Type or Print Clearly
Full Name Joseph W Pace Work Address 55 W.7d Parture Rd Kersington NA
Primary Occupation Writer e-mail jægacenh@gna1.com Work Phone 603-793-3236
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Selectmon, Town F Kensington
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. Manchester VA Medical Hospital (Sporse) employee, Manchesta NH.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Physician (Syove)
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Laxes:  Profits Tax  Business Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/2/22 Signature of Filer
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Sherman Packard Work Address
Primary Occupation retried e-mail Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
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. 5, P, My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Enterpr
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.
person who knowingly falls to comply with the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefined for the provisions of the provisions o
Date 6-1.2022 Signature of Filer Sherman Pachan JUN 02 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name CHARLES HAROLD PAGE Work Address
Primary Occupation STUNTWAN e-mail SIERRA 121@ HOTMALCONVORK Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. GEP TALENT SERVICES, LLC
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Business Enterprise Tax  Business Dividends Tax  Business Enterprise Tax  Busi
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  PSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-10-2022 Signature of Filer Charles Fig JUN 1 0 2022  NEW HAMPSHIPE DEPARTMENT OF STATE

Type or Print Clearly	_			
Full Name Marilyn Page	Work Address	269 Dearbor	NRd Gre	enland, NH
Primary Occupation ADMIN e-mail Max	1/41028030	gmail-com w	ork Phone 6	03-498-3919
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 proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and/or d	ity, and from which a	any income in excess of	of \$10,000 was deri	ved during the preceding
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2.				
If you have no qualifying income indicate by writing your initials next to the follow	ving statement.	My income does	not qualify	mp
B. Indicate below whether you or a family member has a special interest in any or reportable special interest in an item on this list if a change in law, a change in addiscipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	lministrative rule, a de listed business, profes	cision whether or not to sion, occupation, group	award a contract, g	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle		nking or financial	6. State of Nemunicipal em	ew Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Rest. System assessment program lodging	aurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racin of gambling	ng, or other legal form	14. Education	15. Water R	Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax		pecify any other are al interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	true and complete to ringly files a false state	the best of my knowled ment shall be guilty of a	ge and belief RS	RECEIVED
Date June 4, 2022 Signatur	ire of Filer	Marilyn Pag	•	JUN 0 9 2022
Deturn to Office of Secretary of State 107 North Main	Cornet Conta House P	nom 204 Concord NH (	DEPA	EW HAMPSHIRE ARTMENT OF STATE

Type or Print Clearly			
Full Name David Paige	Work Address	SO W SIDE RD	. , N CONWAY, NH 03560
Primary Occupation editor e-mail paige	. david Dyahoo. c	0 m Work F	Phone (805) 880-6844
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			·
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	, and from which any in	come in excess of \$1	0,000 was derived during the preceding
1. ABGCLIO LLC, 147 CASTILIAN DRIVE, SANTA	BARBARA CA 931	17 Publ	-15H+N C
2. UPPER SACO VALLEY LAND TRUST, III MAIN ST.	Conutr, NH	03818 1	IND CONSENVATION
If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My income does not	t qualify
B. Indicate below whether you or a family member has a special interest in any of t reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	inistrative rule, a decision ted business, profession, o	whether or not to aw occupation, group, or	ard a contract, grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers agent, developers, and landlord		or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restau system lodging		Sale and distribution erages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	, or other legal forms	14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special in	ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowing	ue and complete to the begly files a false statement	est of my knowledge a shall be guilty of a mis	and belief. RSA 15-A:9 Penalty. Any sdemeanor.
Date (13/27 Signature	of Filer	h/C	

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

(CON'T)

**Type or Print Clearly** Work Address Full Name **Primary Occupation** e-mail Work Phone Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS 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.) ABBOTT RANCH LLC, 9126 RINCON RD., CARPINTERIA CA 93013 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care B. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of assessment program lodging beverages law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling Utilities Commission 18. Optional: Specify any other area in which you have a 17. N.H. **Business** Interest and Business 16. Agriculture special interest -Dividends Tax Profits Tax **Enterprise Tax** taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer Date

Type or Print Clearly	
Full Name Mark Paige	Work Address 285 Old Westport Rd Dantworth MA
Primary Occupation Educator	e-mail markpuige 4nh @ gmail.com Work Phone 508 910 9037
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Representative None
proprietor, or employee, or served in any other professional o	ousiness, or other organization in which you or a family member was an officer, director, associate, partor advisory capacity, and from which any income in excess of \$10,000 was derived during the precedetirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials	s next to the following statement.  My income does not qualify
reportable special interest in an item on this list if a change in la	al interest in any of the following businesses, professions, occupations, groups, or matters. A person has a aw, a change in administrative rule, a decision whether or not to award a contract, grant a license or perm nent affecting the listed business, profession, occupation, group, or matter would potentially have a great e general public:
Any profession, occupation, or business licensed oprofession, occupation, or category of business:	or certified by the State of New Hampshire. List each such
	te, including brokers, elopers, and landlords  5. Banking or financial services  6. State of New Hampshire, county municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of law
1 12011111 20011100010	Horse or dog racing, or other legal forms  14. Education  15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Dividends Tax Interest and Special interest — 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoi person who knowingly fails to comply with the provisions of this	ing information is true and complete to the best of my knowledge and belief. RSA 15-A-9 Penalty. Any is chapter or knowingly files a false statement shall be guilty of a misdemeanor.  JUN 07 2022
Date Jun 12m	Signature of Filer MANAPSHIRE OF STATE

Type or Print Clearly	
Full Name WILLIAM 5 PALMER Work Address 289 COUN	MY RO WINKORY UT 05089
Full Name WILLIAM S PALMER Work Address 289 COUNTY  Primary Occupation PHISICIAN e-mail WEPAMER 5000 MML COM	Work Phone 8026747225
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 a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use a	cess of \$10,000 was derived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income	e does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, financial effect on you or a family member than it would on the general public:	not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages	stribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	ation 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Interest and Dividends Tax 18. Option 18. Opt	nal: 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 kn person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gui	
Date 6 12022 Signature of Filer	alue

Type or Print Clearly			
Full Name SANDRA L. PA	ANEK Work Address	Retired	
Primary Occupation Retiree	e-mail	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from which	h any income in excess of \$10,000 was d	erived during the preceding
1. N/a			
2. N(a.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	SLA
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in administrative rule, a dernment affecting the listed business, prof	decision whether or not to award a contrac	t, grant a license or permit,
Any profession, occupation, or business licens profession, occupation, or category of business:	ed or certified by the State of New Hamps	shire. List each such	
	Estate, including brokers, developers, and landlords  5. B		New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
1-11.11.7	13. Horse or dog racing, or other legal fo of gambling	rms 14. Education 15. Water	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T		area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true and complete of this chapter or knowingly files a false sta	to the best of my knowledge and belief. atement shall be guilty of a misdemeanor.	JUN 0 2 2022
Date June 1, 2022	Signature of Filer	Sorder & Panel	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly	03104
Full Name TONI PAPPAS Work Address 432 HANOVER ST	MANCHESTE
Primary Occupation CDMMISSIDNER e-mail TONIPAPPASQAOL. COM Work Phone	03-582-9435
Primary Occupation C D M M 1 S S 1 D N E R e-mail T D N 1 PAPPA S Q A D L. COM Work Phone Phone Work Phone Work Phone Work Phone Work Phone Work Phone Work Phone P	
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 sheets as necession)	rived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	TA
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water	r Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other a special interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
	RECEIVED
Date 6-1-22 Signature of Filer Jone Pappas	JUN 0 1 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Brian E. Paguette Work Address 100 Merrimack St. Manch	ester NH
Primary Occupation Fire Lieutonant e-mail bpaquette@ manchesternh.gov Work Phone (60)	3) 669-2256
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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deri calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessional or advisory capacity) and from which any income in excess of \$10,000 was derived and or advisory capacity.	ved during the preceding
1. Manchester Professional Fixe fighters, PFFNH	
2. 85 Sheffield Pl Manchester NH 43 Centre St. Concord NH	
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 memorable 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, of discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would profession a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, and landlords  5. Banking or financial services  6. State of Normalicipal em	ew Hampshire, county, or aployment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ beverages  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water F	Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
	RECEIVED
Date Jone 10, 2022 Signature of Filer S. E Varget	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly			1
full Name ROBERT B. PANQUETIC	Work Addre	ess	
rimary Occupation Detried	e-mail BARRY PANQUE	OTTO CHAIL COM	Work Phone
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession lendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from v	which any income in exces	ss of \$10,000 was derived during the preceding
you have no qualifying income indicate by writing your init	tials next to the following statement	- My income o	does not qualify
scipline a licensee or permittee, or other decision by gove nancial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	the general public:		oup, or matter would potentially have a greater
	estate, including brokers, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land	9. Restaurants/	11 1	ibution of alcoholic 11. Practice of
System assessment program	lodging	beverages	Ll law
12. Any business regulated by the Public	13. Horse or dog racing, or other leg of gambling	al forms 14. Education	on 15. Water Resources
12. Any business regulated by the Public Utilities Commission  17. N.H. Business taxes: Profits Tax	13. Horse or dog racing, or other legon gambling  Business Interest Divider	al forms 14. Education 18. Optional 18. Optional 18. Optional 18.	on 15. Water Resources  al: Specify any other area in which you have a pecial interest—
12. Any business regulated by the Public Utilities Commission  17. N.H. Business	13. Horse or dog racing, or other legon gambling  Business Interest Divider	al forms 14. Education 18. Optional 18. Optional 18. Optional 18.	on 15. Water Resources  al: Specify any other area in which you have a pecial interest—

