have read RSA 15-A and hereby swear or aff erson who knowingly fails to comply with t	rm that the foregoing information in provisions of this chapter or known	is true and complete to wingly files a false stat	ement shall be guilty of a	misdemeanor.	RECEIVED
Date Jun 6, 2022	Signat	ture of Filer	Jose A	refaulto o	Practice 8 2022
Return to: Office	of Secretary of State, 107 North Mai	n Street, State House	Room 204, Concord, NH 03	301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Suranne T. Vail	Nork Address 28 B Norton St Nashva MM
Primary Occupation State Rep e-mail Sue Va	1/2012@ gmail.com WorkPhone 6032340704 03064
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	epresentative
	anization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding ility benefits shall be included. (Use additional sheets as necessary.)
1. Nail technician license	
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 reportable special interest in an item on this list if a change in law, a change in adminidiscipline a licensee or permittee, or other decision by government affecting the lister financial effect on you or a family member than it would on the general public:	istrative rule, a decision whether or not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	e of New Hampshire List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura system lodging	nts/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, of gambling	14. Education 5. Water resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true person who knowingly fails to comply with the provisions of this chapter or knowingly	and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any y files a false statement shall be guilty of a misdemeanor.
Date June 3,2022 Signature of	Filer REC'D CITY CLERK I

Type or Print Clearly			
Full Name BRIAN L. VAlerino	Work Address	55 School ST	LANCASTER NH 0358
Primary Occupation Sheriff	e-mail brian. valer inoce	Coos County nh. Work Phone	603 788-5598
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Coss County Sher	iff	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	h any income in excess of \$10,000 v	vas derived during the preceding
1. NH Retirement Syst	em		
2.			
If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business license	in law, a change in administrative rule, a rnment affecting the listed business, prothe general public:	decision whether or not to award a confession, occupation, group, or matter	intract, grant a license or permit,
profession, occupation, or category of business:	Sheiles Seatont &	somes Dealing	Col
2. Health Care 3. Insurance agent, c			cipal employment OFFice of Sci
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcol beverages	nolic 11. Practice of law
	 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 ar Enterprise Tax Dividends		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			
Date 6/1/2022	Signature of Filer	Bin of Valeur	JUN 0 1 2022
Peturn to: Office of Secretary of	State 107 North Main Street. State Hous		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name MARK VALLONE Work Address 252 BLAK	ERD, EPPM NH 03UM
Primary Occupation RETIRED e-mail mark 4 eppin @ smail-cm	k Phone 603-679-5186
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 membe 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 addition	\$10,000 was derived during the preceding
1.	
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does represented the following statement.	not qualify Mav
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupate 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 a 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:	award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, 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 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: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Special	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 knowledg person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a n	ge and belief. RSA 15-A:9 Penalty. Any misdemeanor.
Date 6 10 2022 Signature of Filer Mark (JUN 1 6 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03	

DEPARTMENT OF STATE

Type or Print Clearly
Full Name MARK VALLONE Work Address 252 BLAKERD, EPPM NH 03WR
Primary Occupation RETIRED e-mail mark 4 eppin @ Smail: cn Work Phone 603-677-5/86
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 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 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Interest and Special Interest Special Interest Special Interest Special Inter
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 knowlngly fails to comply with the provisions of this chapter or knowlngly files a false statement shall be guilty of a misdemeanor.
Date 6 10 2022 Signature of Filer Mark Valle

Type or Print Clearly	
Full Name John Valvanis	Work Address 45 Amesburg Rd Rensingburgh Mt La Startmail.com Work Phone 603 401 2388
Primary Occupation Engineer e-mail IVA	La Startmail.com Work Phone 603 401 2388
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. Peatherine Valvania, Therappentic Massage 2.	e, 45 Phresburg Rd Kensington NH 03833
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	Therapist
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlore	
7. N.H. Retirement 8. Current use land 9. Restaution System lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date 6/2/22 Signature	e of Filer

