Work Address: 10 Kearney Road Surte (0) Needham /3A 02499 E-mail dary Odary GLGas law. com Work Phone (617) 600 - 7140 Type or Print CLEARL Full Name Dary A662 S Primary Occupation 6464981 Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) Upper Charles Low Group, LLC 10 Kearney ROAD Suite 101 Needbon, MAU2194 ( Lau Firm 2. AlkaMai Technologies Inc. 150 Broadway Cambridge, MA 02142 (Tech (umpany) If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

Г	2. Health Care 73. In	surance		Real Estate, inclu gent, developers,	<b>v</b>	Г	5. Bankin services	ng or fi	nancial		6. State of New municipal emp	v Hampshire, county, or ployment
Г	7. N.H. Retirement System	[- ····	rent use la ent progra		9. Restaurants	/	ΗГ .	10. Sa bevera	le and distributior ages	n of al	coholic	11. Practice of law
Г	12. Any business regulated by Utilities Commission	the Public		☐ 13. Horse gambling	or dog racing, or oth	er legal fo	orms of	Г	14. Education	Г	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interest Dividen		Г	18. Optional: Special			n which you have a

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

Date 06/03/2020 Signature of Reporting Individual

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

JUN 0 5 2020

Type or Print CLEARLY Full Name Michael D. Abbott		Work Address:	N/A		
Primary Occupation Retired	E-mail	amsabbe	N/A hotmail.com	Work Phone	N/A
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS.					
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional o calendar year. Sources of retirement benefits other than feder	r advisory capacity, a	and from which any	v income in excess of \$1	0,000 was derived du	ring the preceding
1. <u>NH State Retirement</u> 2.	system	<b>\</b>			
If you have no qualifying income indicate by writing your initials next	to the following state	ement.	My incom	e does not qualify	τ
<ul> <li>B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect on you or a family member than it would on the special effect. A special effect on you or a family member than it would be special effect.</li> </ul>	n law, a change in ad ment affecting the lis he general public:	Iministrative rule, a sted business, profe Hampshire. List eacl	decision whether or not ssion, occupation, group	t to award a contract, b, or matter would pot	grant a license or permit,
2. Health Care     3. Insurance     agent, developed       7. N.H. Retirement     8. Current use land	rs, and landlords	ts/ services	10. Sale and distribution	municipal emplo	yment 
System     assessment program       Image: Line structure     Image: Line structure	lodging rse or dog racing, or ot g Business Enterprise Tax	her legal forms of Interest and Dividends Tax		15. Water Reso	
I have read RSA 15-A and hereby swear or affirm that the fore Penalty. Any person who knowingly fails to comply with the	going information	is true and compl	ete to the best of my k	nowledge and belie	
Date $\frac{6/3/20}{2}$	· . —	Michae	ature of Reporting Indiv	idual	and the second second
Return to: Office of Secretary of Secretary	State, 107 North Mai	n Street, State Hou	se Room 204. Concord.	NH 03301	JUN 0 5 2020
	,		·,,		NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name Richard M. Abel	Work Address:	28 Apple Bluss	em Drive
Primary Occupation <u>retired</u>	E-mail bernevabe	Gaol. wm Work Pho	one <u>603-790-8365</u>
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS.	State Represent New Hampshiv	aive, Grafte e House of	n District 13 Representations
<ul> <li>A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional o calendar year. Sources of retirement benefits other than federed.</li> <li>1. 1.</li></ul>	or advisory capacity, and from which any	income in excess of \$10,000 was	derived during the preceding
		,	· · · · · · · · · · · · · · · · · · ·
2If you have no qualifying income indicate by writing your initials next	to the following statement.	My income does not	qualify
<ul> <li>B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special of the special of the special of the special of the special sp</li></ul>	in law, a change in administrative rule, a nument affecting the listed business, profe he general public:	decision whether or not to award a ssion, occupation, group, or matter	contract, grant a license or permit,
	cluding brokers, 5. Banki ers, and landlords services		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of alcohol beverages	
	rse or dog racing, or other legal forms of ng	14. Education 15.	Water Resources
If 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise Tax Interest and Dividends Tax	18. Optional: Specify any oth special interest	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore <b>Penalty</b> . Any person who knowingly fails to comply with the	going information is true and compl provisions of this chapter or knowin	ete to the best of my knowledge gly files a false statement shall	and belief. RSA 15-A:9 be guilty of a misdemeanor.
Date (p-3-2020	<u> </u>	ature of Reporting Individual	RECEIVEDO
			JUN 0 5 2020
Return to: Office of Secretary of	State, 107 North Main Street, State Hou	ise Room 204, Concord, NH 03301	NEW MARDER STE DEPARTRAM

npe or Print CLEARLY	Work Address:	Fatred		
imary Occupation	E-mail		Work Phone	· .
ame the office, position, board or commission, committee, board of rectors, etc. or employment with state or county government held you. NO ACRONYMS.	f	· · · · · · · · · · · · · · · · · · ·	·	
A. List below the name, address, and type of any profession, by proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than feder	or advisory capacity, and from which an	y income in excess of \$10	0,000 was derived du	iring the preceding
1	· · · · · · · · · · · · · · · · · · ·	,	•	
2.				
you have no qualifying income indicate by writing your initials new	xt to the following statement.	My income	e does not qualify	
B. Indicate below whether you or a family member has a speci reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover	e in law, a change in administrative rule, a rnment affecting the listed business, profe	a decision whether or not	to award a contract,	grant a license or permit,
<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>Health Care</li> <li>Insurance</li> <li>Real Estate, i</li> </ol> </li> </ul>	e in law, a change in administrative rule, a rmment affecting the listed business, profe in the general public: Tied by the State of New Hampshire. List eac including brokers, 5. Bank	a decision whether or not ession, occupation, group h such profession, ing or financial	to award a contract, , or matter would po	grant a license or permit, tentially have a greater Hampshire, county, or
<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>Health Care</li> <li>Insurance</li> <li>Real Estate, i</li> </ol> </li> </ul>	e in law, a change in administrative rule, a rnment affecting the listed business, profe the general public: Tied by the State of New Hampshire. List eac including brokers, 5. Bank	a decision whether or not ession, occupation, group h such profession, ing or financial	to award a contract, , or matter would po 6. State of New I municipal emplo	grant a license or permit, tentially have a greater Hampshire, county, or
<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on         <ul> <li>1. Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>2. Health Care</li> <li>7. N.H. Retirement System</li> </ul> </li> <li>8. Current use land assessment program</li> </ul>	e in law, a change in administrative rule, a rmment affecting the listed business, profe- in the general public: ied by the State of New Hampshire. List eac including brokers, pers, and landlords 9. Restaurants/ lodging Horse or dog racing, or other legal forms of	a decision whether or not ession, occupation, group h such profession, ing or financial 10. Sale and distribution	to award a contract, , or matter would po 6. State of New I municipal emplo	grant a license or permit, tentially have a greater Hampshire, county, or byment 11. Practice of law
<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on         <ul> <li>1. Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>2. Health Care</li> <li>7. N.H. Retirement</li> <li>8. Current use land assessment program</li> <li>12. Any business regulated by the Public</li> </ul> </li> </ul>	e in law, a change in administrative rule, a rmment affecting the listed business, profe- in the general public: ied by the State of New Hampshire. List eac including brokers, pers, and landlords 9. Restaurants/ lodging Horse or dog racing, or other legal forms of	a decision whether or not ession, occupation, group h such profession, ing or financial 10. Sale and distribution beverages 14. Education 18. Optional: Spec	to award a contract, , or matter would po 6. State of New I municipal emplo of alcoholic	grant a license or permit, tentially have a greater Hampshire, county, or byment 11. Practice of law ources
reportable special interest in any item on this list if a change 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 licensed or certific occupation, or category of business: 2. Health Care  3. Insurance  4. Real Estate, i agent, develop 7. N.H. Retirement  System  4. Current use land assessment program 12. Any business regulated by the Public  13. H Utilities Commission  17. N.H. Business 16. Agriculture  17. N.H. Business have read RSA 15-A and hereby swear or affirm that the for renalty. Any person who knowingly fails to comply with the	e in law, a change in administrative rule, a rmment affecting the listed business, profe- in the general public: ied by the State of New Hampshire. List eac including brokers, pers, and landlords 9. Restaurants/ lodging Horse or dog racing, or other legal forms of ling - Business Enterprise Tax regoing information is true and completion - Business	a decision whether or not ession, occupation, group h such profession, ing or financial 10. Sale and distribution beverages 14. Education 18. Optional: Special i lete to the best of my kn	to award a contract, , or matter would por 6. State of New I municipal emplo of alcoholic 15. Water Res cify any other area in v nterest	grant a license or permit, tentially have a greater Hampshire, county, or byment 11. Practice of law ources which you have a ef. RSA 15-A:9
reportable special interest in any item on this list if a change 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 licensed or certific occupation, or category of business: 2. Health Care  3. Insurance  4. Real Estate, i agent, develop 7. N.H. Retirement  System  4. Current use land assessment program 12. Any business regulated by the Public  13. H Utilities Commission  17. N.H. Business 16. Agriculture  17. N.H. Business have read RSA 15-A and hereby swear or affirm that the for renalty. Any person who knowingly fails to comply with the	e in law, a change in administrative rule, a rmment affecting the listed business, profe- in the general public: ied by the State of New Hampshire. List eac including brokers, pers, and landlords 9. Restaurants/ lodging Horse or dog racing, or other legal forms of ling - Business Enterprise Tax regoing information is true and completion - Business	a decision whether or not ession, occupation, group h such profession, ing or financial 10. Sale and distribution beverages 14. Education 18. Optional: Special i lete to the best of my kn	to award a contract, , or matter would por 6. State of New I municipal emplo of alcoholic 15. Water Res cify any other area in v nterest	grant a license or permit, tentially have a greater Hampshire, county, or byment 11. Practice of law ources which you have a ef. RSA 15-A:9
reportable special interest in any item on this list if a change 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 licensed or certific occupation, or category of business: 2. Health Care 7. N.H. Retirement 8. Current use land system 8. Current use land assessment program 12. Any business regulated by the Public 7. N.H. Retirement 12. Any business regulated by the Public 13. H Utilities Commission 17. N.H. Business 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	e in law, a change in administrative rule, a rmment affecting the listed business, profe- in the general public: ied by the State of New Hampshire. List eac including brokers, pers, and landlords 5. Bank pers, and landlords 5. Bank services 9. Restaurants/ lodging Horse or dog racing, or other legal forms of ling - Business Interest and Enterprise Tax Interest and Dividends Tax regoing information is true and comple e provisions of this chapter or knowir	a decision whether or not ession, occupation, group h such profession, ing or financial 10. Sale and distribution beverages 14. Education 18. Optional: Special i lete to the best of my kn	to award a contract, , or matter would por 6. State of New I municipal emplo of alcoholic 15. Water Res cify any other area in v nterest howledge and belie ent shall be guilty of	grant a license or permit, tentially have a greater Hampshire, county, or byment 11. Practice of law ources which you have a ef. RSA 15-A:9