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

Type or Print Clearly	
Full Name Gail L Pare	Work Address N A
Primary Occupation Retired e-mail smp	are @ come ast. Net Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or disable professional or advisory capacity.	nanization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding wility benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the liste financial effect on you or a family member than it would on the general public:	distrative rule, a decision whether or not to award a contract, grant a license or permit, and business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	e of New Hampshire. List Partisuch
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura assessment program lodging	ants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, of gambling	14. Education 13. Water Resources
16. Agriculture 17. N.H. taxes: 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 person who knowingly fails to comply with the provisions of this chapter or knowingly	ly files a false statement shall be guilty of a misdemeanor. RECEPTORY
Date $6/01/2022$ Signature of	N A

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

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

Type or Print Clearly			
Full Name Lucius Parshall	Work Address		
Primary Occupation Ret	e-mail Jucius. Parshal	legistate Work Phone	603 876 3696
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Representative		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
1.			///
2.			
If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on      1. Any profession, occupation, or business license.	in law, a change in administrative rule, a c rnment affecting the listed business, prof the general public:	decision whether or not to award a cor fession, occupation, group, or matter v	ntract, grant a license or permit,
profession, occupation, or category of business:	en or termied by the state of New Hamp	SHIP. TSI PALITSIRII	a contribution of distance and parties with state or . S. S. Section 1 Web St. Sectional and 1.
I La regiul Cale II D. Ilistialice II I	state, including brokers, 5. Edevelopers, and landlords servi		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoh beverages	olic 11. Practice of law
	13. Horse or dog racing, or other legal for gambling	orms 14. Education 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends 1		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for- person who knowingly fails to comply with the provisions o	egoing information is true and complete	to the best of my knowledge and belie	ef. RSA 15-A:9 Penalty. Any
A A A A A A A A A A A A A A A A A A A	This chapter of knowingly mes a false sa		RECEIVED
Date June 6, 2022	Signature of Filer	MIL	JUN 08 2022
Return to: Office of Secretary of	State 107 North Main Street State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name Diane Parler	Work Address	107 North Mai	in street, (	Concord, NH 05801:
Primary Occupation NH State Representative e-mail Di	iane.Parler@le	gstate. Nh. US Work	Phone (60	3) 801-5088
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	al Court - St	ate Representat	ive	
A. List below the name, address, and type of any profession, business, or or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from which	h any income in excess of	\$10,000 was derive	ed during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income does n	ot qualify	roepo
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change it discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general pub  1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	in administrative rule, a the listed business, pro lic:	decision whether or not to a fession, occupation, group, o	ward a contract, gra	ant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including to agent, developers, and la		Banking or financial ices	6. State of Nev	v Hampshire, county, or loyment
	Restaurants/ ging	10. Sale and distributio beverages	n of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	racing, or other legal fo	14. Education	15. Water Re	
16. Agriculture 17. N.H. Business Business Enterprise	e Tax Interest an		ecify any other area interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowing the state of the provisions of the chapter or knowing the state of the provisions of the chapter or knowing the state of the provisions of the chapter or knowing the state of the provisions o	on is true and complete knowingly files a false st	to the best of my knowledge atement shall be guilty of a n	e and belief. RSA nisdemeanor.	RECEIVED
Date June 1, 8088. Sig	nature of Filer	Adiango	Dough	JUN 0 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name DANIEL JUDE PAUL Work Address 17	5 COLISEUM AUE NASHUA, NH
Primary Occupation Service Associate e-mail DJP1966@AOL.com	n Work Phone 603 - 889 - 37∞
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 of proprietor, or employee, or served in any other professional or advisory capacity, and from which any incocalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.	ome in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, pro reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision we discipline a licensee or permittee, or other decision by government affecting the listed business, profession, 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	whether or not to award a contract, grant a license or permit, ccupation, group, or matter would potentially have a greater
profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or agent, developers, and landlords	r financial  6. State of New Hampshire, county, or municipal employment
System assessment program lodging bever	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 Laxes: Profits Tax Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest —
1 0 A suring items	special interest — st of my knowledge and belief. RSA 15-A:9 Tenality ADV

Type or Print Clearly	LADA
Full Name STEPHANIER, PAYEUR Work Address 388 Western Ave AZ Henn	1032
Primary Occupation Healthcare Mgnt e-mail Stephenie, payeure gmaintoik Phone (603-759-61	65
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, p 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 pre calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
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2. DEPARTM	AMPSHIRE ENT OF ST
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a great financial effect on you or a family member than it would on the general public:	mit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment	ty, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practic System assessment program lodging	e of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax	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. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	ny
Date 6/10/22 Signature of Filer Signature of Filer	

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

Primary Occupation FRENER  E-mail hpearles Fe Abl. com  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 proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use 1. FARL 9 Sows FARM LLC.  2.  If you have no qualifying income indicate by writing your initials next to the following statement. My incomposition of the special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, grofinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services	was an officer, director, associate, partner, 10,000 was derived during the preceding additional sheets as necessary)
directors, etc. or employment with state or county government held by you. NO ACRONYMS.  A. List below the name, address, and type of any profession, business, or other organization in which you or a family member proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use 1. FARL 9. Sows FARM LLC.  2. If you have no qualifying income indicate by writing your initials next to the following statement. My income reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or rediscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, grofinancial 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	was an officer, director, associate, partner, 10,000 was derived during the preceding additional sheets as necessary)
proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use 1. FARL 9 Sows FARM LLC.  2.  If you have no qualifying income indicate by writing your initials next to the following statement. My income reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or rediscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, grofinancial 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	10,000 was derived during the preceding additional sheets as necessary)
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occur reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or rule discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, grofinancial 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	ne does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occur reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or rule discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, ground 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	ne does not qualify
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agent, developers, and landlords services	ot to award a contract, grant a license or permit,
TAME Delivered 100 Comment and 100 Colored distribution	municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education	15. Water Resources
16. Agriculture Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Species	pecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false state.  Date    Date	

Type or Print Clearly	
Full Name MARK ANDREW PEARSON Work Address 80 ROUTE 125, KING	F STON, NH
Primary Occupation MINISTER e-mail canon pearson@yahoo.com Work Phone 603	3 642 6700
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you.  NO ACRONYMS	AM 34
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly or or or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived all talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessal and or disability benefits shall be included.)	ed during the preceding
INSTITUTE FOR CHRISTIAN RENEWAL /2 TRINITY CHURCH	
NEW CREATION HEALING CENTER	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would porfinancial 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	tentially have a greater  What is a greater and the state of the state
2. Health Care 3. Insurance agent, developers, and landlords services municipal emp	loyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Re	sources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area special interest —	in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 06-01-2022 Signature of Filer Mark G. Planont	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly				
Full Name Stephen Pearson	Work Address	188 Merri	mack ST	Manchester 03101
Primary Occupation Fire Lieutenant e-mail St	peasone Manches	ter NH. Gov	Work Phone	603-669-2256
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Board Rock	nghan Can	44	
A. List below the name, address, and type of any profession, business, or ot proprietor, or employee, or served in any other professional or advisory ca calendar year. Sources of retirement benefits other than federal retirement and/	pacity, and from which	n any income in exce	ess of \$10,000 was	derived during the preceding
1. Rite Aid Corp.				
2.		,		
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income	does not qualify	
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general publ  1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	n administrative rule, a the listed business, pro lic:	decision whether or no fession, occupation, g shire. List each such	ot to award a contra	act, grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including b agent, developers, and la		Banking or financial ices	6. State municipa	of New Hampshire, county, or al employment
	Restaurants/ ging	10. Sale and distr beverages	ribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog of gambling	racing, or other legal fo	rms 14. Educat	ion 15. Wa	iter Resources
16. Agriculture 17. N.H. Business Business Enterprise	Tax Interest an Dividends		al: Specify any other pecial interest—	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions.	nowingly files a false st	to the best of my know atement shall be guilty	wledge and belief. y of a misdemeanor	RECEIVED
Date 6/1/2022 Sign	nature of Filer	Sel C.	Ter	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North M	Main Street, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name MICHAEL PEDERSE	//	Work Address	11 Delawa	re Road	1, Nashua, NH 03062
Primary Occupation Refired	e-mail Ped	ersenUSH			603-801-0878
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Repres	sentative at	General (	Court	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	al or advisory capacity	, and from which a	any income in excess of	of \$10,000 was	derived during the preceding
1.					
2.	•		,		
If you have no qualifying income indicate by writing your init	tials next to the followin	ng statement.	My income does	s not qualify	m.P.
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in adm rnment affecting the lis	inistrative rule, a de	cision whether or not to	award a contra	ct, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the St	ate of New Hampshi	ire. List each such		
	state, including brokers levelopers, and landlord		nking or financial es		of New Hampshire, county, or I employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restau lodging	irants/	<ol><li>Sale and distribute</li><li>beverages</li></ol>	tion of alcoholic	11. Practice of law
	<ol><li>Horse or dog racing f gambling</li></ol>	, or other legal form	14. Education	15. Wa	ter Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any othe al interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions	egoing information is tr f this chapter or knowin	ue and complete to gly files a false state	the best of my knowled ment shall be guilty of	lge and belief. a misdemeanor.	RSA 15-A:9 Penalty. Any
Date June 3, 2022	Signature	of Filer	Michael Per	dersen	