Type or Print Clearly			
Full Name Peter Varney	Work Address	6 man SI New ?	Durham WH. 03855
Primary Occupation fire chief	e-mail PNorwoo@ No	ews unome in Work Phone	403-959-2001
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Repesentive	D=7 Beltmore County	·
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
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If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administrative rule, a de rnment affecting the listed business, profe the general public:	ecision whether or not to award a cor ession, occupation, group, or matter v	ntract, grant a license or permit,
I / Health Care II IS Insurance II I	state, including brokers, 5. Ba levelopers, and landlords service		ite of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	Sale and distribution of alcoholecter	olic 11. Practice of law
	Horse or dog racing, or other legal forr f gambling	14. Education 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complete to f this chapter or knowingly files a false stat	o the best of my knowledge and belie ement shall be guilty of a misdemear	ef. RSA 15-A:9 Penalty. Any
Date 6-1-22	Signature of Filer	5Day	JUN 0 3 2022
Paturn to Office of Secretary of	State: 107 North Main Street, State House F	Room 204 Concord NH 03301	DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Thomas P. Velaurdi	Work Address	259 County Farm Re	Ste 201 DOVER NH 03826
Primary Occupation Attorney	e-mail tovelardio gmai	Vork Phone	(663) 749-2808
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Strafford County Att	omey	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000 v	vas derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	,
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business licenses profession, occupation, or category of business:	nment affecting the listed business, profethe general public:	ession, occupation, group, or matter	would potentially have a greater
I I / Health (are II IX Inclirance II I	state, including brokers, evelopers, and landlords 5. Ba		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
	 Horse or dog racing, or other legal for gambling 	ms 14. Education 15.	. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			or. RECEIVED
Date June 2, 2022	Signature of Filer	Ormingeent:	JUN 0 2 2022 NEW HAMPSHIRE
Return to: Office of Secretary of S	itate, 107 North Main Street, State House	Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Kevin Verville	Work Address 400 bay	Street, Mana	Lester NHO3103
Primary Occupation Technical Director e-mail KGNE	RVILLE EGMAIL. CO	w Work Phone 6	03-669-5410
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 o proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	, and from which any income in exc	cess of \$10,000 was deri	ved during the preceding
1. Jennter Vervlle, wite Stafford Scho	ool District		
2.			
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income	e does not qualify	
B. Indicate below whether you or a family member has a special interest in any of treportable 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: 1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	inistrative rule, a decision whether or ited business, profession, occupation, ate of New Hampshire. List each such	not to award a contract, group, or matter would p	grant a license or permit, potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		6. State of N municipal em	ew Hampshire, county, or oployment
7. N.H. Retirement 8. Current use land 9. Restaution assessment program lodging	urants/ 10. Sale and dis	stribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Educa	ation 15. Water	Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax	nal: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the 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 kn	owledge and belief. RS	A 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this endpter of knowing	- A	1	RECEIVED
Date 650m 2027 Signature	of Filer	L	JUN 0 8 2022
Return to: Office of Secretary of State, 107 North Main S	treet, State House Room 204, Concord	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name JANE W VAN ZANDT	Work Address			
Primary Occupation RETIREd e-	mail episreve co	mcast, met Wor	k Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal retires.	dvisory capacity, and from which	h any income in excess of	\$10,000 was derive	ed during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials ne	xt to the following statement.	My income does	not qualify	At-
B. Indicate below whether you or a family member has a special interportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ge	a change in administrative rule, a c t affecting the listed business, prof eneral public:	decision whether or not to a fession, occupation, group,	award a contract, gr	ant a license or permit,
I / Health (are II is inclirance II I		Banking or financial		w Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	ers, and landlords servi	10. Sale and distribution beverages	municipal emp	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horotograms	rse or dog racing, or other legal fo lling	14. Education	15. Water Re	
16 Agricultura	Business Interest and Enterprise Tax Dividends T		ecify any other area I interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this ch	information is true and complete napter or knowingly files a false sta	to the best of my knowledg atement shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
				RECEIVED
Date June 1 2022	Signature of Filer	Jane W Van	Zandx	JUN 0 2 2022
				I was a series to the first

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

NEW HAMPSHIRE DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name Susan J. Vandecastage Work Address 470 S. Broodway
Primary Occupation SERVICE Manger e-mail SUSAN VEKY Auto, Com Work Phone 6038413099
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS District Pepposeofus Rockingham Ca
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. 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. RECEIVED
Signature of Filter July 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Ivy Vann	Work Address 50 Summer St. Peterborougult 03
Primary Occupation Urban tolanner e-mail 11	y, vanne gmail-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	Representative
	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 or disability benefits shall be included. (Use additional sheets as necessary.)
1. Cohealo State Street Boston	MA
2.	
If you have no qualifying income indicate by writing your initials next to the follow	owing statement. My income does not qualify
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 profession, occupation, or category of business:	e State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including bro agent, developers, and land	
7. N.H. Retirement 8. Current use land 9. Resolution System assessment program lodgin	staurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog rad Utilities Commission 13. Horse or dog rad of gambling	ncing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Taxes: Profits Tax Enterprise Taxes	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
person who knowingly fails to comply with the provisions of this chapter or kno	RECEIVE
	nture of Filer JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Daviel T. Veillena Work Address 107 N Main St, Concard, NH 03303
Primary Occupation State Representative e-mail daviel. Veillewalety State H. Work Phone 207-153-4430
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Southegen Regional Lendfill District - Member Board of Directors Southegen Cooperative 8thool Baad - Bard Member A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Dartmonth - Hitchcock Clivis - 2300 South wood Dr., Nashua, NH 03063 - Wife Laurie Veiller
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: Physicalar
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 5. Banking or financial 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 Business Enterprise Tax Dividends Tax Special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 3 June 2022 Signature of Filer