1. <b>1</b> . 5	2020 NEW HAMPSHIRE ST	ATEMENT OF FINAN	CIAL INTERESTS – RSA 15	- <b>A</b>	
Type or Print CLEARLY	Sim	Work Add	ress:		
	constanction	E-mail_Mox/	16 ranson Ogue com	Work Phone 60.	3-760-7090
Name the office, position, board o	r commission, committee, board of state or county government held			· · ·	
proprietor, or employee,	ress, and type of any profession, business, or served in any other professional or advis retirement benefits other than federal retir	ory capacity, and from w	hich any income in excess of \$1	0,000 was derived dur	ing the preceding
1. ADA Gold	chester, Vermont, ri	ord construct	on employee	· · ·	
2					
you have no qualifying income	ndicate by writing your initials next to the	following statement.	My incom	e does not qualify	<i>۱</i>
1. Any profession, occu occupation, or category o	4 Real Estate, including	e State of New Hampshire.	List each such profession, 5. Banking or financial	- 6. State of New H	ampshire, county, or
	agent, developers, and	landlords	ervices	I municipal employ	ment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	☐ 10. Sale and distribution beverages		. 11. Practice of law
<ul> <li>12. Any business regulated by Utilities Commission</li> </ul>	the Public I3. Horse or d gambling	og racing, or other legal fo	rms of 14. Education	15. Water Reso	urces
16. Agriculture	17. N.H. taxes: Profits Tax Enterp	orise Tax Dividence	11	cify any other area in wh interest	iich you have a
enalty. Any person who kno	eby swear or affirm that the foregoing owingly fails to comply with the provis	ions of this chapter or I	complete to the best of my k movingly files a false statem	nowledge and belief tent shall be guilty of	<b>RSA 15-A:9</b> f a misdemeanor.
Date June 12, 2	020		Signature of Reporting Indiv	idual	n and a second second The second se The second se
• •	Return to: Office of Secretary of State, 1	07 North Main Street. St		24 	

ι

فمحديه معد فمردين أر

e an chuir a'

Type of	r Print CLEARLY
Full Na	me Donna VACKerman Work Address:
Primary	Occupation <u>Retired</u> E-mail <u>dvackerman@gmail. Com</u> Work Phone
director	he office, position, board or commission, committee, board of
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
If you h	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit 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. Ir	surance	1.	Real Estate, inclu gent, developers,	•		5. Bankin services	ng or fi	inancial	6. State of New municipal emp	w Hampshire, county, or ployment
R	7. N.H. Retirement System		rent use la ent progra		9. Restaurants/ lodging	1		10. Sa bevera	le and distribution ages	ofalcoholic	11. Practice of law
Γ	12. Any business regulated b Utilities Commission	y the Public		☐ 13. Horse gambling	or dog racing, or othe	r legal fo	rms of		14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	⊢ Busi Profit		usiness nterprise Tax	Interest Dividen		Г		cify any other area in interest	n which you have a

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

Date 6-3-2020

RECEIVED Signature of Reporting Individual

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

JUN 0 8 2020

**NEW HAMPSHIRE** DEPARTMENT OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A	
Type or Print CLEARLY       Dennis       Acton       Work Address:       93 Risloves       Wag       Fremont       N         Full Name        Project       Manager       E-mail       dennisactono, yahoo. Work Phone       603	JH 03044
Primary Occupation Project Manager E-mail een is actor & Yahoo. Work Phone 603	3 496 6852
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, as proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	g 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 <i>Let</i>	
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gra 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: WIRE-AMERISY Health are, Physical Therap	tially have a greater
2. Health Care 7. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Han municipal employm	
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 Resour	rces
16. Agriculture       17. N.H. taxes:       Business Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       18. Optional: Specify any other area in which special interest	ich 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. Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of Date $\frac{6/4}{2020}$ Date Signature of Reporting Individual	
	RECEIVED

DEPARTMENT OF STATE

Type or Print CLEARLY Work Address: P. O. BOX 16182 HOOKSER MH Full Name KOLAWOLE ERNEST ADEWUMPI Primary Occupation MINISTER / PAUSIC-TV PRODUCTION Work Phone 857-217-8-44 exusismine Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers. 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 8. Current use land 10. Sale and distribution of alcoholic 7. N.H. Retirement 9. Restaurants/ 11. Practice of System assessment program lodging beverages law 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 15. Water Resources 14. Education Utilities Commission gambling 17. N.H. 18. Optional: Specify any other area in which you have a Business Business Interest and 16. Agriculture special interest ----Profits Tax Enterprise Tax Dividends Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. une 12/ Signature of Reporting Individual JUN 1 5 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Ø

Type or Print CLEARLY Full Name JOSMWA DIE Adjudant Work Address: 314 Bridge Water	Hill Rd. Bridewater, N.
Primary Occupation CARO Ver E-mail Work Phon	ne
Name the office, position, board or commission, committee, board of <u>NEW Hampshire 5fate Represel</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	ndative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional she	erived during the preceding
1	· · · · · · · · · · · · · · · · · · ·
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualifying income indicate by writing your initials next to the following statement.	ualify DOF
	contract, grant a license or permit, would potentially have a greater
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	11 .
System       1 assessment program       1 lodging       1 beverages         Image: System       12. Any business regulated by the Public Utilities Commission       Image: System content legal forms of gambling       Image: Syst	/ law /ater Resources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxInterest and Enterprise TaxInterest and Dividends Tax18. 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 a <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	
Date <u>96-94-2020</u>	
Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 8 2020
	NEW HAMPSHIRE