Full Name Knotine Perez Work Address	
Primary Occupation retried RD e-mail Kns 2913@ gahao -com Work Phone	
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directo oprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived dislendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	r, associate, partner, uring the preceding
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentifinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such 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 Harmanicipal employments agent, developers, and landlords services	
7. N.H. Retirement System 8. Current use land oldging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource	ces
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Dividends Tax  18. Optional: Specify any other area in w	hich you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A  erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	0 D
Date 06/02/2002 Signature of Filer Rees the Lees	JUN 0 3 2022 NEW HAMPSHIRE

Type or Print Clearly			
Full Name Maria Elizabeth.	Perce Work Address		
Primary Occupation State Rep	e-mail mariazli 63 06	mail. Com Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Rzp #23	/RAD Organize	5.
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	on, business, or other organization in wh nal or advisory capacity, and from whic	ich you or a family member was an officer h any income in excess of \$10,000 was de	director, associate, partner, erived during the preceding
1. 2.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would or	in law, a change in administrative rule, a ernment affecting the listed business, pro	decision whether or not to award a contract	, grant a license or permit,
Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Hamp	shire. List each such	
1 / Habith Cara II IX Inclirance II I	Estate, including brokers, 5. Edevelopers, and landlords serv	- 11 1	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	13. Horse or dog racing, or other legal fo of gambling	rms 14. Education 15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T	ax special intérest	
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	egoing information is true and complete of this chapter or knowingly files a false sta		JUN 0 3 2022
Date 06/01/2022	Signature of Filer		NEW HAMPSHIRE

FAX No. 6036/91202

Epping Town Hall

JUN/15/2022/WED 10:09 AM

Type or Print Clearly
Full Name Saseph M Herry Work Address 33 (Fest Eppling NA)
Primary Occupation VP Operations e-mail 10e Perry 602 pgma: (100 Work Phone 603370-2136)
Name the office, position, board or commission, board of directors, etc. or employment with state or county
government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an Item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or services
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-10-2 Signature of Filer
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Soseph M Lerry Work	Address 33 Cotest. Epping NH 330
Primary Occupation VP Operations e-mail Joepes	146030 gmai (200 Work Phone 603 370-2136
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 organizate proprietor, or employee, or served in any other professional or advisory capacity, and for calendar year. Sources of retirement benefits other than federal retirement and/or disability be	rom which any income in excess of \$10,000 was derived during the preceding
1. Species	
2.  If you have no qualifying income indicate by writing your initials next to the following state	ment. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the followage reportable special interest in an item on this list if a change in law, a change in administration discipline a licensee or permittee, or other decision by government affecting the listed bust financial effect on you or a family member than it would on the general public:	ive rule, a decision whether or not to award a contract, grant a license or permit, siness, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State of N profession, occupation, or category of business:	ew Hampshire. List each such
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other of gambling	er legal forms 14. Education 15. Water Resources
1.C. American States	nterest and ividends 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 operson who knowingly fails to comply with the provisions of this chapter or knowingly files	complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any a false statement shall be guilty of a misdemeanor.
Date 6-10-22 Signature of Filer	JUN 16 2022
Return to: Office of Secretary of State, 107 North Main Street, St	tate House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Pri	int Clearly						
Full Name	Katy Peternel			Work Address	N/A		
rimary Oc	cupation Self		e-mail katype	eternel@pm.me	Wo	rk Phone	
lirectors,		d or commission, board of it with state or county NO ACRONYMS					
roprietor,	or employee, or ser		al or advisory capac	city, and from which a	any income in excess o	f \$10,000 was	cer, director, associate, partner derived during the preceding necessary.)
. F	Physician - Veter	ans Affairs Medical Ce	enter, 1 VA Cente	er, Augusta, ME 0	04330-6796 (sp	use)	
. P	Physician - Unite	d States Navy Reserve	es (spouse		_		
		e indicate by writing your ini			My income does	not qualify	
7	1. Any profession, o	ccupation, or business licens n, or category of business:	ed or certified by the				of New Horses I have
2. H	lealth Care 3. II	nsurance II I	state, including brok developers, and land		nking or financial es		of New Hampshire, county, or al employment
7. N Syst	I.H. Retirement tem	8. Current use land assessment program	9. Resi	taurants/	<ol><li>Sale and distribut beverages</li></ol>	ion of alcoholi	11. Practice of law
	ny business regulate es Commission		13. Horse or dog raci	ing, or other legal form	14. Education	15. Wa	ater Resources
16.	Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	11 1	pecify any other	er area in which you have a
		y swear or affirm that the for comply with the provisions o					Γ.
Date 0	6/01/2011		Signati	ure of Filer	Me		JUN 13 2022
	Ref	turn to: Office of Secretary of	State, 107 North Mair	n Street, State House R	doom 204, Concord, NH C	3301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly				
Full Name Terri L. Peterson	Work Address	55 School St.	, Súte 104,	Lancaster, NH 03584
Primary Occupation Clerk of Court, Register of Prebate e-mail Hipet	terson 20 hoti	mail.com	Work Phone	1-855-212-1234
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Probate - Cous	County		
A. List below the name, address, and type of any profession, business, or othe proprietor, or employee, or served in any other professional or advisory capacalendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from which	ch any income in exc	ess of \$10,000 wa	as derived during the preceding
1. Steets of NH Judicial Branch, 55 School St, Surte	104, lancast	cv, NH 03584		
2. Lawn Eouipment Parts Co. (LEPCO), 1475 River R	d, Marretta,	PA. 17547		
If you have no qualifying income indicate by writing your initials next to the follow	,		does not qualify	
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the	administrative rule, a ne listed business, pro :: ne State of New Hamp	a decision whether or r ofession, occupation, o	not to award a con	tract, grant a license or permit,
	1 Branch	D. Line of Good in	- Com	
2. Health Care  3. Insurance  4. Real Estate, including broagent, developers, and land		Banking or financial vices		e of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Re	estaurants/ ng	10. Sale and dist beverages	tribution of alcoho	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog ra	cing, or other legal f	forms 14. Educat	tion 15. V	Vater Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	ax Interest ar		nal: Specify any ot special interest	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions.				
Date June 1, 2022 Signa	ature of Filer	Tui de	Itusud	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Ma	ain Street, State Hous	se Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print Clearly		
Full Name EMILY PHILLIPS	Work Address 98 FRANKLIN ST.	EXTENSION
Primary Occupation SAVES PRESIDENT e-mail thee	mily phillips @ gmail. Com Work Phone	603 818-8101
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	OF BUDGET COMMITTEE	
A. List below the name, address, and type of any profession, business, or other opportunities, or employee, or served in any other professional or advisory capacicalendar year. Sources of retirement benefits other than federal retirement and/or discovered.	y, and from which any income in excess of \$10,000 was	derived during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your initials next to the follow	ng statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in addiscipline a licensee or permittee, or other decision by government affecting the I 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 Sprofession, occupation, or category of business:	ninistrative rule, a decision whether or not to award a contra sted business, profession, occupation, group, or matter wou tate of New Hampshire. List each such	ct, grant a license or permit, ld potentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including broke agent, developers, and landlo		of New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restated assessment program lodging	urants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racin of gambling	14. Education 15. Wat	ter Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other special interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	rue and complete to the best of my knowledge and belief. ngly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any RECEIVED
Date 6/10/2022 Signatur	e of Filer Emily Phillips	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name MAANDON PHINNEY WOR	k Address
Primary Occupation DELIVERY DRIVER e-mail RAHIMA	#1947@6MAIL. (SM Work Phone 603 484-1419
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 organize proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability	from which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
if you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the fol reportable special interest in an item on this list if a change in law, a change in administration discipline a licensee or permittee, or other decision by government affecting the listed be financial effect on you or a family member than it would on the general public:	ative rule, a decision whether or not to award a contract, grant a license or permit, usiness, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State of profession, occupation, or category of business:	New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants. System lodging	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or or of gambling	14. Education 15. Water nesources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true an person who knowingly fails to comply with the provisions of this chapter or knowingly file.	d complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any les a false statement shall be guilty of a misdemeanor.
Date 1 JUNG 2072 Signature of Fil	er 200