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print Clearly Work Address Full Name **Primary Occupation** e-mail Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary,) 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Firewor 6. State of New Hampshire, county, or 4. Real Estate, Including brokers, 5. Banking or financial 2. Health Care 3. Insurance agent, developers, and landlords municipal employment services 10. Sale and distribution of alcoholic 7. N.H. Retirement 11. Practice of 8. Current use land 9. Restaurants/ beverages law assessment program lodging System 13. Horse or dog racing, or other legal forms 12. Any business regulated by the Public 14. Education 15. Water Resources of gambling Utilities Commission 18. Optional: Specify any other area in which you have a Interest and 17. N.H. Business Business 16. Agriculture special interest -Dividends Tax Profits Tax Enterprise Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. 4-3-22 Signature of Filer Date

Type or Print Clearly	
Full Name Robin Vogt	Work Address 25 Lincoln Street Exeter, NH 03833
Primary Occupation Paraeducator e-mail ration	1. w. Vogt @gmail.com Work Phone (603) 969-5720
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding sability 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	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlore	
7. N.H. Retirement 8. Current use land 9. Restau system lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	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 tr person who knowingly fails to comply with the provisions of this chapter or knowin	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor. RECENTED
Date 6 9 2022 Signature	e of Filer JUN 1 0 2022 NEW HAMPSHIRE DEPART MENT OF STATE

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

Type or Pri	nt Clearly						
Full Name	Wolfram von Schoen		Work Addres	s 3655 San	dhurst Drive, York	, PA 1740	06
Primary Occ	Cupation VP of Aftermarket Operations	e-mail	wvonschoen@wes	tfaliausa.com	Work Phone	717-9	16-0108
directors, e	office, position, board or commission, board of etc. or employment with state or county theld by you. NO ACRONYMS	Commiss	sioner at Merrimack	Village Water	Works		
proprietor,	ow the name, address, and type of any profession employee, or served in any other profession. Sources of retirement benefits other than federal.	onal or adviso	ory capacity, and from w	hich any income	in excess of \$10,000 v	vas derived	I during the preceding
1. pi	roALPHA Software, Nashua, NH (Spe	ouse is a c	onsultant and projec	et manager)	-		
2. K	eller-Williams Realty, Nashua, NH (S	pouse is a	realtor)				
lf you have i	no qualifying income indicate by writing your ir	nitials next to	the following statement.	My i	ncome does not qualify	,	
reportable discipline a financial ef	below whether you or a family member has a s special interest in an item on this list if a change licensee or permittee, or other decision by gov fect on you or a family member than it would o	e in law, a cha ernment affe n the general	nge in administrative rule cting the listed business, public:	, a decision wheth profession, occupa	ner or not to award a co ation, group, or matter	ntract, gran	nt a license or permit,
	rofession, occupation, or category of business:				- MA-1		
2. He		Estate, includ developers, a		5. Banking or fina ervices		ate of New cipal emplo	Hampshire, county, or syment
Syste			9. Restaurants/ lodging	10. Sale a beverages	nd distribution of alcol	nolic	11. Practice of law
	y business regulated by the Public Commission	13. Horse or of gambling	dog racing, or other lega	forms 14.	Education 15.	. Water Reso	ources
16. A	griculture 17. N.H. Business taxes: Profits Ta:	Busin	rprise Tax Interest		Optional: Specify any of special interest	other area i	n which you have a
	RSA 15-A and hereby swear or affirm that the fo knowingly fails to comply with the provisions						5-A:9 Penalty. Any
Date Jui	ne 9th, 2022		Signature of Filer	Wolfam	on Schon		RECEIVED
							IIIN 1.0 2022

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

JUN 10 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Michael Vose	Work Add	ress NA	
Primary Occupation Retired	e-mail	Work	hone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		tive	
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	onal or advisory capacity, and from	which any income in excess of \$	0,000 was derived during the preceding
1. Wentworth Douglass Hospi	Hal, 785 Central Ave	., Dovar, NH.	
2.			
If you have no qualifying income indicate by writing your in	nitials next to the following statemer	nt. My income does no	qualify
discipline a licensee or permittee, or other decision by government of the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on your or a family member than it would on the financial effect of the financial	on the general public:		matter would potentially have a greater
1 Health Lare II is insurance II I	l Estate, including brokers, , 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 assessment program		10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other le of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta		est and 18. Optional: Special in	ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the fo	oregoing information is true and com	plete to the best of my knowledge	and belief. RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions	or this chapter or knowingly files a la	ise statement shall be guilty of a mi	RECEIVED
Date 6/3/22	Signature of Filer	Mal of Vore	JUN 07 2022
Patrum to Office of Corretons	of State 107 North Main Street, State	House Room 204, Concord, NH 0330	NEW HAMPSHIRE DEPARTMENT OF STATE