2020 NEW HAMI SHIRE STATEMENT OF FINANCIAL INTERESTS - ROA 15-A	
Type or Print CLEARLY Omer C, Ahern Jr. Work Address: 789 Mt. Moosilay Keltvy Full Name Omer C, Ahern Jr. Work Address: 789 Mt. Moosilay Keltvy Primary Occupation Attorney at law E-mail Omer. ahern, rog gmail Work Phone 603-764-60.	- 24
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Ē3
<ul> <li>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)</li> <li>1. Law Office of Omer C. Ahern J.</li> </ul>	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>Any profession, or category of business:</li> </ul> </li> </ul>	
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 System8. Current use land assessment program9. Restaurants/ lodging10. Sale and distribution of alcoholic beverages11. Practice of law	f
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or other legal forms of gambling14. Education15. Water Resources	
16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise TaxInterest and Dividends Tax18. 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 benef. 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 $Ung 10, 2020$	
Signature of Reporting Individual 'RECEI	VED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 JUN 11	2020
	SHIRE OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A
Type or Print CLEARLY Full Name Chip Albee Work Address: Middle Rd Turtonboro N+1 Primary Occupation Selectman Town of Turtonbero E-mail Chipalble & Gincil. Com Work Phone 549-4539
Primary Occupation Selectman Town of Tultonberg E-mail Chipalble & Ginzil. Com Work Phone 549-4539
Name the office, position, board or commission, committee, board of
<ul> <li>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)</li> <li>1. Hon. Phone la D. Alber (retired) NH Judicial Retirement - retired Current court Judge</li> </ul>
2
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
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
$   \begin{bmatrix}     7. N.H. Retirement \\     System   \end{bmatrix}   \begin{bmatrix}     8. Current use land \\     assessment program   \end{bmatrix}   \begin{bmatrix}     9. Restaurants/ \\     lodging   \end{bmatrix}   \begin{bmatrix}     10. Sale and distribution of alcoholic \\     beverages   \end{bmatrix}   \begin{bmatrix}     11. Practice of \\     law   \end{bmatrix} $
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or other legal forms of gambling14. Education15. Water Resources
16. Agriculture       17. N.H. taxes:       Business Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. <b>RSA 15-A:9</b> <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 6/11/2020		$\lambda > 2$	
		Signature of Reporting Individual	
			JUN 1 2 2020
	Return to: Office of Secretary of State, 107 North M	1ain Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

	meBritton Albiston	Work Address:
Primary	y Occupation _ Stay at home mom / student	E-mail Britton Albiston NH@gmail-CoWork Phone
directors	the office, position, board or commission, committee, board of rs, etc. or employment with state or county government held . NO ACRONYMS	-6
Α.	proprietor, or employee, or served in any other professional or advis	or other organization in which you or a family member was an officer, director, associate, partner, sory capacity, and from which any income in excess of \$10,000 was derived during the preceding rement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.		
2.		
If you ha	have no qualifying income indicate by writing your initials next to the	following statement. My income does not qualify
B.	reportable special interest in any item on this list if a change in law,	est in any of the following businesses, professions, occupations, groups or matters. A person has a , a change in administrative rule, a decision whether or not to award a contract, grant a license or permi- affecting the listed business, profession, occupation, group, or matter would potentially have a greater heral 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. Ir	isurance	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	11	rrent use land nent program	9. Restaurants/ lodging			. Sale and distribution verages	ofalcoholic	11. Practice of law
12. Any business regulated b Utilities Commission	y the Public	13. Hors gambling	e or dog racing, or other	legal forms	of [	14. Education	15. Water Re	esources
16. Agriculture	17. N.H. taxes:			nterest and ividends Ta	11		cify any other area in interest	1 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 occit of any sector of the sector o

Date 6/12/2020 JUN 15 2020 Signature of Reporting Individual NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type or</b> Full Nan	Print CLEARL	х 5	FRANCIS	ALCIERI	<u>E</u>	Work Address:	28 M	pile Drive	
Primary	Occupation	pell	Employe	d		<u> </u>	(	100-ComWork Phone	603 821 1347
directors		nent with	r commission, co state or county g	mmittee, board of overnment held	5+9+8	Repres	entive		
	proprietor, or en	ployee,	or served in any o	ther professional or	advisory capacity,	and from which a	ny income in ex	nember was an officer, di cess of \$10,000 was deriv led. (Use additional sheets	
1.	. • 		· · · · · · · · · · · · · · · · · · ·		-			· ·	
2.	<u> </u>		· · · · · · · · · · · · · · · · · · ·						
If you ha	we no qualifying	income	indicate by writin	g your initials next to	o the following sta	tement.		My income does not qual	ifyA
Г	reportable specia discipline a licen financial effect o	al interest isee or pe on you or sion, occu category o	in any item on the rmittee, or other a family member spation, or business	his list if a change in decision by governm than it would on the slicensed or certified 4. Real Estate, incl	law, a change in a sent affecting the l general public: by the State of New uding brokers,	dministrative rule, isted business, pro Hampshire. List ea	a decision whe fession, occupat	ther or not to award a con ion, group, or matter wou on, 6. State of	r matters. A person has a tract, grant a license or permit, ild potentially have a greater New Hampshire, county, or
, 	7. N.H. Retireme	·	8. Current		, and landlords 9. Restaura lodging	nts/		istribution of alcoholic	employment 11. Practice of law
<u> </u>	System 2. Any business reg ilities Commissi				e or dog racing, or o	ther legal forms of	☐ 14. Edu		r Resources
Г	16. Agriculture		17. N.H. taxes:		Business Enterprise Tax	<ul> <li>Interest and Dividends Tax</li> </ul>	□ 18. Opt	tional: Specify any other an special interest	a in which you have a
			owingly fails to	comply with the pr	ovisions of this	chapter or knowi	ngly files a fal	ting Individual	belief. RSA 15-A:9 iil RECEIVED JUN = 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE
			Return to: Offi	ce of Secretary of St	ate, 107 North Ma	in Street, State Ho	use Room 204,	Concord, NH 03301	

<b>Type or Print C</b> Full Name	LEARLY -OUIS		ALCIE	RE			Mobile			-
Primary Occupat	ion <u>Self</u>	Employ	ed	E-mail	LOALCI	ERE G	Ychoo.com	Work Phone	603 82	1347
	employment w		committee, board o government held	of	e Kepre	sentiv	Ŕ.			· ·/·
propriet	or, or employed	e, or served in any	other professiona	business, or other org l or advisory capacit leral retirement and/	y, and from which	any income	e in excess of \$1	0,000 was deriv	ed during the p	
2.		· · ·		•						
If you have no qu	alifying incom	e indicate by writ	ing your initials ne	ext to the following s	tatement.		My incom	e does not qual	ify <u> </u>	
reportab disciplin financial 1. Ar	le special inter e a licensee or effect on you by profession, oc tion, or categor	est in any item on permittee, or oth or a family memb cupation, or busin	this list if a chang er decision by gove er than it would on ess licensed or certif — 4. Real Estate,	cial interest in any of e in law, a change in ernment affecting the n the general public: Fied by the State of Ne including brokers,	administrative rul listed business, pr w Hampshire. List 5. Ba	e, a decision ofession, oc each such pro	n whether or not ccupation, group ofession,	to award a con , or matter wou 6. State of	tract, grant a lic ld potentially h New Hampshire,	ense or permit, ave a greater
7. N.H. R	etirement	- 8. Curr	agent, develo ent use land nt program	pers, and landlords 9. Restaur lodging	rants/		and distribution		employment	Practice of
System 12. Any bu Utilities Co	siness regulated			Horse or dog racing, or	other legal forms of	of · 1	4. Education	15. Wate	r Resources	·
☐ 16. Agric	······	17. N.H. taxes:	- Business Profits Tax Γ	- Business Enterprise Tax	☐ Interest and Dividends Ta		18. Optional: Spec special i	cify any other are nterest	ea in which you h	nave a
				regoing information reprovisions of this						
Date $6/l$	1/2020	$\mathcal{O}$	<b>.</b> .	• ·	ec					EIVED
					S	ignature of I	Reporting Indivi	dual	JUN -	8 2020
-		Return to: O	ffice of Secretary of	of State, 107 North M	1ain Street, State H	Iouse Room	a 204, Concord, I	NH 03301	NEW HA	MPSHIRE NT OF STATE
								· · · ·		·. ·