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

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

Type or Print Clearly	•
Full Name Matthew Pilcher Work Address 23 Grove 34 Peterberagh A	A 03458
Primary Occupation RCA Mail Collier e-mail Migilcher 3/ Quet look, Com Work Phone 603-92	t-3251
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, 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 necessary.)	
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	P
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 preportable 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 licensical discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially infinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Any profession, occupation, or category of business:  1. Any profession, occupation, or category of business:	nse or permit, nave a greater
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampsl municipal employment	
Potential V	1. Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which special interest —	you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 P person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	enalty. Any
Date 6/9/2022 Signature of Filer WARM 9-15-1	
Date 6/9/2022 Signature of Filer Model Fitth	JUN 1 0 2022

DEPARTMENT OF STATE

Type or Print Clearly )				
Full Name Wendy A. Piper	Work Address	Grafton a	ounty.	3855 Cartmout
Primary Occupation Commissiones e-mail wpip	zer Oco.gr	afton-nh-us w	ork Phone 2	3855 Cartmouth, 03 787 6941
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Count	Board o		miss; oners
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	y, and from which	any income in excess	of \$10,000 was d	derived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My income do	es not qualify	WP
B. Indicate below whether you or a family member has a special interest in any of t reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the St.	ninistrative rule, a sted business, pro	decision whether or not fession, occupation, grou	to award a contrac	ct, grant a license or permit,
profession, occupation, or category of business:	and source to the second	The state of the control of the cont		200 M 20 M 20 M 200 M 20
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord		Banking or financial ices		of New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restau	urants/	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal fo	rms 14. Education	15. Wat	er Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends 1		Specify any other cial interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing			-	
Date June 1 2022 Signature	e of Filer	Wend;	Pipe	JUN 0 1 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main S	Street, State House	Room 204, Concord, NH	1 03301	DEPARTMENT OF STATE

Type or Print Clearly				
Full Name Matthew Ping	Work Address	157 Amora	1 03	102
Primary Occupation Real Estate e-mail	1Pinge Ladge H	Whing@gmoi).com	k Phone 60	3 591 1246
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 proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	capacity, and from which	h any income in excess of	\$10,000 was derive	d during the preceding
1. Ledgeview Commercial Parta	ers,LLC			
2.				
If you have no qualifying income indicate by writing your initials next to the	e following statement.	My income does r	not qualify	
reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general put.  1. Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	ng the listed business, pro ublic:	fession, occupation, group,		
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and	g brokers, 5.	Banking or financial ices	6. State of New municipal empl	Hampshire, county, or oyment
	9. Restaurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or do Utilities Commission of gambling	og racing, or other legal fo	14. Education	15. Water Res	ources
16. Agriculture 17. N.H. Business Busines Enterpr			ecify any other area interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter of	ntion is true and complete or knowingly files a false st	to the best of my knowledge atement shall be guilty of a r	e and belief. RSA 1 misdemeanor.	5-A:9 Penalty. Any
	rt.	140		RECEIVED
Date 6-10-2022	signature of Filer	ton for		JUN 13 2022
Return to: Office of Secretary of State, 107 Nort	h Main Street, State House	Room 204, Concord, NH 03	301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly					6
Full Name Matthew Pitaro	Work Address	# 2 Contra h	lay, Merr	imack, NH	03054
Primary Occupation Customer Relationship Advocate e-mail matthew	.pitaro@fmr	com	Work Phone	800 343	3548
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	presentative,	Allenstown			
A. List below the name, address, and type of any profession, business, or other operations, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discontinuous.	y, and from whic	h any income in excess	of \$10,000 w	as derived duri	
Fidelity Investments 2 Contra Way, Merrinack, NH 0303	54 - employee			4	
2.					
f you have no qualifying income indicate by writing your initials next to the followi	ng statement.	My income do	es not qualify		
discipline a licensee or permittee, or other decision by government affecting the life financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the Suprofession, occupation, or category of business:			up, or matter v	vould potentiall	y have a greater
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor		Banking or financial ices		te of New Hamp ipal employmer	oshire, county, or at
7. N.H. Retirement 8. Current use land 9. Restal	urants/	10. Sale and distrib	ution of alcoh	11	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing of gambling	g, or other legal fo	rms 14. Education	15.	Water Resource	5
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends 1		Specify any o cial interest —	ther area in whi	th you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	rue and complete ngly files a false st	to the best of my knowle etement shall be guilty o	edge and belie f a misdemear	f. <b>RSA 15-A:9</b> nor.	Penalty ACEIVE
Date 6/1/2022 Signature	e of Filer	Marga			JUN - 3 2022  NEW HAMPSHIRI DEPARTMENT OF ST

Type or Print Clearly	,
Full Name Joseph PITRE Work Address	
Primary Occupation Retired e-mail house boepte com Work Phone 603	3-755-2447
Primary Occupation Retired e-mail house goepite com Work Phone 603  Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly or organization in which any income in excess of \$10,000 was derived talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessar	d during the preceding
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matterportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public:	nt a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New municipal employers	Hampshire, county, or syment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resolution 1	
16. Agriculture  17. N.H. Business Business Interest and bividends Tax  Business Business Interest and Dividends Tax  18. Optional: Specify any other area in special interest —	
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any RECEIVED
Date 65 Ne ZZ Signature of Filer	JUN 08 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Full Name Matthew Plache	Work Address	65 Brackett Rd Wolf	6000 NH 03894
Primary Occupation Afterney	e-mail mjplache @ gn	nail. com Work Phone	603-630-9422
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS	Parroll County	Commissione.	
List below the name, address, and type of any profession, roprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than federal	I or advisory capacity, and from whi	ch any income in excess of \$10,000	) was derived during the preceding
	· · · · · · · · · · · · · · · · · · ·	:	
you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not qual	ify MJP
discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the second state of th	he general public:		
			State of New Hampshire, county, or nicipal employment
			nicipal employment
2. Health Care 3. Insurance agent, det  7. N.H. Retirement 8. Current use land assessment program  12. Any business regulated by the Public 13	velopers, and landlords ser	10. Sale and distribuţion of alc beverages	nicipal employment oholic 11. Practice of
Z. Health Care B. Insurance agent, det      7. N.H. Retirement System 8. Current use land assessment program      12. Any business regulated by the Public 13	velopers, and landlords sellosers, and landlor	10. Sale and distribution of alcohorus 14. Education 18. Optional: Specify an	nicipal employment soholic 11. Practice of law  15. Water Resources y other area in which you have a
7. N.H. Retirement System 8. Current use land assessment program  12. Any business regulated by the Public 13 of graph o	yelopers, and landlords set  9. Restaurants/ lodging  3. Horse or dog racing, or other legal set gambling  Business Interest a Enterprise Tax Dividends	10. Sale and distribution of alcohorus 14. Education 15. Optional: Specify an special interest et to the best of my knowledge and b	nicipal employment scholic 11. Practice of law  15. Water Resources y other area in which you have a labeled. RSA 15-A:9 Penalty. Any

Type or Print Clearly			
Full Name Kimberly Plante	Work Add	ress 486 Amples	f St. Nashua NH 0306
Primary Occupation Educator	e-mail Plante Stat	o Rep@ Gmail.com	ork Phone 603 595 4705
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	assistant Progra	m Director As	5D + Connections
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal profession calendar year.	nal or advisory capacity, and from	which any income in excess of	of \$10,000 was derived during the preceding
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2.			
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B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would on the special of the special s	in law, a change in administrative rerment affecting the listed busines the general public:	rule, a decision whether or not to ss, profession, occupation, group	award a contract, grant a license or permit,
I I I Hoolth Caro II I Incurance II I	Estate, including brokers, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribute beverages	tion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other le of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		est and 18. Optional: S ends Tax speci	Specify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	regoing information is true and com of this chapter or knowingly files a fa	iplete to the best of my knowled alse statement shall be guilty of	lge and belief. RSA 15-A:9 Penalty. Any a misdemeanor.
Date 6/3/22	Signature of Filer	7	
Return to: Office of Secretary of	State, 107 North Main Street, State	House Room 204, Concord, NH	03301