Type or Print Full Name	cleari Glen	× Al	Idrich				Wo	ork Addre	ss:	343	old	Lak	shor	c, K	Rd L.T	43
Primary Occup	pation	<u>constr</u>	uction	• •		E-ma	il <b>9</b> /	enald	rich	00	012 mail.co	Wor	k Phone	1 ( ton d		
Name the offic	ce, position or employn	, board or nent with	commission,	committee, boa y government h		NA	•									-
propr	rietor, or en	iployee, o	r served in ar	of any profession by other profession inefits other thar	onal or a	dvisory capac	ity, and	from wh	ich any	income i	n excess of s	\$10,000	was derive	d during	the preceding	
1	····														<del>.</del>	-
2 If you have no	qualifying	income in	ndicate by wr	iting your initia	ls next to	the following	stateme	ent.			My inco	me doe	s not qualif	y_N	'A	-
report discip finance 	table specia pline a licer cial effect c	al interest isee or per on you or a sion, occup	in any item o mittee, or oth a family mem pation, or busi f business:	her decision by a ber than it woul ness licensed or c 4. Real Es	lange in l governme ld on the certified b tate, inclu	aw, a change ent affecting ti general public by the State of N uding brokers,	in admin he listed : New Han	nistrative I business npshire. L	rule, a s, profes	decision ssion, occ	whether or n cupation, gro fession,	up, or m	ard a contra latter would 5. State of N	act, grant l potentia	a license or perm Illy have a greater	ıit, 
·	H. Retireme	Ľ		agent, de rent use land	velopers,	and landlords		' se	rvices	10. Sale a	nd distributio		nunicipal er oholic	nployme	nt 11. Practice of	
Syster	m		assessm	ent program		l lodging		P		beverage			· · · · ·	<u> </u>	law	
	business re Commiss		the Public	11	13. Horse ambling	or dog racing,	or other	legal for	ns of	IT 14	. Education		15. Water	Resource	S	
☐ 16. Ag	griculture	1	17. N.H. taxes:	Profits Tax	1	Business nterprise Tax	1	Interest an Dividends		F 18	8. Optional: S specia	pecify ar al interes	y other area t	in which	you have a	
I have read Penalty. A Date	RSA 15-A ny person	and here who kno	eby swear o wingly fails	r affirm that th to comply wit	e forego h the pr	oing informat ovisions of t	ion is t his chap	rue and o pter or k	nowing	gly files	e best of my a false state	ement s	edge and b hall be gui	Ity of a P	SA 15-A:9 misdemeanor. ECEIVE JUN - 8 2020	
			Return to:	Office of Secret	ary of Sta	ate, 107 North	Main S	treet, Sta	te Hou	se Room	204, Concor	d, NH 0	3301		EW HAMPSHIR RTMENT OF S	<b>`</b>
L																and the first of a state

Type or Full Nar	Print CLEARLY ne L. HITKGY	P. ALDRICH		Work Address:	NA (RETIL	240)	
	,	-1R2Y	E-mail	aldriche	NA (RETIL	Work Phone 1	4
directors		or commission, committee, board h state or county government held				· · · · · · · · · · · · · · · · · · ·	
Α.	proprietor, or employee,	dress, and type of any profession, or served in any other profession f retirement benefits other than fe	al or advisory capacity,	and from which any	income in excess of \$1	0,000 was derived duri	ing the preceding
1.		<u></u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
2.							
If you ha	ave no qualifying income	indicate by writing your initials r	next to the following stat	ement.	My incom	e does not qualify	
В.	reportable special interest discipline a licensee or p financial effect on you of	you or a family member has a spe st in any item on this list if a chan ermittee, or other decision by gov r a family member than it would o upation, or business licensed or cert of business:	ge in law, a change in a vernment affecting the li on the general public:	dministrative rule, a c sted business, profes	decision whether or not sion, occupation, group	to award a contract, g	rant a license or permit,
Γ	2. Health Care 7 3. In	ncurance II	e, including brokers, lopers, and landlords	5. Bankin services	g or financial	6. State of New Ha	ampshire, county, or ment
$\overline{\mathbf{V}}$	7. N.H. Retirement System	8. Current use land assessment program	9. Restauran lodging		10. Sale and distribution beverages	of alcoholic	11. Practice of law
	2. Any business regulated b tilities Commission		. Horse or dog racing, or o Ibling	ther legal forms of	14. Education	15. Water Resou	urces
Г	16. Agriculture	17. N.H. taxes: Frofits Tax	☐ Business Enterprise Tax □	<ul> <li>Interest and Dividends Tax</li> </ul>	☐ 18. Optional: Spe special	cify any other area in wh nterest	nich you have a
I have Penal	read RSA 15-A and he ty. Any person who kn	creby swear or affirm that the f lowingly fails to comply with t	foregoing information the provisions of this of	is true and complet chapter or knowing	ly files a false statem	nowledge and belief ent shall be guilty of	<b>RSA 15-A:9</b> f a misdemeanor.

Date  $\frac{6}{9}/2c$ 

Signature of Reporting Individual

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A 795
Type or Print CLEARLY         Full Name       Joseph H       AuxaNcLev JV         Work Address:       ELS Elm Street         Primary Occupation       Bartender       E-mail       Olexander JV
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, 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. Thirsty Moose Taphouse LLC -> 795 Elm Street > Bartender.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>2. Health Care</li> <li>3. Insurance</li> <li>4. Real Estate, including brokers, agent, developers, and landlords</li> <li>5. Banking or financial municipal employment</li> </ul> </li> </ul>
$   \begin{bmatrix}     7. N.H. Retirement \\     System   \end{bmatrix}   \begin{bmatrix}     8. Current use land \\     assessment program   \end{bmatrix}   \begin{bmatrix}     9. Restaurants/ \\     lodging   \end{bmatrix}   \begin{bmatrix}     10. Sale and distribution of alcoholic \\     beverages   \end{bmatrix}   \begin{bmatrix}     11. Practice of \\     law   \end{bmatrix} $
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Resources
Interest and taxes:       Interest and Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       Interest and Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information 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 $04052020$ Date $04052020$ JUN - 8 2020

Type or Print CLEARLY Full Name Jennifer Angela Alford Teaster Work Address: Medical Center Dr. Le basion NH
Type or Print-GLEARLY Full Name Jennifer Angela Alford-Teaster Work Address: Medical Center Dr. Le basson NH Primary Occupation Senior Research Scientist E-mail Jalford + PEGGE Work Phone 603-660-6561
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify <u>DTTT</u>
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitt, 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: <ul> <li>I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession. occupation, or category of business:</li> <li>Quited - Employment at Mathematical Mathematical</li></ul></li></ul>
7. N.H. Retirement     8. Current use land     9. Restaurants/     10. Sale and distribution of alcoholic     11. Practice of law       System     assessment program     Iddging     Iddging     Iddging     Iddging
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Resources
16. Agriculture       17. N.H. taxes:       Business Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date $\frac{6/4/2020}{\text{Signature of Reporting Individual}}$
Return to: Office of Secretary of State. 107 North Main Street, State House Room 204, Concord, NH 03301

Full Name CARDIE C. Alicea Work Address: 648 Old Suncuok Rd Concord NH 03303								
Primary Occupation Senior Vice President/CED E-mail Calicea & Merclom Work Phone 603, 224.0044								
Name the office, position, board or commission, committee, board of <u>Capital City Charter School-Acting Chaireboard of Trustees</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.								
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)								
1. Grante Bay Care 2. Commissing Integrated Services Concord, NH 03301								
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify								
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>								
financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  5. Banking or financial 6. State of New Hampshire, county, or								
financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  5. Banking or financial 6. State of New Hampshire, county, or								
financial effect on you or a family member than it would on the general public:         1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:         2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       5. Banking or financial services       6. State of New Hampshire, county, or municipal employment         7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of								
financial effect on you or a family member than it would on the general public:								
financial effect on you or a family member than it would on the general public:								
financial effect on you or a family member than it would on the general public:								

2020 NEW HAMPSHIKE STATEMENT OF FINANCIAL INTERESTS – KSA 15-A
Type or Print CLEARLY Full Name James Conrad Allard Work Address:
Primary Occupation Retired E-mail jcallard 1951 egmail. Com Work Phone
Primary Occupation <u>Retires</u> Name the office, position, board or commission, committee, board of <u>State Representative for Merrimack Courty District 21</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1
2
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
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
$   \begin{bmatrix}     7. N.H. Retirement \\     System   \end{bmatrix}                                  $
$   \begin{bmatrix}     12. Any business regulated by the Public \\     Utilities Commission   \end{bmatrix}    \begin{bmatrix}     13. Horse or dog racing, or other legal forms of gambling   \end{bmatrix}    \begin{bmatrix}     14. Education   \end{bmatrix}    \begin{bmatrix}     15. Water Resources   \end{bmatrix}   $
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxInterest and Enterprise TaxInterest and Dividends Tax18. 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. <b>RSA 15-A:9</b> <b>Penalty</b> . 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 2020

Signature of Reporting Individual RECEIVED JUN 08 2020

**MEW HAMPSHIRE** 

TOF STATE

**Type or Print CLEARLY** Full Name William Jeffrey Allaca Club Rd, Ci Work Address: E-mail', effQ/a Work Phone 603-527-8247 Primary Occupation DCILL Now Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) , Ciltord, WH 03249 (Contract 6 unce. 36 Country Clyb Road war h Organization 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, Life occupation, or category of business: Science 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 services municipal employment 10. Sale and distribution of alcoholic 9. Restaurants/ 8. Current use land 11. Practice of 7. N.H. Retirement assessment program lodging beverages law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 15. Water Resources 14. Education gambling Utilities Commission 18. Optional: Specify any other area in which you have a 17. N.H. **Business** Business Interest and 16. Agriculture special interest ---taxes: Profits Tax Enterprise Tax Dividends Tax I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and 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 9 2020

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

Signature of Reporting Individual

JUN 10 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

CEIVED	N 0 8 2020	NEW HAMPSHIRE
	0 Niir	DEPAPT"

<b>Type o</b> Full Na	r Print CLEARLY	Mark Allieg	ro			Work Add	ress: <u>41</u>	Hemlock Hill	Rd., Camptor	n, NH 03223
Primar	y Occupation	Communic	ations cor	nsultant	E-mail	marka	lliegro	@yahoo.com	Work Phone 77	4-392-5514
directo	the office, position, bo rs, etc. or employment NO ACRONYMS.				Not appli	cable				
A.	A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)									
1.	Meadow P	ond Animal	Hospital,	392 Wh	ittier Hwy.,	Moulto	nboro	ugh; Veterinary	Assistant ar	nd Receptionist
2.										<i>i</i>
lf you	have no qualifying inc	ome indicate by w	riting your init	ials next to t	he following stat	tement.		My incom	e does not qualify	Mag
B.	reportable special in	terest in any item of or permittee, or ot	on this list if a her decision by	change in la y governmer	w, a change in a t affecting the li	dministrativ	ve rule, a c		to award a contract	tters. A person has a t, grant a license or permit, otentially have a greater
X	<ol> <li>Any profession occupation, or cate</li> </ol>	a, occupation, or bus gory of business:	iness licensed of	•	the State of New Veterinary	-	List each s	such profession,		
Г	2. Health Care	3. Insurance		Estate, includ developers, a	ling brokers, nd landlords	Г	5. Banking services	g or financial	6. State of New municipal emp	Hampshire, county, or loyment
Γ	7. N.H. Retirement System		rrent use land nent program	1	<ul> <li>9. Restaurar lodging</li> </ul>	nts/		10. Sale and distribution beverages	ofalcoholic	11. Practice of law
L 1	12. Any business regula Utilities Commission	ted by the Public	Г	13. Horse o gambling	or dog racing, or o	ther legal fo	orms of	☐ 14. Education	15. Water Re	sources
Г	16. Agriculture	17. N.H. taxes:	□ Business Profits Ta		isiness terprise Tax	<ul> <li>Interest</li> <li>Dividen</li> </ul>			cify any other area in interest	which you have a

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

Date June 3, 2020

4

N	lai	0	all	1.sel	d	
	Signa	ture of	Reporting In	dividual	•	
		D	m 204 Conco			

Type or Print CLEARLY       Susan W, Almy       Work Address: 266 Portor ty Ln 4B,         Full Name	Labaron NH 03766
Primary Occupation retired E-mail Sycan, almy aconcept, net Work Phone	603448-4769
Name the office, position, board or commission, committee, board of	
<ul> <li>A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was der calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet of the state of</li></ul>	ived during the preceding ts as necessary)
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualifying income does not qualify the statement of the following statement.	lify
	ontract, grant a license or permit, buld potentially have a greater
Z. Health Care     Istituance     agent, developers, and landlords     services     municipal       -     7. N.H. Retirement     -     8. Current use land     -     9. Restaurants/     -     10. Sale and distribution of alcoholic	l employment 11. Practice of
System System Solution of account as and set and set and set and set and set account of	law
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Wa	ter Resources
16. Agriculture       17. N.H. taxes: <b>Business</b> Profits Tax <b>Business</b> Enterprise Tax <b>Enterprise Tax Dividends Tax Interest and Special interest Special interest</b>	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 an <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	
Date June 3, 2020 Sugar Many	
Date	NECEWED.
DateSignature of Reporting Individual	
Date	JUN 0 5 2020

ł

Type or Print SLEARLY Full Name Debra Altschiller	Wo	rk Address:	Interna	tronal 2	Drive s	suite 300		
Primary Occupation Community Liaison	E-mail	rk Address: <u>20</u> deSra @ 1	avennh. org	Work Phone	431-460	17		
Name the office, position, board or commission, committee, board of				·				
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and	from which any inc	ome in excess of \$1	0,000 was derived	d during the prec			
1. Howard Altschiller - Seacoast	Media Gro	$\sim \rho$	Dy		-			
2. Marina Albehiller - state of N	Н							
If you have no qualifying income indicate by writing your initials next to	o the following stateme	nt.	My incon	ne does not qualify	¥			
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>								
2. Health Care 3. Insurance 4. Real Estate, inclu- agent, developers,	, and landlords	5. Banking o services		V municipal em				
7. N.H. Retirement System8. Current use land assessment program	9. Restaurants/ lodging	11 .	Sale and distributior crages	ofalcoholic	II. Pro	actice of		
Lilities Commission	e or dog racing, or other	legal forms of	14. Education	15. Water H	Resources			
16 Agriculture		nterest and vividends Tax	/ 18. Optional: Spe special	cify any other area interest $\mathcal{M}$	in which you have	ea		
I have read RSA 15-A and hereby swear or affirm that the forego Penalty. Any person who knowingly fails to comply with the pr								
Date Juny 10 2020		ebic Alts	duth		anna 1995 - 1995 - Stational Station anna an	ې ۲۵۰ - ۲۰۰۰ مې ۲۵۰ ۲۰۰۰ - ۲۰۰۰		
		Signature	of Reporting Indiv	idual	JUN 12	2020		
Return to: Office of Secretary of St	ate, 107 North Main St	reet, State House R	oom 204, Concord,	NH 03301	NEW HAMP EPARTMENT			
Le la construcción de la								

Type or Print CLEARLY, Full Name Keith Amma	Work Address: 175 Amnon Dr Ste 217 Manchaster	NH
Primary Occupation Software Dev	E-mail Keithanmanergmail.com Work Phone 603-325-0083	03103
Name the office, position, board or commission, committee, board of <u></u> 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)

Ammon Technology Services, LLC, 175 Ammon Dr, Ste 217, Manchestor NH 03/0J Protective Life Ins Co, 273 Corporate Dr, Ste 125, Portsmouth NH 0380