Type or Print Clearly	
Full Name LEO V, PLANTE Work Address 115 CHESTNUT HILL RD, Primary Occupation RET(RE) e-mail Friendsofted plantegyman hone 603	D
Primary Occupation RET(RE) e-mail Friendsofleo plante egman hone 603	-563-7177
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  CHESHIRE COUNTY COMMISSIONER	<b>L</b>
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, directory or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	I during the preceding
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matt reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grar discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	nt a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New I municipal emplo	Hampshire, county, or yment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	purces
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Business Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other area in special interest	n which you have a
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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· ·		_	to. Office of Secretary of	State, 107 North Main	Street, State House	Room 2	04. Concord.	NH 03301		NEW HAN	PSHIRE FOF STATE

Type or Print Clearly		_			
Full Name Fred Plet		Work Address	29 My 1	Lay Go	65-100-0132
Primary Occupation Retired	e-mail &	pletro	gnail. Com	Work Phone	103-660-0132
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	W/A				
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other professio calendar year. Sources of retirement benefits other than federal	onal or advisory capacit	y, and from which	any income in excess	of \$10,000 was	derived during the preceding
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Date June 1, 2022	Signatur		Tudua To		JUN 0 3 2022
Return to: Office of Secretary of	of State, 107 North Main	Street, State House	Room 204, Concord, N	H 03301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name Tom PLOSZaj	Work Address	NA		
Primary Occupation ReTined e-mail To	ma Tomy	loszajecom Wo	rk Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you.  NO ACRONYMS	of Bref	presentatio	<b>&lt;</b> S	
List below the name, address, and type of any profession, business, or other profession, business, or other professional or advisory capalendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from which a	any income in excess of	\$10,000 was deriv	ed during the preceding
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have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or kno	is true and complete to wingly files a false state	the best of my knowledg ment shall be guilty of a	ge and belief. <b>RSA</b> misdemeanor.	15-A:9 Penalty. Any
Date June 2, 2022 Signar	ture of Filer	C. 8.	longel	JUN 03 2022
Return to: Office of Secretary of State, 107 North Ma	in Street, State House R	oom 204, Concord, NH 03	3301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name John R Plumer	Work Address	34 Bean 4,1	Phone 405 387-7765
Full Name John R Plumer  Primary Occupation Eugineer	e-mail John & JR	Plomes-Associate	Phone 465 387 7765
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$	10,000 was derived during the preceding
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Date 4/9/27	Signature of Filer	groca	JUN 0 9 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State House	Room 204, Concord, NH 033	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Stephen Poisier	Work Address
Primary Occupation Disobled e-mail 5	tepner poisies 9287 Work Phone, I com
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
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2. Health Care  3. Insurance  4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date Jyne 2 2072 Signature	e of Filer Alexandra.

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

Type or Print Clearly			
Full Name Sue Polidurg	Work Address	NA	
Primary Occupation REFIRED	e-mail spolidura Dr	AUL. COL Work Phone	x/x
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Rep Dis	1 39	
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Date June 2, 2022		in Mu	NEW HAMPSHIRE DEPARTMENT OF STAT
Return to: Office of Secretary of State	, 107 North Main Street, State House Roo	m 204, Concord, NH 03301	

# NCIAL INTERESTS - RSA 15-A

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State House R	oom 204, Concord, NH 03	301		HAMPSHIRE MENT OF STAT

	NCIAL	INTERES	TS - RSA	15-A
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State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Yury Polozov	Work Address	808 Winslow St, Redwood	od City, CA, 94063
Primary Occupation Anomali e-mail	generaleanoma	eli. com Work Phone	844-484-7328
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
List below the name, address, and type of any profession, business, or oprietor, or employee, or served in any other professional or advisoral alendar year. Sources of retirement benefits other than federal retirement	ry capacity, and from which	any income in excess of \$10,000	was derived during the preceding
Northeast Pharmacy Services, LLC. PO	Box 3593, Concord, N	H. Pharmacy.	
Amazon, PillPack. 250 Commercial St.,	Manchester, NH.	Pharmacy.	
you have no qualifying income indicate by writing your initials next to t	he following statement.	My income does not quali	fy
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have read RSA 15-A and hereby swear or affirm that the foregoing infornerson who knowingly fails to comply with the provisions of this chapter	nation is true and complete to or knowingly files a false stat	o the best of my knowledge and be ement shall be guilty of a misdeme	RECEIVED  JUN - 3 2022
Date June 1,2022	Signature of Filer	More	JUN - 3 2022
Return to: Office of Secretary of State, 107 No	rth Main Street, State House	Room 204, Concord, NH 03301	DEPARTMENT OF

#### 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print Clearly 12 CLARKE FORM RD. WINDHAM UN DANIEL POPOVICI-MULCER Work Address Full Name e-mail DPMWINDHAM @ 64HLL, OM Work Phone 617 755 CONSUCTANT Primary Occupation Name the office, position, board or commission, board of directors, etc. or employment with state or county **NO ACRONYMS** government held by you. 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.) TOWN OF WINDHAM, NM, 3 N. COWELL RD., WINDHAM, NH 0308+ RECTIFT PHEARMACEUTICALS IVC, 400 TEVEN NOCOBY SQUALE STEZO, CAMBLIDGE, MA 02139 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial 3. Insurance 2. Health Care agent, developers, and landlords services municipal employment 7. N.H. Retirement 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land law lodging beverages assessment program System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling Utilities Commission 18. Optional: Specify any other area in which you have a 17, N.H. **Business** Interest and Business 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 beltef. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer

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

DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Brittany Sue Ping Work Address 157 Amorry St	
Primary Occupation Reautor e-mail Bring Chedgevew Commer CWork Phone	1003-591-1246
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 o proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 w calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a	as derived during the preceding
1. Matthewfing, Broker, Ledgenew Communical 157 Amory St. Hanche	oter, NH 03,62
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter with 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:	ntract, grant a license or permit,
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16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any or special interest—	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belie person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean	ef. RSA 15-A:9 Penalty. Any nor.
Date 6 6 6 Signature of Filer	RECEIVED JUN 0 7 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Susan M. Porcelli Work Address N/A	
Primary Occupation Retired e-mail toilntroubk21@gmail.comWork Phone	NIA
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 of proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	as derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	SMP
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a con discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter w 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:	tract, grant a license or permit,
Health ( are it is inclirance it i	te of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcohologing beverages	olic 11. Practice of law
Utilities Commissionof gambling	Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any of special interest—	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any or.
	RECEIVED
Date June 7, 2022 Signature of Filer Juscon M Porcelli	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Lisa C.M. Post Wo	rk Address 9 Citizens' Hall Rd, Lyndeborough NH03082
Primary Occupation Deputy Town Clerk e-mail 1 post a	2 lyndeboroughnH.US Work Phone 603-654-5955 x2
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 organic proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability	from which any income in excess of \$10,000 was derived during the preceding
1. Town of Lyndeborough, 9 Citizens' Have 2. Morton Salt, 444 W Lake Street, Chical If you have no qualifying income indicate by writing your initials next to the following sta	
B. Indicate below whether you or a family member has a special interest in any of the for reportable special interest in an item on this list if a change in law, a change in administry discipline a licensee or permittee, or other decision by government affecting the listed by 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	ative rule, a decision whether or not to award a contract, grant a license or permit, usiness, profession, occupation, group, or matter would potentially have a greater
profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants System lodging	10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or of gambling	ther legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true an person who knowingly fails to comply with the provisions of this chapter or knowingly fi	d complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any les a false statement shall be guilty of a misdemeanor.  ILIN 0.7 2022
Date 6/1/2022 Signature of Fi	0011 0 . EDET

Type or Pr	int Clearly								
Full Name	KELLEY	L. 1	POTEN		Work Addre	ss 7=	S, MAIN	STIUNI	T7-229, CONCO 18-808-1066
Primary O	ccupation SELF	Emplo	YED	e-mail KELLE	Y. POTE	NZAā	GMAIL Worl	Phone 97	18-808-1066
directors,	office, position, board etc. or employment nt held by you.		r county						
proprietor,		ed in any other	r professional	or advisory capacity	, and from v	which any in	ncome in excess of	\$10,000 was deriv	irector, associate, partner, red during the preceding sary.)  RECEIVED
1.									JUN 13 2022
2.									NEW HAMPSHIRE DEPARTMENT OF STA
If you have	no qualifying income	indicate by wri	ting your initial	s next to the followin	ng statement.		My income does r	ot qualify	KLP
discipline financial	a licensee or permitteeffect on you or a fami 1. Any profession, oc profession, occupation	e, or other decisely member than cupation, or bus	ion by governr It would on th siness licensed	nent affecting the lis e general public:	ted business,	profession,	occupation, group,	ward a contract, g or matter would p	rant a license or permit, otentially have a greater
2. H	lealth Care 3. In	surance		te, including brokers elopers, and landlord		<ol><li>Banking services</li></ol>	or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
	N.H. Retirement tem		nt use land nt program	9. Restau	irants/	1 5	. Sale and distribution verages	n of alcoholic	11. Practice of law
	ny business regulated es Commission	by the Public		Horse or dog racing ambling	, or other leg	al forms	14. Education	15. Water F	
16.	Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interes Divider	ds Tax	special	interest —	a in which you have a
I have read person wh	d RSA 15-A and hereby no knowingly fails to co	swear or affirm omply with the p	that the forego provisions of th	oing information is tr is chapter or knowin	ue and comp igly files a fals	lete to the be e statemen	pest of my knowledg t shall be guilty of a i	e and belief. RS/ misdemeanor.	A 15-A:9 Penalty. Any
Date	JUNE 1	, 202	2	Signature	of Filer	Kee	ley L.	Poter	reg
	Reti	urn to: Office of !	Secretary of Sta	te, 107 North Main S	treet, State H	ouse Room	204, Concord, NH 03	301	

Type or Print Clearly					
Full Name JOHN POTUCEK		Work Address	18 SUNSET	AVENUE	DERRY
Primary Occupation RETIREP	e-mail PoT	UCEK 10	COMCAST.NET WO	rk Phone 603	4329049
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity,	and from which	any income in excess of	\$10,000 was derive	ed during the preceding
1.					
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if you have no qualifying income indicate by writing your in	itials next to the following	statement.	My income does	pot qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or  1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in admir ernment affecting the listen the general public:	nistrative rule, a d ed business, prof	ecision whether or not to ession, occupation, group	award a contract, gr	ant a license or permit,
I / Hoalth ( are II is inclirance II I	Estate, including brokers, developers, and landlords		anking or financial res	6. State of New	w Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaura	ents/	10. Sale and distribute beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, of gambling	or other legal for	ms 14. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any other area l interest —	in which you have a
have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true	e and complete t	o the best of my knowledgement shall be quilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
person who knowingly runs to comply with the provisions of			( JAA)	7	RECEIVED
Date JONE / 2022	Signature o	of Filer	Alth	<i>Y</i>	JUN 0 2 2022
Return to: Office of Secretary of	State, 107 North Main Str	eet, State House	Room 204, Concord, NH 0	3301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Shaka Potrin	Work Address 33	Jopper Hill	Rd
Primary Occupation e-mail Sha	rapotrin@gmail	. WYWOrk Phone	6035483942
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	, and from which any income in	excess of \$10,000 was de	erived during the preceding
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2.			
If you have no qualifying income indicate by writing your initials next to the followi	ig statement. My inc	come does not qualify	<b>8</b>
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	inistrative rule, a decision whethe ted business, profession, occupati	er or not to award a contraction, group, or matter would	t, grant a license or permit,
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ite of New Hampshire. List each s	uch	
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor			New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Restart System lodging	rants/ 10. Sale and beverages	d distribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing of gambling	, or other legal forms 14. Ed	ducation 15. Wate	r Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax	Interest and Dividends Tax	Optional: Specify any other a special interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	ue and complete to the best of my gly files a false statement shall be	y knowledge and belief, guilty of a misden earth	SA 15 A:9 Penalty. Any
Date 6922 Signature	of Filer	NEW HA	AMPSHIRE

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

Type or Pr	rint Clearly			-			
Full Name	Douglas	Pounds		Work Address	Teradyne,	2 Comerce	e Dr., Baltond, N
Primary Oc	ccupation Elect	inal Eng	e-mail do	ug. pour	ds@Teradyne, V	ork Phone	NA
directors,		d or commission, board nt with state or coun NO ACRONYMS				-	
proprietor,	or employee, or ser	rved in any other profes	ession, business, or other ssional or advisory capacifederal retirement and/or di	ity, and from which	th any income in excess	of \$10,000 was	er, director, associate, partner, derived during the preceding ecessary.)
1.	None						
2.							
If you have	no qualifying incom	e indicate by writing you	r initials next to the follow	ing statement.	My income do	es not qualify	000
reportable discipline financial e	e special interest in a a licensee or permitt effect on you or a fam 1. Any profession, o	n item on this list if a cha ee, or other decision by g ily member than it would	nge in law, a change in adgovernment affecting the don the general public:	ministrative rule, a listed business, pro	decision whether or not t fession, occupation, grou	o award a contra	or matters. A person has a ct, grant a license or permit, ld potentially have a greater
2. H	ealth Care 3. Ir	istirance ii i	eal Estate, including broke ent, developers, and landlo		Banking or financial rices	11	of New Hampshire, county, or employment
7. N Syst	I.H. Retirement em	8. Current use la assessment progr		aurants/	10. Sale and distribution beverages	ition of alcoholic	11. Practice of law
	ny business regulater es Commission	d by the Public	13. Horse or dog racir of gambling	ng, or other legal fo	orms 14. Education	15. Wat	er Resources
16.	Agriculture	17. N.H. Busine taxes: Profits		Interest an Dividends		Specify any other ial interest —	r area in which you have a
I have read person who	RSA 15-A and hereb o knowingly fails to c	y swear or affirm that the omply with the provision	foregoing information is ns of this chapter or know	true and complete ingly files a false st	to the best of my knowle atement shall be guilty of	dge and belief a misdemeanor.	RECEIVED  JUN 0 8 2022
Date	June 6,	2022	Signatu	re of Filer	Dougles	town	NEW HAMPSHIRE EPARTMENT OF ST.
	Ret	urn to: Office of Secretary	y of State, 107 North Main	Street, State House	Room 204, Concord, NH	03301	EFANTIVILITY OF O.

Type or Print Clearly	-				
Full Name BIEH Poull	Work Address	3 Autumn	Leut Dr	#13 N	1664ma, NH U3U60
Primary Occupation Conceltort e-mail But	. Poull & From	tlind Analytics.no	Work Phone	603-7	70-0607
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 proprietor, or employee, or served in any other professional or advisory capacicalendar year. Sources of retirement benefits other than federal retirement and/or discounts.	ity, and from which	any income in exce	ss of \$10,000 v	vas derived dur	
1. Flon+line Analytis, LLC				**	3.77 17409 1 14
2.	1.0	,			
If you have no qualifying income indicate by writing your initials next to the follow	ving statement.	My income	does not qualify	,	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in ad discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	Iministrative rule, a listed business, pro	decision whether or n fession, occupation, g	ot to award a co	ntract, grant a l	icense or permit,
2. Health Care  3. Insurance  4. Real Estate, including broke agent, developers, and landle		Banking or financial ices		ate of New Ham cipal employme	pshire, county, or ent
7. N.H. Retirement 8. Current use land 9. Rest System assessment program lodging	taurants/	10. Sale and dist beverages	ribution of alcol	nolic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing of gambling	ng, or other legal fo	14. Educat	ion 15.	. Water Resource	25
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends 1		al: Specify any opecial interest—	other area in wh	ich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	true and complete vingly files a false st	to the best of my kno atement shall be guilt	wledge and beli y of a misdemea	ief. RSA 15-A: inor.	9 Penalty. Any
Date 6/1/20% Signature	ure of Filer	Bres o	Pore 11		REC'D CITY CLERK JUN 1 '22 AM8:

Type or Print Clearly							
Full Name Keely Power	Work Address	789 Central Ave	the DovernH				
Primary Occupation neonatal nurse pract e-mail Keely	1. powere	gmail. com Work Phor	ne 603-740-2263				
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 oproprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	y, and from which	any income in excess of \$10,00	00 was derived during the preceding				
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If you have no qualifying income indicate by writing your initials next to the following	ng statement.	My income does not qu	alify (K-P)				
B. Indicate below whether you or a family member has a special interest in any of treportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:  4. Real Estate, including brokers	ninistrative rule, a c sted business, prof	lecision whether or not to award ession, occupation, group, or mat	a contract, grant a license or permit,				
2. Health Care 3. Insurance agent, developers, and landlor		-	unicipal employment				
7. N.H. Retirement 8. Current use land 9. Restaution System assessment program lodging	urants/	10. Sale and distribution of a beverages	Icoholic 11. Practice of law				
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing of gambling	g, or other legal fo	ms 14. Education	15. Water Resources				
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends To		ny other area in which you have a st				
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the provisions of the chapter or knowing the chapter of the chapter or knowing the chapter or knowing the chapter of the chapter	rue and complete ngly files a false sta	to the best of my knowledge and tement shall be guilty of a misder	belief. RSA 15-A:9 Penalty. Any meanor.				
Date June 7, 2022 Signature	e of Filer	up 2	JUN 1 0 2022				
Return to: Office of Secretary of State, 107 North Main S	itreet, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE				

Type or Print Clearly
Full Name Dominick Prive Work Address 200 Gaystreet, Marchester NH
Primary Occupation Of 2111/5 AutoParts e-mail Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
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.)
200 Gay Street, Manchester NH
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H.  Business Enterprise Tax  Business  Business
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 08 2022  Signature of Filer  JUN 10 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE NRTMENT OF STATE