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

My income does not qualify \_\_\_\_

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

Γ-	2. Health Care	<b>™</b> 3. In:	surance 4. Real Estate, including brokers, agent, developers, and landlords				5. Banking or financial services			6. State of New Hampshire, county, or municipal employment				
Γ-	7. N.H. Retiremer System	nt		rrent use la nent progra		9. Restar	urants/			10. Sa bever	ale and distribution ages	nofalco	oholic	11. Practice of law
	12. Any business reg Utilities Commissi	•	the Public		- 13. Horse gambling	or dog racing,	or other	legal fo	orms of	Γ-	14. Education	Γ-	15. Water Re	esources
Γ-	16. Agriculture		17. N.H. taxes:	Busi		Business nterprise Tax		nterest Jividen	and Is Tax	Γ-		ecify any interest		which you have a

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

Date 6/8/20ignature of Reporting Individual RECEIVED

JUN 1 0 2020 NEW HAMPSRIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full NameAMES	Work Address: 12	BLACKBE	RRY LN	
Primary Occupation Retred	E-mail Amesin Jaffr	ey@gmail.com	Work Phone 62	3.532-6781
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	STATE REPRESEN			
A. List below the name, address, and type of any profession, busines proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal re-	visory capacity, and from which any in	come in excess of \$10	,000 was derived d	uring the preceding
1. MASSACHUSETTS State Retirer 2.	neck Board, I Win'	ter St, Be	stm MA	02108
If you have no qualifying income indicate by writing your initials next to the	he following statement.	My income	does not qualify _	(C)+
<ul> <li>B. Indicate below whether you or a family member has a special intereportable special interest in any item on this list if a change in law discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the g</li> <li>I. Any profession, occupation, or business licensed or certified by occupation, or category of business:</li> <li>2. Health Care</li> <li>3. Insurance</li> <li>4. Real Estate, includ agent, developers, and agent, developers, and agent.</li> </ul>	w, a change in administrative rule, a de at affecting the listed business, profession eneral public: the State of New Hampshire. List each su ing brokers, 5. Banking	cision whether or not t on, occupation, group,	to award a contract, or matter would po	, grant a license or permit, otentially have a greater Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10	). Sale and distribution overages		11. Practice of law
	r dog racing, or other legal forms of	14. Education	15. Water Res	sources
	erprise Tax	<ul> <li>18. Optional: Special in</li> </ul>	ify any other area in iterest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin <b>Penalty</b> . Any person who knowingly fails to comply with the prov Date $6/3/2070$	ng information is true and complete visions of this chapter or knowingly	to the best of my kn files a false stateme	owledge and beli int shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date $\frac{6/3}{7}$ $(70$ $Co$	Signatur	re of Reporting Individ	lual	RECEVED
Peturn to: Office of Secretary of Stat				
	e, 107 North Main Street, State House	Room 204, Concord, N	<b>VH 03301</b>	JUN 0 5 2020

	2020 NEW HAMF	SHIRE STATEMENT	FOF FINANCIAL	INTERESTS – RS	A 15-A	
Type or Print CLEARLY , Full Name ごとへと	FRANCIS	ANDERSEN	Work Address:	57 WEST	MAIN ST R	INDUE WIN OBY
Type or Print CLEARLY Full Name Primary Occupation RETIREO		E-mail	9ene. f. 50@9n	and over	Work Phone	003-849-4987
Name the office, position, board or commission directors, etc. or employment with state or co by you. NO ACRONYMS.						
A. List below the name, address, and ty proprietor, or employee, or served in calendar year. <i>Sources of retirement</i>	any other profession	onal or advisory capacity	, and from which a	income in excess	of \$10,000 was derived	during the preceding
1						
2.						
If you have no qualifying income indicate by	writing your initials	s next to the following st	atement.	My i	ncome does not qualify	_2
<ul> <li>B. Indicate below whether you or a fam reportable special interest in any iter discipline a licensee or permittee, or financial effect on you or a family m         <ol> <li>Any profession, occupation, or b occupation, or category of business:</li> </ol> </li> <li>2. Health Care          <ol> <li>3. Insurance</li> </ol> </li> </ul>	m on this list if a cha other decision by g nember than it would pusiness licensed or ce	inge in law, a change in overnment affecting the d on the general public:	administrative rule. listed business, pro w Hampshire. List ea	a decision whether of fession, occupation, ch such profession, king or financial	or not to award a contra- group, or matter would	ct, grant a license or permit, potentially have a greater w Hampshire, county, or
	Current use land	9. Restaur	ants/	10. Sale and distrib beverages	ution of alcoholic	□ 11. Practice of law
12. Any business regulated by the Public Utilities Commission		3. Horse or dog racing, or mbling	other legal forms of	_	on T 15. Water R	lesources
16. Agriculture 17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	☐ Interest and Dividends Tax	11 4	l: Specify any other area i ecial interest	n which you have a
I have read RSA 15-A and hereby swea <b>Penalty</b> . Any person who knowingly fa Date <u>4 June 201</u> Return to	ails to comply with <u>こ</u> つ		s chapter or know	ngly files a false st nature of Reporting	Individual cord, NH 03301	

Type or Print CLEARLY Indreaus Shear Some ta tal Work Address: Full Name Club 4 E-mail Othoche ∧Work Phone Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. 2. My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation. or category of business: 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 9. Restaurants/ 11. Practice of 7. N.H. Retirement 8. Current use land beverages assessment program lodging law System 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 14. Education 15. Water Resources Utilities Commission gambling

- 16. Agriculture 17. N.H. taxes: 17. N.H. Profits Tax Profits Tax Enterprise Tax Interest and Dividends Tax Dividends Tax

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

June 8, 2020

Signature of Reporting Individual

<b>Type o</b> Full Na	r Print CLEARLY meLou	uise A Andrus	Wor	k Address:	87 Main	St., Bradford NH	03221
Primary	Occupation Semi-retired/Work par	t-time as bookkeeper	E-mail	louiseandrus00@gr	nail.com	Work Phone 603-	927-4071
Name tl director	he office, position, board or commis rs, etc. or employment with state or c NO ACRONYMS.	sion, committee, board of	None				
А.	List below the name, address, and proprietor, or employee, or served calendar year. <i>Sources of retirement</i>	in any other professional or ad	visory capacity, and f	rom which any incom	ne in excess of \$1	0,000 was derived a	during the preceding
1.	Theodore Andrus/husband-N	Retirement System, 54 Regio	onal Drive, Concord	N 03221/Former er	nployer DES		
2.							
lf you h	nave no qualifying income indicate b	y writing your initials next to t	the following stateme	nt.	My incom	e does not qualify	la
» <b>Г</b>	discipline a licensee or permittee, of financial effect on you or a family 1. Any profession, occupation, or occupation, or category of busines	member than it would on the g	general public:	-		o, or matter would p	ootentially have a greater
Г	2. Health Care 3. Insurance	4. Real Estate, includ agent, developers, a		5. Banking or services	financial	6. State of New municipal emp	v Hampshire, county, or loyment
A		Current use land sessment program	9. Restaurants/ lodging	L 10. S bever	ale and distribution ages	ofalcoholic	I1. Practice of law
	12. Any business regulated by the Publ Jtilities Commission	ic I3. Horse of gambling	or dog racing, or other	legal forms of	14. Education	☐ 15. Water Re	esources
Г	16. Agriculture 17. N.H. taxes:			nterest and vividends Tax	18. Optional: Spe special	cify any other area in interest	n which you have a
	e read RSA 15-A and hereby swe lty. Any person who knowingly	•	visions of this char	-	les a false statem	•	y of a misdemeanor.

Date June 3, 2020 Signature of Reporting Individual RECEIVIED

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

JUN 16 2020

Type or Print CLEARLY           Full Name         Michaela O'Rourke Andruzzi	Work Address: 95 Water Village Road, Ossipee NH 03864
Primary Occupation Attorney E	B-mail mandruzzi@carrollcountynh.net Work Phone 603 539 7769
Name the office, position, board or commission, committee, board of	ounty Attorney
proprietor, or employee, or served in any other professional or advisory ca calendar year. Sources of retirement benefits other than federal retirement	her organization in which you or a family member was an officer, director, associate, partner, apacity, and from which any income in excess of \$10,000 was derived during the preceding at and/or disability benefits shall be included. (Use additional sheets as necessary)
1	
2If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does not qualify MA
reportable special interest in any item on this list if a change in law, a chandiscipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general permittee.          1. Any profession, occupation, or business licensed or certified by the State occupation, or category of business:         2. Health Care       3. Insurance	e of New Hampshire. List each such profession,
$\frac{1}{\nabla} \frac{7. \text{ N.H. Retirement}}{\text{System}} \qquad \boxed{\Gamma} \frac{8. \text{ Current use land}}{\text{assessment program}} \qquad \boxed{\Gamma} \frac{9. \text{ R}}{\text{lodgi}}$	Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rad gambling	cing, or other legal forms of 14. Education 15. Water Resources
I6. Agriculture     17. N.H. taxes:     Business Profits Tax     Business Enterprise T	Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
• • •	rmation is true and complete to the best of my knowledge and belief. <b>RSA 15-A:9</b> of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	Signature of Reporting Individual RFCFT ED
Return to: Office of Secretary of State, 107 N	North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Aidan Ankalocy Work Address: 328 Washington St Szlf zuployz/ Conviru E-mail Aiden 2016 yahro. COM Work Phone 603-770-1795 Full Name Primary Occupation · Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) Aidan's Courial Service 378 washington St Rochester NH 03839 1. Uncoln Emonatel Group 2 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or ľΖ 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 10. Sale and distribution of alcoholic 7. N.H. Retirement 8. Current use land 9. Restaurants/ 11. Practice of beverages assessment program lodging law System 13. Horse or dog racing, or other legal forms of 12. Any business regulated by the Public 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture Profits Tax special interest ---taxes: Enterprise Tax Dividends Tax I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. 2020 Date RECEIVED Signature of Reporting Individual JUN 0 5 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Print CLEARLY Work Address: 10 Milford St Brookline NH 03033 Full Name E-mail ed.a. rold 03033 @ 9 Mail. com Work Phone (003-732-8730 andscaller Sindould Primary Occupation Brookline Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.

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

Maintenance LLC 10 millioned St Brooklike NH 03033 Superior Repair LLC 103 RH 13 Brooklike NH 03033

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

My income does not qualify

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

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

۲-	2. Health Care	<b>3</b> . Ins	surance		Real Estate, inclu gent, developers,	-		۲,	5. Bankin services	g or fi	inancial	Г	6. State of New municipal emp	•	re, county, or
Γ-	7. N.H. Retiremen System	nt		rent use la	•	9. Restaur lodging	rants/			10. Sa bevera	le and distributior ages	nofa	lcoholic	H	11. Practice of
	12. Any business reg Utilities Commission		the Public		F 13. Horse gambling	or dog racing, or	r other l	egal fo	rms of	Г	14. Education	Г	15. Water Re	sources	· .
Γ-	16. Agriculture		17. N.H. taxes:			Business nterprise Tax		nterest ividen		Γ-	18. Optional: Special			which you	u have a

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

Signature of Reporting Individual IIIN 0 5 2020

**Type or Print Clearly** 

Full Name Panela J. Arweld	Work Address 204 County Farm Rd, DoveRNIT
Primary Occupation CacNty TREAS	e-mail pjarneld & motrocAt, Work Phone (603 742 1458
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.		
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify pro

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

	-		-		-	-						
Γ	1. Any profes profession, occ		•			fied by the State of N	ew Ha	mpshire.	List each such			
Γ	2. Health Care	[ <sup>−</sup> 3. Ir	isurance	11	. Real Estate, inc agent, develope	luding brokers, rs, and landlords		5. Bank services	ing or financial	10	6. State of Ne municipal emp	w Hampshire, county, or ployment
٢	7. N.H. Retirem System	ent		irrent use ment pro		9. Restaurants/ lodging	-	Г	10. Sale and distribut beverages	tion of	alcoholic	☐ 11. Practice of law
Γ	12. Any business regulated by the Public Utilities Commission			13. Horse or dog racing, or other legal forms of gambling		☐ 14. Education		15. Water R	esources			
				Due	in a ca	unin and	-	* a	10 Ontional	- no cif	any other are	a in which you have a

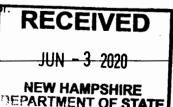
16. Agriculture17. N.H.<br/>taxes:Business<br/>Profits TaxBusiness<br/>Enterprise TaxInterest and<br/>Dividends Tax18. Optional:<br/>special interest ---Specify any other area in which you have a<br/>special interest ---

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 **provision**.

Date

1-3-2020

Signatúre of Reporting Individual



Type or Print CLEARLY       Aron       Work Address: 2.66 Forest Rd, Swith Acworth, NH 03607         Primary Occupation NH STATE REPRESESTATIVE       Email (M) + 6000 RD Stagload. network Phone 603-835-2185         Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held       NH STATE REPRESENTATIVE         Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held       NH STATE REPRESENTATIVE         A. List below the name, address, and type of any profession, business, or other organization in which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement hendra drashiftity benefits shall be included. (Use additional heets as necessary)         1.       Mitchael Aron, 266 ForeEst RD, \$0. Acword NH NH 03607, Insufatence retirement hendra drashiftity benefits shall be included. (Use additional heets as necessary)         1.       Mitchael Aron, 266 ForeEst RD, \$0. Acword NH NH 03607, Insufatence retirement hendra decision by government affecting the benefits whether or not a award a contrast, grant a license or permit, dissipline a license or premite, or othe decision by government affecting the listed business, profession, occupation, group or matters. A person has a reportable special interest in any other besides of the state of New Hampshire. List each such profession, occupation, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: <ul> <li>Any portession, occupation, or otagion or business licensed or certified by the State of New Hampshire. List each such pr</li></ul>	Type o Full Na	r Print CLEARI	Aron			rk Address: <u>2</u>	66 Forest	Rd, South	h Acworth, NH	03607
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held directors, etc. or employment with state or county government held vice Chair Executive Finance Committee         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.       Mitchael Aron, 266 For EST RD SO. Actworn N N H 03607, InSuRHNEE, TRASECT MANAGER         2.	Primary	Occupation N	A STATE RE	PRESENTATIVE	صرر E-mail <u>(M)</u>	faron p	sbiglobal.n	etwork Phone 6	03-835-218	5
by you. NO ACRONYMS.       Uter CREAT Execution France Commuttee         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.       Michael Aron, 266 For EST RD, SO. Acword NH NH 03667, INSURANCE, RESTECT MANAGER         2.										
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) <ol> <li>Michael Aron, 266 Forestrad, Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)</li> <li>Michael Aron, 266 Forestrad, Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)</li> <li>Michael Aron, 266 Forestrad, Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)</li> <li>If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify</li> <li>If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify</li> <li>If you have no qualifying income indicate by writing your initials next to the following businesses, profession, occupation, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permite, or other decision by government affecting the listed business, profession, occupation, group, or matters. A person has a greater financial effect on you or a family member than it would on the general public:</li> <li>I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation or category of business:</li> <li>I. Health Care 3. Insurance</li> <li>A. Current use land 1. P. Restaurants/ 10. Sale and distri</li></ol>				ity government held	Vice Chair	Executive	Firence Car	mittee		•
2.         If you have no qualifying income indicate by writing your initials next to the following statement.       My income does not qualify	Α.	proprietor, or en	nployee, or served in a	ny other professional or	advisory capacity, and	from which any	income in excess of \$	10,000 was derived additional sheets as	during the preceding necessary)	
If you have no qualifying income indicate by writing your initials next to the following statement.       My income does not qualify         B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:       6. State of New Hampshire, county, or municipal employment         I. Any profession, occupation or business licensed or certified by the State of New Hampshire. List each such profession, occupation of alcoholic       11. Practice of agent, developers, and landlords         I. P. Health Care       X. 3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       10. Sale and distribution of alcoholic       11. Practice of beverages         I. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of Dividends Tax       14. Education       15. Water Resources         I. Any business regulated by the Public       gambling       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest	1.	Micho	Lel Aron,	266 FORES	TRD, 50. 1	+CWOR TH	NH 03607	, Insurance	E PROJECT MAN	NAGER
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: <ul> <li>I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of system 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law grambling</li> <li>12. Any business regulated by the Public 2. I. Any susteess Profession 2. I. Any business regulated by the Public 2. Any business are allowed by the Public 2. Business 2. Interest and 2. Determine 3. Current use land 2. Business 2. Interest and 2. Determine 3. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources 2. I. Any business are allowed by the profits Tax 1. Business 2. Business Tax 1. Interest and 2. Determine 3. Current use and 2. Determine 3. Current and 3. Determine 3. Specify any other area in which you have a special interest</li></ul></li></ul>	2.									
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:           I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:         Image: the state of th	If you h	ave no qualifying	income indicate by w	riting your initials next to	o the following stateme	ent.	My incor	ne does not qualify	۲.	
7       agent, developers, and landfords       services       inductoral employment         7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of law         9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of law         12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Resources         16. Agriculture       17. N.H.       Business       Business       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest         I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.       RSA 15-A:9	Г г	financial effect of 1. Any profest occupation, or	on you or a family men ssion, occupation, or bus category of business:	nber than it would on the siness licensed or certified 	e general public: by the State of New Ham uding brokers,	pshire. List each s	such profession,	6. State of Ne	w Hampshire, county, or	-
Image: Second state in the second state is second state in the second state in the second state is second state in the second state in the second state is second state in the second state in the second state is second state in the second state in the second state is	, 						0. Sale and distributio			-
Utilities Commission       gambling       14. Education       15. water Resources         Image: Utilities Commission       gambling       14. Education       15. water Resources         Image:	 						everages		law	-
Interprise       Interprise <td></td> <td></td> <td></td> <td></td> <td></td> <td>legal forms of</td> <td>14. Education</td> <td>15. Water F</td> <td>lesources</td> <td></td>						legal forms of	14. Education	15. Water F	lesources	
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.	Г	16. Agriculture					□ 18. Optional: Sp specia	ecify any other area i l interest	n which you have a	_
	I have Pena	e read RSA 15-A Ity. Any person	A and hereby swear of who knowingly fail	or affirm that the foreg s to comply with the p	oing information is the rovisions of this chart	rue and complete oter or knowing	te to the best of my ly files a false state	knowledge and be ment shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.	
Date 06-03-2020 Judy Aro RECEIVED	Date	06-03	-2020			Jude	Aro	[	RECEIVED	٦
Signature of Reporting Individual JUN - 8 2020	Duc					Signat	ure of Reporting Indi	vidual		
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE			Return to:	Office of Secretary of S	tate, 107 North Main S	treet, State House	e Room 204, Concord	I, NH 03301	NEW HAMPSHIRE	F