Type or Pi	rint Clearly						,			
Full Name	MARK L	120 PROW	LX		Work Address	37 PL 12AS	SANT ST BI	PRING 1	NH	
Fill Name MRK LEO PROULX  Work Address 37 PLEASMAT 31 FRING NH  Primary Occupation   DRP by 1 Fine Chief   e-mail   MyCi5D & Add. Com   Work Phone   603 679 5 HHG  Name the office, position, 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 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.)  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 other profession, 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 permits, discipline all cense or permits, 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 cocertified by the State of New Hampshire. List each such profession, occupation, or category of business:  M. Fine Fig. 16. He State of New Hampshire is profession, occupation, or other decision of gambling interest and interest in a license or permits, country, or municipal employment  A. Real Estate, including brokers, services  S. Banking or financial S. State of New Hampshire, country, or municipal employment  1. Any business regulated by the Public 13. Horse or dog rancing, or other legal forms 10. Sale and distribution of alcoholic 11. Practice of gambling 14. Education 15. Water Resources  1. Sale and distribution of alcoholic 11. Practice of services commission										
directors,	etc. or employmen	nt with state or	County	ZMAN G	SRAVITES;	tATA CRITICA	al inclubints	TAISSS T	BAM	
proprietor,	, or employee, or se	rved in any other p	professional or ad	visory capacit	y, and from which	any income in e	excess of \$10,000 w	as derived o	during the pre	
1.	SYBP DAGGH	FRR DAN	TAL HYG	iENIST					,	
2.									** ***	
lf you have	no qualifying incom	e indicate by writing	g your initials next	to the followi	ng statement.	My inco	me does not qualify			
financial e	effect on you or a fam  1. Any profession, o	ccupation, or busine	would on the gen	eral public: tified by the St	ate of New Hamps	shire. List each suc	th		ially have a gr	eater
2. Ĥ	lealth Care 3. I	nsurance	4. Real Estate, inc	luding broker	s, 5. B	anking or financia	6. Sta	ite of New Ha		nty, or
294					urants/	1 .	distribution of alcoh	olic		ce of
		d by the Public	H I	-	g, or other legal for	rms 14. Edu	cation 15.	Water Resou	rces	
16.	Agriculture						cional: Specify any o special interest	ther area in v	vhich you have	e a
l have read person wh	I RSA 15-A and hereb o knowingly fails to c	y swear or affirm the comply with the pro-	at the foregoing in visions of this cha	formation is to pter or knowir	rue and complete on gly files a false sta	to the best of my k tement shall be go	nowledge and belieuilty of a misdemear	ef. RSA 15-	A:9 Penalty A	ED
Date	06-07-	2022		Signature	e of Filer	my	Jell	X	JUN 08 20	HIRE
		000 -00		7 Novéh Maio C	troot State House	Poom 204 Conco	rd NH 03301	DEPA	ARTMENT O	FSTAT

ype or Print Clearly				
ull Name Andrew Prout	Work Address	244 Wood Str	eet, Lexington,	MA 02421
rimary Occupation Computer Engineer	e-mail andrew@andrewpro	ut.com	Work Phone	603-265-0771
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS	State Representative			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession lendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	ch any income in ex	cess of \$10,000 w	as derived during the preceding
Massachusetts Institute of Technology,	244 Wood Street, Lexington, N	IA 02421; Acade	emic non-profit	
Homology Medicines, 1 Patriots Park, E	Bedford, MA 01739; For-profit co	orporation		
you have no qualifying income indicate by writing your in	itials next to the following statement.	My incom	e does not qualify	
1. Any profession, occupation, or business licens profession, occupation, or category of business:      4. Real	sed or certified by the State of New Ham	oshire. List each such Banking or financial		ate of New Hampshire, county, or
2. Health Care 3. Insurance agent,	developers, and landlords ser	vices	munic	ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and di beverages	stribution of alcoh	olic 11. Practice of law
12. Any business regulated by the Public	13. Horse or dog racing, or other legal for gambling	orms 14. Educ	ation 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Dividends		onal: Specify any o special interest	other area in which you have a
have read RSA 15-A and hereby swear or affirm that the for erson who knowingly fails to comply with the provisions o				
Date 3/ May 2022	Signature of Filer	andrew	Pur	NEW HAMPSHIP

Type or Print Clearly
Full Name Kevin Gratt Work Address
Primary Occupation ReTired Fire / Hiff e-mail CHief Kevin Pratter Maria COM 603895-9502
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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. NHSTATE RETIREMENT Group II
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and bividends 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 PRITING AND
JUN 07 2022
Date 6/3 /2022 Signature of Filer Cown fruit DEPARTMENT OF STATI

Type or Print Clearly
Full Name Richard C- Prat Smith Work Address 89 old mention Rd. Whilester 1
Primary Occupation CEO e-mail rc prontfleyahoo.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an <u>officer</u> , director, associate, partner, <u>proprietor</u> , 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. See a Hacked downers
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  See a Haeved downers
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and andlords services  5. Banking or financial services municipal employment
7. N.H. Retirement 8. Current use land . 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax Business
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 Ine of the 2022 Signature of Filer

#### 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print Clearly 9000 Work Address **Full Name Primary Occupation** Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary,) 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 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 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging beverages assessment program law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of 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 -**Enterprise Tax** Dividends Tax taxes: Profits 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. Signature of Filer Date NEW HAMPSHIRE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

DEPARTMENT OF STATE

Type or Pr	nt Clearly			
Full Name	Suzanne W. Prontiss	Work Address	6 Botchelder Ave	W. Lebaren, WH 037
Primary Oc	cupation for a relative C/Account		12 gmail. CO Work Phone	613-381-9195
directors,	office, position, board or commission, board of etc. or employment with state or county of held by you.  NO ACRONYMS	Depoty Medical Exam	ciner-NH (contract	
proprietor,	ow the name, address, and type of any profession or employee, or served in any other profession ear. Sources of retirement benefits other than federal	al or advisory capacity, and from which	ch any income in excess of \$10,000 was	s derived during the preceding
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reportable discipline financial e	e below whether you or a family member has a special interest in an item on this list if a change is a licensee or permittee, or other decision by gove effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administrative rule, a rnment affecting the listed business, pro the general public:  ed or certified by the State of New Hamp	decision whether or not to award a cont ofession, occupation, group, or matter wo	tract, grant a license or permit,
2. F	DAITH CARD II IS INSUITANCE II I			e of New Hampshire, county, or oal employment
	I.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
		13. Horse or dog racing, or other legal for gambling	forms 14. Education 15. V	Vater Resources
16.	Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Enterprise Tax Dividends	11.	her area in which you have a
	RSA 15-A and hereby swear or affirm that the forest oknowingly fails to comply with the provisions of the state of the sta			

Sull Name Scott Priestley Sr.	Work Address: 119 NORTH RS	BRENTWOOD NH 03833
Primary Occupation Account nt E-mail	Work Address: 119 NORTH RS, scott gpriestlye comcastir	Work Phone
Name the office, position, board or commission, committee, board of lirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	ghavi County Trea	Suver
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$	10,000 was derived during the preceding
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2.		
If you have no qualifying income indicate by writing your initials next to the following st	atement. My incom	me does not qualify
discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords		6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaura lodging		
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling		15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax	pecify any other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date		
	Signature of Reporting Indi	vidual RECEIVED
Return to: Office of Secretary of State, 107 North M	Tain Street, State House Room 204, Concord	JUN 0 1 2022
		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		_			
Full Name Donald R. Primrosc		Work Address	A/I		
Primary Occupation Retired	e-mail \\'\'\'	nerick-Parm	no grail, como	rk Phone	AM
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity	, and from which a	ny income in excess of	f \$10,000 was deriv	red during the preceding
1. Emily Primare	- Hillsbar	2) Deering	School Ds-	trict	
2.					
If you have no qualifying income indicate by writing your init	tials next to the followin	g statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on  1. Any profession, occupation, or business licenses profession, occupation, or category of business:	in law, a change in adm rnment affecting the lis the general public: ed or certified by the St	inistrative rule, a de ted business, profes	cision whether or not to sion, occupation, group re. List each such	award a contract, g	rant a license or permit,
1 1 7 Hoalth Caro II 12 Incurance II 1	state, including brokers levelopers, and landlord		king or financial s	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaulodging	rants/	<ol><li>Sale and distribut beverages</li></ol>	ion of alcoholic	11. Practice of law
	<ol> <li>Horse or dog racing of gambling</li> </ol>	, or other legal form	14. Education	15. Water R	
16. Agriculture 17. N.H. taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other are al interest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is tr f this chapter or knowin	ue and complete to gly files a false state	the best of my knowled ment shall be guilty of a	ge and belief. RSA a misdemeanor.	TRAPPONENT VED
Date 04-02-22	Signature	e of Filer	Ulfum	m	NEW HAMPSHIRE EPARTMENT OF STATE

Type or Print Clearly				
Full Name MARK F. Preston		Work Address		
Primary Occupation Retired	e-mail MARK	Preston @ XALOO.COM	Work Phone	235 9544
Name the office, position, board or commission directors, etc. or employment with state of government held by you.  NO ACRONY	r county			
A. List below the name, address, and type of a proprietor, or employee, or served in any other calendar year. Sources of retirement benefits oth	r professional or advisory capacit	ry, and from which any income in e	excess of \$10,000 was	derived during the preceding
1.				
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If you have no qualifying income indicate by wri	ting your initials next to the follow	ing statement. My inco	ne does not qualify	MFP
B. Indicate below whether you or a family mem reportable special interest in an item on this list discipline a licensee or permittee, or other decinonancial effect on you or a family member than	if a change in law, a change in adr ion by government affecting the li	ninistrative rule, a decision whether o	or not to award a contr	act, grant a license or permit,
Any profession, occupation, or bu profession, occupation, or category of		tate of New Hampshire. List each suc	:h	
2. Health Care 3. Insurance	4. Real Estate, including broker agent, developers, and landlo	_	31 1	of New Hampshire, county, or al employment
	nt use land 9. Resta nt program lodging	urants/ 10. Sale and o	distribution of alcoholi	t 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racin of gambling	g, or other legal forms 14. Edu	cation 15. W	ater Resources
16. Agriculture 17. N.H. taxes:	Business Business Profits Tax Enterprise Tax	Interest and Dividends Tax	ional: Specify any oth special interest	er area in which you have a
I have read RSA 15-A and hereby swear or affirm person who knowingly fails to comply with the	that the foregoing information is to provisions of this chapter or knowi	rue and complete to the best of my k ngly files a false statement shall be g	nowledge and belief. uilty of a misdemeano	RSA 15-A:9 Penalty. Any
Date 6/1/22	Signatur	re of Filer Man 1.2	)	

Type or Print Clearly	
Full Name PATRICIA ROSE PUSTELL Work Address -	
Primary Occupation VETIREA e-mail PATRICIA PUSTELL agrain Work Phone 603	- 986-3148
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Rustee Frency of Constitution for Energy Board of Trustee Ossi pel Public Library Board of Trust	DMM 15 wer wat
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	PRP
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Harmonicipal employm	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource	ces
16. Agriculture  17. N.H. Business Business Business Interest and Dividends Tax  18. Optional: Specify any other area in w	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
	RECEIVED
Date June 7, 2022 Signature of Filer Partician R Pustell	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STA

Type or Print Clearly	
Full Name James Richmond Qualer III Work Address N/A	
Primary Occupation Retired e-mail jimQ@jimQualerforNH. Compk Phone N/A	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Representative, Cheshire District	- 11
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived ducalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Sources of Recirement Income : Distributions from IRA accounts	1.11 11000
Souve of Retirement Income: Distributions and Interest/Dividends from muti	ual funds
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public:  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 Handlords	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resource	
16. Agriculture  17. N.H.  Business Enterprise Tax  Business Enterprise Tax  Interest and Special interest —  18. Optional: Specify any other area in which is pecial interest.	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/2022 Signature of Filer James R. Qualy TI	JUN 0 2 2022 NEW HAMPSHIRE
Poture to: Office of Secretary of State 107 North Main Street. State House Room 204, Concord, NH 03301	DEPARTMENT (F STAT

Type or Print Clearly
Full Name Arlene Quaratiello Work Address 27 Mill Stream Dr. Atkinson
rimary Occupation writer e-mail a guaratie Concast, net Work Phone 603-818-1971
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, roprietor, 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
MKS Instruments 6 Shattuck Rd. Andover MA
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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:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax Special interest — 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/9/27 Signature of Filer When Romanatell JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW PAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly						
Full Name Joshua Quer	4	Work Address (	05 N. S.	tete Street	Concord o	330
Primary Occupation Rot 1 Affair		very e nadp. o	rg W	ork Phone 31	7-752-551	O
Name the office, position, board or commi directors, etc. or employment with sta government held by you. NO ACF	ite or county					
A. List below the name, address, and type proprietor, or employee, or served in any calendar year. Sources of retirement benefit	other professional or advisory cap	acity, and from which any	income in excess of	f \$10,000 was derive	ed during the preced	
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If you have no qualifying income indicate b	y writing your initials next to the foll	owing statement.	My income does	not qualify		
B. Indicate below whether you or a family reportable special Interest in an Item on the discipline a licensee or permittee, or other financial effect on you or a family member  1. Any profession, occupation, or category	is list if a change in law, a change in decision by government affecting the than it would on the general public by the business licensed or certified by the	administrative rule, a decisi ne listed business, professio ::	on whether or not to n, occupation, group	award a contract, gra	nt a license or permit	it,
2. Health Care 3. Insurance	4. Real Estate, including broagent, developers, and land		ng or financial	6. State of New	Hampshire, county, oyment	or
	Current use land 9. Ressment program lodgin		<ol> <li>Sale and distribut everages</li> </ol>	ion of alcoholic	11. Practice of law	f
12. Any business regulated by the Pul Utilities Commission	olic 13. Horse or dog ra	acing, or other legal forms	14. Education	15. Water Res	sources	
16. Agriculture 17. N.H. taxes:	Business Business Enterprise T	ax Interest and Dividends Tax	18. Optional: S specia	pecify any other area al interest —	in which you have a	
I have read RSA 15-A and hereby swear or a person who knowingly fails to comply with	ffirm that the foregoing information the provisions of this chapter or kno	is true and complete to the owingly files a false stateme	e best of my knowled ent shall be guilty of a	ge and belief. RSA 1	15-A:9 Penalty. Any	
Date 6/6/22		ature of Filer	W	JUN	07 2022	
Return to: Office	e of Secretary of State, 107 North Ma	ain Street, State House Roor	n 204, Concord, NH (	DEPARTME	AMPSHIRE NT OF STATE	

ype or Print Clearly	
Work Address 1980 THENPIKE ST. STE 2, NOT	CIHANDOUER, NA
rimary Occupation PROSECT MANAGER e-mail NATALLEQUEUEDCEGNALL COMWORK Phone 603	903,7590
lame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS  TOWN OF WINCHESTER, SELECTMAN  REUSION ENERGY, PROTECT MANAGER	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	during the preceding
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you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grar discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  PROSECT MA MREER, REMISION ENERGY	nt a license or permit,
The state of the s	Hampshire, county, or byment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	ources
16. Agriculture  17. N.H. Business Business Business Interest and Dividends Tax Interest and special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date 06/09/2022 Signature of Filer	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			,		
Full Name Certhy Qi	Work Address	140 8	Work Phone	e Chelseo	MA 0215
Primary Occupation Gilobal Account e-mi	000	MorrisonExpe	Work Phone	85720	12722
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	WIA				
A. List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirem	risory capacity, and from which	any income in exc	ess of \$10,000 was	derived during th	
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2.	*				
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income	does not qualify	7	2
B. Indicate below whether you or a family member has a special interportable special interest in an item on this list if a change in law, a conficient discipline a licensee or permittee, or other decision by government a financial effect on you or a family member than it would on the general series of the profession, occupation, or business licensed or certain profession, occupation, or category of business:	thange in administrative rule, a defecting the listed business, profeeral public:	ecision whether or r ssion, occupation, g	ot to award a contra	ct, grant a license	or permit,
2. Health Care 3. Insurance 4. Real Estate, inc		nking or financial es		of New Hampshire employment	, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	<ol><li>Sale and dist beverages</li></ol>	ribution of alcoholic	11. I law	Practice of
12. Any business regulated by the Public 13. Horse Utilities Commission of gamblir	e or dog racing, or other legal form	ns 14. Educat	tion 15. Was	ter Resources	
a d Alavelavelavena	usiness Interest and Dividends Ta		nal: Specify any othe special interest —	r area in which yo	u have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this chap	formation is true and complete to oter or knowingly files a false stat	the best of my kno ement shall be guilt	wledge and belief. y of a misdemeanor.	RSA 15-A:9 Pena	alty. Any
Date 06/07/2022	Signature of Filer	0	[Q		REGEIVED JUN 13 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107	North Main Street, State House	doom 204, Concord,	NH 03301	DE	

Type or Print Clearly
Full Name LARA KATHERINE OUTROGA Work Address 145 HOLLIS ST., MANCHESTER, WH 03/01
Primary Occupation Administrator e-mail lara, K, quiroga@gmail.com/ork Phone 603-661-2090
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Representative, Hilsburgh County District 15
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. Amoskeag Health, 145 Hollis St., Marchester, UH 03101, health care
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business 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
Date 6 15 33 Signature of Filer