Type or Print CLEARLY Full Name <u>Heuin</u> Holling Hvard Work Address:	
Full Name     General     Work Address:       Primary Occupation     E-mail     Avord     Secreted Great	Phone <u>603 - 318 - 4031</u>
Name the office, position, board or commission, committee, board of <u>Acced For State Sought</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an off 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	as derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not	not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, gr reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	rd a contract, grant a license or permit,
	State of New Hampshire, county, or

I	2. Health Care 3. Insurance		agent, develo	agent, developers, and landlords		services		municipal employment	
Г	7. N.H. Retirement System		rent use land ent program	9. Restaurants/ lodging	Г	10. Sale and distribu beverages	tion of alcoholic	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Г	12. Any business regula Utilities Commission	•	□ 13. F gamb	Horse or dog racing, or other l ling	egal forms of	14. Education	n 🔽 15. Water R	Resources	
Г	16. Agriculture	17. N.H. taxes:	□ Business Profits Tax □		nterest and ividends Tax		Specify any other area i cial interest	in which you have a	

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

20 C Date

Signature of Reporting Individual

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

RECEIVED

Fype or Print CLEARLY Full Name <u>LINA</u>	VELINDI	Work Add	Iress: 3 NIGH JOH	ANT SAMBORNI	UILL NALOSEZ
Primary Occupation	melogra	E-mail LACO	0453Q ROLIGM	Work Phone 03	522-8498
Name the office, position, board or lirectors, etc. or employment with by you. NO ACRONYMS.	commission, committee, board of state or county government held	Rep Resent 103	ve		
proprietor, or employee, o	ess, and type of any profession, busin r served in any other professional or a retirement benefits other than federal	dvisory capacity, and from w	which any income in excess of \$	\$10,000 was derived during t	the preceding
1. AWEILDME P.	ESTAURANT ENT. LO	-C			
2. WIDNI RI	, ,	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
f you have no qualifying income in	ndicate by writing your initials next to	the following statement.	My inco	ome does not qualify	
	a family member than it would on the pation, or business licensed or certified j f business:	by the State of New Hampshire.	List each such profession, へいついひ・うれいしつりろ	INON ETTOR	
2. Health Care 73. In	surance 4. Real Estate, incl agent, developers		5. Banking or financial services	6. State of New Hamps municipal employmen	
7. N.H. Retirement System	8. Current use land     assessment program	9. Restaurants/ lodging	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by Utilities Commission	the Public 13. Horse gambling	e or dog racing, or other legal fo	orms of [ 14. Education	15. Water Resources	5
16 Agriculture	N N	Business Interest		pecify any other area in which a interest	you have a
I have read RSA 15-A and her Penalty. Any person who kno	eby swear or affirm that the forego wingly fails to comply with the p	oing information is true and ovisions of this chapter or	i complete to the best of my knowingly files a false state	knowledge and belief. Rament shall be guilty of a r	SA 15-A:9 nisdemeanor.
Date (, -9-2026			Manne		RECEIVED

Bignature of Reporting Individual

JUN 0 8 2020 NEW HAMPSHIRE

Type or Print CLEARLY         Full Name         YAULE         AULE         AULE         AULE         AULE         AULE         AULE         AULE         AULE         Full Name	Work Address: 127 chester	ROAD
Primary Occupation <u>RETIRED</u> E-mail	PAUL Ayer Comenstant Nork P	hone <u>603-231-1305</u>
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$10,000 wa	s derived during the preceding
1. NONE		
2.		
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not	ot qualify AFA
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:         <ol> <li>Any profession, occupation, or business licensed or certified by the State of Net occupation, or category of business:</li> </ol> </li> </ul>	administrative rule, a decision whether or not to award listed business, profession, occupation, group, or matte w Hampshire. List each such profession,	a contract, grant a license or permit,
2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords	e la	tate of New Hampshire, county, or icipal employment
$   \begin{array}{c c}     \hline & 7. \text{ N.H. Retirement} \\     \text{System} &                                   $	ants/ 10. Sale and distribution of alcoho beverages	Dlic $\Gamma$ 11. Practice of law
T 12. Any business regulated by the Public Utilities Commission     Utilities Commission	other legal forms of $[-14]$ . Education $[-12]$	5. Water Resources
Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxBusiness Enterprise Tax	☐ Interest and Dividends Tax ☐ 18. Optional: Specify any o special interest	ther area in which you have a -
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this		
Date <u>8 JUNE 2020</u>	Wand France	
	Signature of Reporting Individual	<b>10 9 2020</b> אנונ
Return to: Office of Secretary of State, 107 North N	1ain Street, State House Room 204, Concord, NH 033	

Type or Print CLEARLY, Full Name (FENRI VINCENT AZIBERT Work Address: 87 LOWELL RIS WINDH	HAM NH 0 3087						
Primary Occupation CONSULTIANT E-mail aziberh@aul.com Work Phone 6	03 475 4335						
Name the office, position, board or commission, committee, board of							
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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	during the preceding						
1. CAMTRACK, LLC							
2.							
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify							
	ct, grant a license or permit, potentially have a greater w Hampshire, county, or						
- 7. N.H. Retirement - 8. Current use land - 9. Restaurants/ 10. Sale and distribution of alcoholic	ployment 11. Practice of						
System assessment program lodging beverages	law						
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	lesources						
16. Agriculture 17. N.H. Business Business Enterprise Tax Large Interest and Dividends Tax Specify any other area i special interest	n which you have a						
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. <b>RSA 15-A:9</b> <b>Penalty</b> . 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 4, 2020 [[Um /[ ] Signature of Reporting Individual	RECEIVED						
	JUN 0 8 2020						
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE						