Name Verfrey C. Salloway Work Address: Kone	
nary Occupation Retired E-mail JC. Sallow a Qunh. edu Work Phone 603	3-868-1726
ne the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directed proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived or calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as references to the state of the shall be included.)	during the preceding
1. hone	
2.	
ou have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	)cs
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:	
/ Health Care     Cincilrance	v Hampshire, county, or
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial municipal emp  7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	
2. Health Care 3. Insurance agent, developers, and landlords services municipal emp  7. N.H. Retirement	11. Practice of law
2. Health Care   3. Insurance   agent, developers, and landlords   services   municipal emp    7. N.H. Retirement   8. Current use land   9. Restaurants/   10. Sale and distribution of alcoholic    System   12. Any business regulated by the Public   13. Horse or dog racing, or other legal forms of   14. Education   15. Water Re	Ployment  11. Practice of law esources
2. Health Care   3. Insurance   agent, developers, and landlords   services   municipal emp    7. N.H. Retirement   S. Current use land   System   Sy	lief. RSA 15-A:9
agent, developers, and landlords services municipal emp  7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of Utilities Commission  14. Education  15. Water Restaurants beverages  16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  18. Optional: Specify any other area in special interest speci	lief. RSA 15-A:9

Type or Full Nar	Print CLEARLY	K. Salmo	n II		_ Work Ad	dress:			
Primary	Occupation Retire			E-mail	chips.	alman (	o coment. Ne	Work Phone _(	63-673-6977
directors	ne office, position, board o s, etc. or employment with NO ACRONYMS.	r commission, cor state or county go	nmittee, board of overnment held			······			
<b>A</b> ,	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in any of	ther professional	or advisory capacit	y, and from	which any i	income in excess of \$	10,000 was derive	d during the preceding
1.									
2.				,					
If you ha	ave no qualifying income	ndicate by writing	g your initials nex	t to the following s	statement.		My incom	ne does not qualify	y <u>113</u>
В.	discipline a licensee or per financial effect on you or 1. Any profession, occu	t in any item on the ermittee, or other of a family member apation, or business	is list if a change decision by gover than it would on licensed or certific	in law, a change in nment affecting the the general publiced by the State of Ne	administrati e listed busin w Hampshire	ive rule, a d ess, profess . List each s	lecision whether or no sion, occupation, grou such profession,	ot to award a contra	matters. A person has a act, grant a license or permit l potentially have a greater
'	occupation, or category of	of business:		over to	74	•			· · · · · · · · · · · · · · · · · · ·
Γ	2. Health Care 3. In	nsurance		ncluding brokers, ers, and landlords		5. Banking services	g or financial	6. State of N municipal en	ew Hampshire, county, or nployment
Γ	7. N.H. Retirement System	8. Current		9. Restau lodging	rants/	- 11	0. Sale and distributio everages	n of alcoholic	11. Practice of law
	12. Any business regulated by tilities Commission	y the Public	13. He gambli	orse or dog racing, o	r other legal f	orms of	14. Education	15. Water 1	Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	☐ Interes Divider		18. Optional: Sp specia	ecify any other area l interest	in which you have a
I have Penal	read RSA 15-A and her ty. Any person who kno	eby swear or afformingly fails to	firm that the force	egoing information provisions of thi	on is true an	d complet knowingl	e to the best of my y files a false state	knowledge and b nent shall be gui	elief. RSA 15-A:9 Ity of a misdemeanor.
Date	June 9,	2020	_		/\	Signati	June of Reporting India	- aidual	

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

Type or Print CLEAN Full Name $- Ga$	RLY JEllen S	anborn	·····	Work Address:	N/A		
Primary Occupation _	Retived		E-mail	da Sanbo	rnogmael (	Work Phone	56-9003
	on, board or commissionyment with state or courage.			·			
proprietor, or calendar year.	employee, or served in a	any other professional o	r advisory capacity	, and from which as	ou or a family member ny income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1 2							
f you have no qualifyi	ng income indicate by w	riting your initials next	to the following sta	atement.	My incom	me does not qualify	DES.
discipline a lic financial effect	tensee or permittee, or of on you or a family mention, occupation, or but or category of business:	ther decision by government than it would on the siness licensed or certified ————————————————————————————————————	ment affecting the late general public:  I by the State of New	isted business, prof	fession, occupation, grou ch such profession, ing or financial	p, or matter would	ct, grant a license or permit, potentially have a greater  w Hampshire, county, or
7. N.H. Retiren	· • • • • • • • • • • • • • • • • • • •	nrent use land nent program	9. Restaura		10. Sale and distribution beverages	-	11. Practice of law
•	regulated by the Public	13. Hor		other legal forms of	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	<ul><li>Interest and Dividends Tax</li></ul>		ecify any other area i	n which you have a
					lete to the best of my langly files a false statem		
Date	19/10	<del></del>	<u>-</u>	Sign	A E Acutos sature of Reporting Indiv	ridual	JUN 0 4 2020
	Return to:	Office of Secretary of S	State, 107 North Ma	in Street, State Hou	se Room 204, Concord	NH 03301	NEW HAMPSHIRE

Type or Print CLEAR Full Name	LY Louric.	Sanborn		Work Address:	GT S. Main	ST Conc	end NH
Primary Occupation	Restaurant	Manager	E-mail_	RepSan	born egmal.	Co-Work Phone	6821557
Name the office, position directors, etc. or employ by you. NO ACRONY	ment with state or cou		( )	ate R	gp		
proprietor, or e calendar year.	mployee, or served in a Sources of retirement b	any other professional of enefits other than feder	or advisory capacity, ral retirement and/or	and from which a disability benefit.	you or a family member ny income in excess of S s shall be included. (Use	\$10,000 was derived additional sheets as	during the preceding
2. T/3	R, LLC:	Campy LLC	: Is Liv	my LLC.	Win Winh	in LLC	
If you have no qualifyin	•	•				me does not qualify	
reportable spec discipline a lice financial effect	cial interest in any item	on this list if a change other decision by government than it would on siness licensed or certification.  4. Real Estate, in	in law, a change in a nment affecting the lithe general public:  ed by the State of New acluding brokers,	dministrative rule isted business, pro Hampshire. List ea	ch such profession,	oot to award a contractup, or matter would  6. State of Ne	ct, grant a license or permit, potentially have a greater  w Hampshire, county, or
7. N.H. Retirem		agent, develop urrent use land	ers, and landlords  9 Restaura	nts/ service	10. Sale and distribution	municipal em	ployment 11. Practice of
System  12. Any business of Utilities Commission	regulated by the Public	ment program  13. Ho gambli	orse or dog racing, or o		beverages  14. Education	15. Water R	lesources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other area i al interest	n which you have a
	n who knowingly fai	ls to comply with the	e provisions of this	chapter or know	plete to the best of my ingly files a false state fundamental and a gnature of Reporting and	ement shall be guild Jan ividual	ry of a misdemeanor.  RECEIVED  JUN - 8 2020
	Return to:	Office of Secretary of	f State, 107 North Ma	ain Street, State H	ouse Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Fype or Print</b> Full Name	CLEARLY CATHERYN ANN	S ANDLER	Wo	ork Address:	NONE (RETIR	Eb)	
Primary Occup	pation		E-mail			Work Phone _	
	ee, position, board or commission employment with state or country of CRONYMS.						
propr	elow the name, address, and typietor, or employee, or served in dar year. Sources of retirement	any other professional or ad	visory capacity, and	from which any	income in excess of \$1	0,000 was derive	ed during the preceding
1				:			
2							
f you have no	qualifying income indicate by v	vriting your initials next to t	he following stateme	nt.	My incom	ne does not quali	fy
discip financ	able special interest in any item line a licensee or permittee, or e cial effect on you or a family me Any profession, occupation, or be upation, or category of business:  th Care 3. Insurance	other decision by government omber than it would on the g	nt affecting the listed general public: the State of New Ham ling brokers,	business, profe	ssion, occupation, group	o, or matter woul	New Hampshire, county, or
7. N.H System		urrent use land sment program	9. Restaurants/		10. Sale and distribution beverages		11. Practice of law
	business regulated by the Public Commission	13. Horse o	or dog racing, or other	legal forms of	14. Education	15. Water	Resources
☐ 16. Ag	riculture 17. N.H. taxes:			Interest and Dividends Tax	18. Optional: Spe special	cify any other are	a in which you have a
	RSA 15-A and hereby swear ny person who knowingly fai	-		•	•	-	
Date	6/3/2020			Culton	An Sund	1/2-	RECEIVED
<u></u>		<del></del>		Sign	ture of Reporting Indivi	dual	JUN 0 4 2020
	Return to:	Office of Secretary of State	e, 107 North Main St	treet, State Hou	se Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nat	Print CLEA	ARLY tthew	~ John	50	inton as	taso		Work Addres	s: <u>454</u>	US	Rout	edod	Rin	dge	NH 0340
rimary	Occupation _	Fuel	Delive	7_	driver	ı	E-mail _				w	ork Phone _	800	791	9576
lirector		loyment v	d or commissio with state or cou			of <u>Non</u>	e							., , ,	
A.	proprietor, o	r employe	ee, or served in	any oth	er professiona	l or advisory c	apacity	anization in whi or, and from which or disability ben	h any incon	ne in excess	s of \$10,0	00 was deriv	ed during	the prec	artner, eding
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2.	ava na gualif	vina inco	me indicate by	· · · · · · ·	vour initials n	avt to the follo	wing et	atement		My	income d	oes not qual	ify M	5	
r you n	ave no quant	ying inco	ne indicate by	writing	your initials in	ext to the lone	wing st	atement.		WIY	income u	oes not quar	11y _/ //	·	
Г —	financial eff	rofession,	or a family me	ember t	than it would o	n the general p	oublic: e of Nev	11		profession,	group, o	6. State of municipal	New Ham	pshire, co	
Γ	7. N.H. Retir System	rement	11		use land rogram		Restaur	ants/	_ 10. Sa bevera	leand distri	ibution of	alcoholic		11. Pr law	ractice of
	12. Any busine Itilities Com		d by the Public		I I	Horse or dog ra	cing, or	other legal forn	s of	14. Educat	tion [	15. Wate	er Resourc	es	
Γ	16. Agricultu	ure	17. N.H. taxes:		Business Profits Tax	Business Enterprise	Гах	Interest an		18. Option	al: Specifi special inte	y any other ar	ea in which	h you hav	ea
		rson who	knowingly fa					on is true and cos chapter or kr	owingly fil						
Date	6/4	/20	20		_			man	7	f Reporting	g Individu	ual	R	ZCZ	WED
			Return to	: Offic	ce of Secretary	of State, 107	North M	Main Street, Stat						O NUL	5 2020

NEW MAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY ull Name	A hepoll - V	T Sasica	Zaw	ork Address:	9 Temple.	51.1/25	hra NH 03.
rimary Occupation	Sboroup Ci	Xy Regist	to See mail co	land.	sagicara O	_Work Phone	459-6768
lame the office, position, b irectors, etc. or employment y you. NO ACRONYMS.	oard or commission, on twith state or county	committee, board o	r Hillshragh			- of	Need 5
proprietor, or empl	oyee, or served in any	other professional	usiness, or other organization or advisory capacity, and eral retirement and/or dis	ation in which yo	ou or a family member w y income in excess of \$1	0,000 was derived	d during the preceding
I serve	15 Hillsbo	rugh Ca	nt of Register.	of Deed	s. Also Ica	eve Mt	retilement II
2. My wife	- Andrea	. Sapien	za is a	March	ster NH	Sc hool	teacher.
f you have no qualifying in	come indicate by writ	ting your initials ne	ext to the following staten	nent.	My incom	ne does not qualify	·
reportable special idiscipline a license financial effect on  1. Any profession	interest in any item or se or permittee, or oth you or a family meml	this list if a chang er decision by gove ber than it would or	ernment affecting the liste	ninistrative rule, and business, profession	a decision whether or no ession, occupation, grou	t to award a contra	natters. A person has a act, grant a license or permit, I potentially have a greater
2. Health Care	3. Insurance		including brokers, opers, and landlords	5. Banki services	ing or financial	6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System		ent use land ent program	9. Restaurants	<sup>′</sup> Г	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
12. Any business regu Utilities Commission		I3. gamb	Horse or dog racing, or other	er legal forms of	14. Education	15. Water	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: Sp specia	ecify any other area interest	in which you have a
I have read RSA 15-A a Penalty. Any person w	ho knowingly fails						
Date 6-3-2	2020,		2	duais Sign	nature of Reporting Indiv	vidual	RECEIVED

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330I

RECEIVED

JUN 0 3 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY as Joel Sarwark Work Address: 99 Hanover St, Manchester, NH will Name Witcholas Joel Sarwark Work Address: 99 Hanover St, Manchester, NH E-mail NSarwark@gmail.com/Work Phone 6035132503
rimary Occupation E-mail NSarwark@gmail.comWork Phone 6035132503
lame the office, position, board or commission, committee, board of Hills borough County Attorney irectors, etc. or employment with state or county government held y 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. Wedge Squared Strategies, 99 Henover St, Manchester, NH 03101; Consulting
1. Wedge Squared Strategies, 99 Henover St, Manchester, NH 03101; Consulting 2. Family Loan Campany, 1616 & Van Buren St, Phoenix, AZ 85006; Finance
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 matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  Law W
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
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: Rusiness Profits Tax Rusiness Enterprise Tax R
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/11/2020 Signature of Reporting Individual

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

Type or Print CLEARLY Full Name Cayolyn Scanlon Work Address: MA	
Primary Occupation <u>Vetived</u> E-mail <u>Carolyn. Scanlowo comasting</u> Phone	603772-0966
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was described as a calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet)	rived 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 qualifying income indicate by writing your initials next to the following statement.	alify <u>C</u> S
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter we 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:	ontract, grant a license or permit,
	of New Hampshire, county, or al employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education   15. Was gambling	ater Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other 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 at Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	nd belief. RSA 15-A:9 guilty of a misdemeanor.
Date 6/9/2020 Caroling Signature of Reporting Individual	RECEIVED
	JUN 1 1 2020

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 Thomas C Schamberg	Work Address: 10 Clarke Rd - Wilmot, NH	03287
Primary Occupation Retined E-mail	tomayour promosolution Work Phone	
Name the office, position, board or commission, committee, board of 5+. Pap - Alb directors, etc. or employment with state or county government held by you. NO ACRONYMS.	H, Wilmot Bd of Selectmen,	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any income in excess of \$10,000 was derived during the provided discipling benefits shall be included (Use additional sheets as necessary)	eceding
1. Promotional Solutions, Inc Joanne Scham Promotional Flens	nberg-President- 10 Clarke Rd, Wilmot, NH	03287
2		
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify	Polismo
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the 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 State of New occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including brokers,	Hampshire. List each such profession,  5. Banking or financial  6. State of New Hampshire, of	ve a greater
agent, developers, and landlords	services municipal employment  10. Sale and distribution of alcoholic 11.	Practice of
System assessment program lodging	beverages	Traduce OI
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or ogambling	other legal forms of 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 special interest —	ıvea
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	Dividends Tax special interest—  in is true and complete to the best of my knowledge and belief. RSA 1:  chapter or knowingly files a false statement shall be guilty of a misder	5-A:9
16. Agriculture 17. N.H. Business Business Enterprise Tax  I have read RSA 15-A and hereby swear or affirm that the foregoing information	Dividends Tax special interest—  is true and complete to the best of my knowledge and belief. RSA 1: chapter or knowingly files a false statement shall be guilty of a misder	5-A:9

NEW HAMPSHIRE EPARTMENT OF STATE

<b>Type o</b> Full Na	r Print CLEARLY	Joseph	h Schap	wo wo	k Address:				
	Occupation	Retived		E-mail 3	e.schapi	woolg.state	Work Phone		
director		ent with state or co	ion, committee, board of _ ounty government held	Represe	utative,	New Ho	imbzp (ik	House	
A.	proprietor, or emporate calendar year. So	oloyee, or served in urces of retirement	ype of any profession, bus n any other professional o t benefits other than feder	r advisory capacity, and al retirement and/or disc	from which any bility benefits sh	income in excess of stall be included. (Use	\$10,000 was derived additional sheets as	during the preceding necessary)	
1.	Joseph S	Schapiro	, LICON (Inde	pendent psycl	otherapy	practice)	272 Main	St. Vicene, NH	15450
2.									
lf you l	have no qualifying	income indicate by	writing your initials next	to the following stateme	nt.	My inco	ome does not qualify		_
В.	reportable specia discipline a licen- financial effect of 1. Any profess occupation, or c	I interest in any ite see or permittee, on you or a family r ion, occupation, or ategory of business	r other decision by govern nember than it would on t business licensed or certifie	n law, a change in admit ment affecting the listed he general public:	istrative rule, a c business, profes pshire. List each	decision whether or r sion, occupation, gro	not to award a contra oup, or matter would	ct, grant a license or permit,	-
	2. Health Care	3. Insurance	agent, develope	rs, and landlords	services		municipal em	ployment	_
X	7. N.H. Retirement System	11	Current use land essment program	9. Restaurants/	11	<ol> <li>Sale and distribution</li> <li>Severages</li> </ol>	on of alcoholic	11. Practice of law	
	12. Any business reg Utilities Commissi		ic	rse or dog racing, or other	legal forms of	14. Education	15. Water F	Resources	-
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax		pecify any other area	in which you have a	-
	alty. Any person	who knowingly t	ar or affirm that the fore fails to comply with the	provisions of this cha	oter or knowing Signa	tue of Reporting Inc	ement shall be guil lividual	ty of a misdemeanor.  ECEIVED  JUN - 8 2020	
							1 (4)	EW HAMPSHIRE	

Type or Print CLEARLY Full Name Janice E Schmidt	Wo	ork Address:		
Primary Occupation retired	E-mail	tesha4@mail.com	Work Phone	603-880-6060
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS	Hillsborougl	n County District 28 State	Representative	· · · · · · · · · · · · · · · · · · ·
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and	from which any income in excess	of \$10,000 was derive	d during the preceding
DEKA Research and Development		t - N/r		
2.				•
If you have no qualifying income indicate by writing your initials next to	to the following stateme	ent. My	income does not qualif	ÿ
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the language of the languag	n law, a change in adminent affecting the listed the general public:	nistrative rule, a decision whether I business, profession, occupation,	or not to award a contr	act, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, incagent, developer		5. Banking or financial services	6. State of N	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	IO. Sale and distribeverages	bution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission [ 13. Horogambling]	se or dog racing, or other g	legal forms of 14. Educati	on   15. Water	Resources
		Interest and Dividends Tax 18. Options	al: Specify any other area pecial interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foreg Penalty. Any person who knowingly fails to comply with the				
Date $6/3/20$				RECEIVED
		Signature of Reporting	Individual	JUN 0 4 2020
Return to: Office of Secretary of S	State 107 North Main S	Street State House Poom 204 Co.	ncord NH 03301	NEW HAMPSHIRE

Type or PrinteDEARLY Full Name Later Barrett Schmidt Home Work Address: 534 Fourth St.
rimary Occupation retired /seff-employed E-mail paterbarrettschmidte mail.com Work Phone 603743-3751  Vame the office, position, board or commission, committee, board of State Representative
Name the office, position, board or commission, committee, board of State Representative irectors, etc. or employment with state or county government held y 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 unnamed 3-unit apartment building at 53 Fourth St, Dover, NH 03820
2.
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 matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:    Union   Profession   Profession
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Date Tune 3 2020

JUN 0 5 2020

NEW MACAPSHIRE

Signature of Reporting Individual

			MPSHIRE STATEMEN		INTERESTS -	1 2-16-01	Rd. (	until 6/3	0/20)
Type or Print CLEARI Full Name	*Cheri	Gaulet	Schmitt	Work Address:	108	Liberty	Hill	Rd. (as	of 7/4
rimary Occupation	Teacher		Schmitt E-mail	Cherischm	ita com	cast. net Work Pl	hone (402	6)472-39	51 (afte
Name the office, position lirectors, etc. or employing you. NO ACRONYM	ment with state or	ission, committee, b	oard of						
proprietor, or en	nployee, or serve	d in any other profe	sion, business, or other org ssional or advisory capacity an federal retirement and	, and from which a	ny income in exc	ess of \$10,000 was	s derived du	ring the preced	
1.									
2.									
f you have no qualifying	g income indicate	by writing your init	ials next to the following s	tatement.	N	1y income does no	ot qualify	Cgs	-
1. Any profes		or business licensed of	r certified by the State of Ne	w Hampshire. List ea	ch such profession	1,			
2. Health Care	3. Insurance		Estate, including brokers, developers, and landlords	5. Ban	king or financial	11	state of New	Hampshire, coun	ity, or
7. N.H. Retireme System	\$ <b>1</b>	8. Current use land assessment program	9. Restau lodging	rants/	10. Sale and dis	stribution of alcoho	olic	11. Prac law	tice of
12. Any business re Utilities Commiss		blic	13. Horse or dog racing, o gambling	r other legal forms of	14. Educ	cation 1	5. Water Res	ources	
16. Agriculture	17. N.I taxes:	H. Business Profits Ta		Interest and Dividends Tax	☐ 18. Opti	ional: Specify any o special interest	ther area in v	vhich you have	a
			the foregoing information with the provisions of the				l be guilty	of a misdeme <b>ECEIV</b> I	anor
Date	+ = = = = = = = = = = = = = = = = = = =			Sig	gnature of Report	ing Individual		JUN 15 202	20
								EW HAMDON	

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

NEW HAMPSHIRE DEPARTMENT OF STATE

l'ype or <mark>F</mark> i Fall Name	古班(《是記入報》	Davi	d Sci	honem	an	Work Addr	ess:/	129 Perimer	er Rd,	Nachva	e 0'306
rimary Oc	cupation	Flight	= Instr	vetor	E-mail	david	.sch	129 Perimez 10neman egm	Ai) Com Work Phone	603-318	8-1923
tirectors, e	office, position. tc. or employn O ACRONYM	iens with state		mittee, board of ernment held	- Nov			9			
pr	oprietor, or em dendar year. So	ployee, or serv naces of retire	ed in any other	er professional o other than feder	r advisory capacity al retirement and/o	, and from wh or disability be	hich any <i>enefits si</i>	or a family member income in excess of \$ hall be included. (Use	10,000 was derivadditional sheets	ved during the pr s as necessary)	eccding
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2.	h	are no o	other so	vices a	Fincomo th	et exc	190d	410,000.80			
f you have	no qualifying	income indica	te by writing	your initials next	to the following st	atement.	•	My inco	me does not qual	ify	Nacidation where are not
re di fir	portable special scipline a licer mancial effect of 1. Any profest occupation, or	of interest in an usee or permitte on you or a fam usion, occupation	y item on this see, or other de hilly member fi n, or business hiness:	list if a change in the change in the change is the change in the change	in law, a change in ment affecting the the general public:  ad by the State of New meluding brokers,	administrativ listed busines v Hampshire	e rule, a ss, profes List cach	ses, professions, occup decision whether or no ssion, occupation, ground a such profession, and or financial	ot to award a corup, or matter wo	stract, grant a lice ald potentially ha New Hampshire.	ense or permin, ive a greater
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r 12.	stem Any business re ities Commiss	ion	n der die UNISANTE in dessen filt die Nie Weg - Dry - Den in de sonne einstellige bet di	T 13. Ho gambli	orse or dog racing, or	u valid a sandra sandra a sandra sandra habi ka da	nus of	☐ 14. Education	15. Wat	er Resources	
T 10	6. Agriculture	17. N taxes		Business Profits Tax	Business Enterprise Tax	Interest Dividend			al interest	rea in which you h	ave a
I have re Penalty	ead RSA 15-Any person	A and hereby who knowing	swear or affi gly fails to c	rm that the forcomply with the	egoing information provisions of this	n is true and	l comple knowin	ete to the best of my	me and whall	RECEIV	

Type of Print CLEARLY Full Name DIANNE E	SCH LETT		Work Address:	_		
Primary Occupation <u>RETIRE</u>	$\mathcal{D}$	E-mail _	schuettforx	ep@yahoaco	Wwork Phone	
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.		STATE	REPRESE	NTATIVE		
proprietor, or employee, o	ess, and type of any profession, busing r served in any other professional or a retirement benefits other than federal	dvisory capacity,	and from which an	y income in excess of \$	10,000 was derived	luring the preceding
1. NH FEDER	AL CREDIT UNIO	N , 7	O AIRPOR	TRD, CONC	ORD NH	03275
2.						
If you have no qualifying income in	dicate by writing your initials next to	the following sta	tement.	My inco	ne does not qualify	
1. Any profession, occupation, or category of	4. Real Estate, inclu	uding brokers,		ing or financial		Hampshire, county, or
	agent, developers,  8. Current use land	and landlords  9. Restaura	services	10. Sale and distribution	municipal emp	loyment 11. Practice of
7. N.H. Retirement ystem	assessment program	lodging		beverages	ii oi alcoholic	law
12. Any business regulated by Utilities Commission	the Public 13. Horse gambling	or dog racing, or	other legal forms of	14. Education	15. Water Re	sources
16 Agriculture		Business nterprise Tax	Interest and Dividends Tax		ecify any other area in l interest	which you have a
I have read RSA 15-A and here Penalty. Any person who kno	eby swear or affirm that the foregowingly fails to comply with the pr	oing information ovisions of this	is true and comp chapter or knowin	lete to the best of my	knowledge and bel ment shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
Date 4/4/ 3030			E sanse Sign	6. Selection States and the selection of	vidual	RECEIVED
		·.			DECEMBER OF BUILDING	JUN 0 8 2020

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 _ Kisten Livsen Schultz Work Address: 121 Post Red North	Hamoton NH 0380
Primary Occupation Markoting Consultant E-mail LARSENSCHULTZE grail (M Work Phone 603	785 845
Name the office, position, board or commission, committee, board of NA State Representative directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived duri calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ing the preceding essary)
1. Shawn Schaltz 121 Post Rd North Hampton NH 0386	ez-Snapontrandi
2. Kirsten Lanen Schuttz 121 Post Rd North Hampton WH 03862 -	- Consultant
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire. List each such profession, occupation, or category of business:	ampshire, county, or
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resource.	urces
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Special 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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of Date 0300000000000000000000000000000000000	
Date Signature of Reporting Individual	RESERVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 5 2020

ype or Prull Name	rint CLEARL	Y K	rist	-ina	Sch	ultz	Work Add	ress:	806	Al	tonwa	als Dr	<i>i</i> C
rimary Oc	ccupation	urlan	led> 1	porprofi	t commu	Chiente-mail	)				Work Phone <u>S</u>	ave as Ho	ne
irectors, e	office, position, tc. or employm O ACRONYM	ent with s										3) 856-	+27
pr	oprietor, or em dendar year. <i>So</i>	ployee, or ources of r	served in an etirement ber	y other profe nefits other to	essional or a han federal i	dvisory capacity retirement and/	, and from v or disability	which an	ou or a family mem y income in excess shall be included.	of \$10, (Use add	000 was derived d litional sheets as r	uring the precedecessary)	tner, ling
1.	Siem	iens (	Dripora	hion,	Pease	tradePort	Ports	Mou	th, NH-	<del>-) /</del>	ny huab	and	
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f you have	e no qualifying	income in	dicate by wr	iting your ini	itials next to	the following s	tatement.		My	income	does not qualify		_
fi.	nancial effect o  1. Any profess occupation, or c	on you or a	family mem	ber than it w	ould on the	general public:		List eac	ch such profession,			Hampshire, cour	
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	N.H. Retirementstem	nt		rent use land ent program		9. Restaution	rants/	厂	<ol><li>Sale and distribeverages</li></ol>	butiono	f alcoholic	law	tice of
	Any business regities Commissi		the Public	Г	13. Horse gambling	or dog racing, o	rother legal f	orms of	14. Educat	ion	15. Water Re	sources	
T 16	6. Agriculture	- 1	17. N.H. taxes:	Busines Profits T		Business nterprise Tax	Interes Divider				fy any other area in terest	which you have:	a
			wingly fails	to com <del>ply</del>	JUN 1	2 2020 MPSHIRE	s chapter or	knowin	lete to the best of ngly files a false nature of Reporting	stateme Individ	nt shall be guilty		
			Return to:	Office of	EBARIME	NJ, 105 NOFAL	ain Street,	State Ho	use Room 204, Co	ncord, N	JH 03301		

Type or Print CLEARLY Full Name Roy Robert Schweiker	Work Address:	NA	
Primary Occupation retived E-ma	iil royswkr Q	hotmail.com Work	Phone NA
Name the office, position, board or commission, committee, board of	None		
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 capac calendar year. Sources of retirement benefits other than federal retirement and	ity, and from which any i	ncome in excess of \$10,000 wa	s derived during the preceding
1. hore	:		
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If you have no qualifying income indicate by writing your initials next to the following	statement.	My income does no	ot qualify
1. Any profession, occupation, or business licensed or certified by the State of Noccupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking	g or financial 6.5	State of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Resta	urants/ 1	0. Sale and distribution of alcoholeverages	
The system assessment program assessment program 12. Any business regulated by the Public Utilities Commission assessment program 13. Horse or dog racing, gambling		T	5. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specify any of special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing informat Penalty. Any person who knowingly fails to comply with the provisions of the	ion is true and complet		
Date6/11/2620	Signat	ure of Reporting Individual	
	2-8		30M 15 1920
Return to: Office of Secretary of State, 107 North	Main Street, State House	Room 204, Concord, NH 0330	01 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)

Type or Print CLEARLY LAA SCOTT Full Name	Work Address: 95	Water Villag	e Road Ossipee
Primary Occupation Register of Deeds E-mail			603 539 4872
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.  Caivall	County Register	of Deeds	
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 capacical calendar year. Sources of retirement benefits other than federal retirement and	ity, and from which any income in allor disability benefits shall be in	in excess of \$10,000 was der included. (Use additional shee	rived during the preceding tts as necessary)
1. <u>Lisa Scott</u> , <u>Personal Agant</u> 17 Di	amond Lodge Rd Ce	enter Sandwich Nt	t 03227
If you have no qualifying income indicate by writing your initials next to the following	statement.	My income does not qu	alify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any or reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.</li> <li>1. Any profession, occupation, or business licensed or certified by the State of N</li> </ul>	in administrative rule, a decision ne listed business, profession, occ ::	whether or not to award a cocupation, group, or matter we	ontract, grant a license or permit,
occupation, or category of business:			
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or fina services		of New Hampshire, county, or all employment
7. N.H. Retirement System  8. Current use land assessment program  9. Resta	urants/ 10. Sale a beverage	and distribution of alcoholic es	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, gambling	or other legal forms of	4. Education   15. Wa	ater Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax	8. Optional: Specify any other special interest	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing informat <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of the		,	
Date		Reporting Individual	RECEIVED
	Signature of F	Reporting individual	JUN <b>0 3</b> 2020
Return to: Office of Secretary of State, 107 North	Main Street, State House Room	a 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	nniser Scr.	afford wo	rk Address: 8 Jen	Kins Ct. Surt	e 401 Dentom NH
Primary Occupation Attor		E-mail Sec	270153569m	Work Phone	603-937-5049
Name the office, position, board directors, etc. or employment wit by you. NO ACRONYMS.	or commission, committee, bo	oard of School Bo	ood Secret	ery - SMS	
proprietor, or employee, calendar year. Sources of	or served in any other profes fretirement benefits other the	sion, business, or other organizate sional or advisory capacity, and an federal retirement and/or disc	from which any income in the i	n excess of \$10,000 was derivded. (Use additional sheet	ived during the preceding ts as necessary)
1. Soleria	Solutions, n	on-Profit - 8	Jew Kins C	t, Suite 401	Durhom NH 0382
2. Universi	My D New Ma	moshire-9 me	adbury Rd	Surte 405, Du	ahom NH 038E
If you have no qualifying income	0			My income does not qua	
1. Any profession, occupation, or category	of business:	r certified by the State of New Ham  Estate, including brokers, developers, and landlords	5. Banking or finar	icial 6. State o	of New Hampshire, county, or lemployment
7. N.H. Retirement	8. Current use land	9. Restaurants/	services 10. Sale at	nd distribution of alcoholic	11. Practice of
System  12. Any business regulated	assessment program	lodging  13. Horse or dog racing, or other	beverages		law
Utilities Commission		gambling	14.	Education   15. Wa	ter Resources
16. Agriculture	17. N.H. Business Profits Tax		Interest and Dividends Tax	Optional: Specify any other a special interest	area in which you have a
	nowingly fails to comply w	the foregoing information is to with the provisions of this chap	oter or knowingly files		
	Paturn to: Office of Socr	etary of State 107 North Main S			JUN 1 2 2020

Type of Full Na	r Print CLEAF	Kevi	NJ	oseph	. Scu	14/	Wo	ork Add	ress:	2 L	ildux	d	Ln Nashu	A, N	H 03060 (Home) 89-9057
Primary	Occupation	Geolo	sist	•		<b>y</b> E-ma	il <u>د</u>	ull)	IWAR	de	Egmail.	mos!	Work Phone <u>6</u>	36	89-9057
Name to	he office, positi rs, etc. or emplo NO ACRONY	on, board or o	commission	, committee	e, board of _										
A.	proprietor, or	employee, or	served in a	ny other pro	ofessional or	r advisory capac	ity, and	l from w	hich any	incom	e in excess of	f \$10,	an officer, directed to the control of the control	luring t	the preceding
1.															
2.															
If you h	nave no qualifyi	ng income in	dicate by w	riting your	initials next	to the following	g statem	nent.			My ir	come	does not qualify	KJ	<u>5</u>
В.	reportable spe discipline a lid financial effect 1. Any pro	ecial interest i censee or peri ct on you or a	n any item omittee, or of family mer	on this list i ther decision mber than it	f a change in by govern would on the	n law, a change	in admi he liste c:	inistrati d busine	ve rule, a	decision, o	on whether o	r not to	ons, groups or ma o award a contrac or matter would p	t, grant	A person has a a license or permit, ally have a greater
Γ	2. Health Care	3. Ins	urance			cluding brokers,			5. Bankii services	ng or fi	nancial	Γ	6. State of New municipal emp		shire, county, or nt
Γ	7. N.H. Retirer System	ment		irrent use lar		9. Resta	aurants/	,	Γ	10. Sa bevera	le and distrib	ution o	falcoholic	Г	11. Practice of law
	12. Any business Itilities Commi		the Public	Γ	_ 13. Ho gamblir	rse or dog racing	, or othe	er legal fo	orms of	Γ	14. Educatio	n	15. Water Ro	esource	es s
Γ	16. Agriculture	e l	17. N.H. axes:	Frofits		Business Enterprise Tax	Г	Interest		Γ			fy any other area ir terest	n which	you have a
Pena	Ity. Any person	on who knov	by swear owingly fail	or affirm the	nat the fore y with the	going informa provisions of t	tion is	true an	d comple knowin	ete to gly fil	the best of a es a false st	my kn ateme	owledge and be nt shall be guilt	lief. R	dSA 15-A:9 misdemeanor.
Date	_6/	7/20						ge	Sig	ature o	f Reporting	netvid	<u>ual</u>		

	Print CLEAR	ELY	RIAN	SE AM	IORTH		·	Work Add	ress:	161	BUCK	ST	PE	MBROKE
Primary	Occupation	SOF	TWARE	CON	SULTAN	17	E-mail					w	ork Phone _	603) 722-0807
director	ne office, positions, etc. or emploon NO ACRONY	yment wi					CIPAL					<b>,</b>	MEMBER	- PEMBROKE
A.	List below the proprietor, or calendar year.	employee	, or served in	any other	orofessional or	r advisory	capacity, a	nd from w	hich an	y income	in excess o	f \$10,00	00 was derive	ector, associate, partner, d during the preceding s necessary)
1.	SEAW	ORTH	CONSUL	TING	LLC	161	Buck	St		PEMB	roke	NI	H	
2.	GOFF	WIL	SON	PA	1000	ELM	ST.	2эт	н F	LOOR	M	NCH	ESTER	NH
if you h	ave no qualifyi	ng incom	e indicate by	writing you	ır initials next	to the foll	owing stat	ement.			My in	come d	oes not qualif	у
Г 	Any pro- occupation, o  2. Health Care	or category	•	- <del>- 4</del>	nsed or certified	cluding bro	okers,		5. Banl	cing or fina		TE	6. State of N	few Hampshire, county, or
	7. N.H. Retirer	nent	8.	Current use	agent, develope land		Restauran		service		and distribu	tion of		11. Practice of
	System 12. Any business			ssment prog	13. Ho	rse or dog 1	ging racing, or o	her legal fo	orms of	beverage	4. Education	n I	15. Water	law Resources
<u> </u>	16. Agriculture		17. N.H. taxes:		gamblir siness its Tax	Business Enterprise	1	- Interest Dividen		r '		Specify ecial inte		in which you have a
Penal		on who k	nowingly f						knowi	ngly files	a false sta	atemen	t shall be gu	pelief. RSA 15-A:9 ilty of a misdemeanor.
									Sig	nature of I	Reporting I	ndıvıdu	al	RECEIVED
			Return t	o: Office o	f Secretary of	State, 107	North Ma	in Street, S	State Ho	use Room	204, Conc	ord, NI	103301	JUN 1 2 2020

Type or Print CLEARLY Full Name CHRISTINE SEIBERT	Work Address:
Primary Occupation UNEMPLOYED	E-mail CHRISTINEANIT BGMAIL WORK Phone 603-892-2685
Name the office, position, board or commission, committee, board ofS directors, etc. or employment with state or county government held by you. NO ACRONYMS	TATE REPRESENTATIVE
proprietor, or employee, or served in any other professional or ad- calendar year. Sources of retirement benefits other than federal re-	is, or other organization in which you or a family member was an officer, director, associate, partner, visory capacity, and from which any income in excess of \$10,000 was derived during the preceding etirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Bernie 2020 Inc. \$10,987.	<u>.50</u>
2.	
If you have no qualifying income indicate by writing your initials next to t	he following statement. My income does not qualify
2. Health Care 3. Insurance 4. Real Estate, includagent, developers, a	
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic lodging 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse of gambling	or dog racing, or other legal forms of 14. Education 15. Water Resources
	resiness — Interest and Dividends Tax — 18. Optional: Specify any other area in which you have a special interest
Penalty. Any person who knowingly fails to comply with the prov	ng information is true and complete to the best of my knowledge and belief. RSA 15-A:9 visions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date <u>682020</u>	Signature of Reporting Individual
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Full Name Julie L Senneville	Work Ac	idress: NIA	
Primary Occupation not employed	E-mail		Work Phone
Name the office, position, board or commission, committee, board of			
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from I retirement and/or disability	which any income in excess of	of \$10,000 was derived during the preceding
1. Securitas Electronic Socredon	the Security		
If you have no qualifying income indicate by writing your initials next to	o the following statement.	My in	come does not qualify 4.
B. Indicate below whether you or a family member has a special is reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the occupation, or category of business:	law, a change in administra nent affecting the listed busi e general public:	tive rule, a decision whether o ness, profession, occupation, g	r not to award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, included agent, developers		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 distribution	ution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission ambling	se or dog racing, or other legal	forms of 14. Educatio	n
1 16 A griculture 1 1			: Specify any other area in which you have a ecial interest
I have read RSA 15-A and hereby swear or affirm that the foreg <b>Penalty</b> . Any person who knowingly fails to comply with the p	provisions of this chapter of	Signature of Reporting I	RECEIVED  ndividual  P JUN 17 2020
Return to: Office of Secretary of S	tate, 107 North Main Street	, State House Room 204, Cond	cord, NH 03B01 NEW HAMPSHIRE DEPARTMENT OF STATE

pe or Print CLEARLY 1 Name Shaw	Work Address:	home 450	Randall S	<del></del>
mary Occupation <u>Retired</u>	E-mail_beshaw 3	B@ comcast.no	Work Phone (h) 6	03-626-4681
me the office, position, board or commission, committee, board ofectors, etc. or employment with state or county government held you. NO ACRONYMS	alderman city of State Represent	Manchester		- Annual
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which ar	y income in excess of \$10	,000 was derived during	g the preceding
1. Now Hampshire Retirement	System			
2.		7.07.74		and the state of t
ou have no qualifying income indicate by writing your initials next t	to the following statement.	My income	does not qualify	
financial effect on you or a family member than it would on th  1. Any profession, occupation, or business licensed or certified occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, incapent, developer	by the State of New Hampshire. List ea	king or financial	6. State of New Han	•
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of beverages		11. Practice of law
- 12. Any business regulated by the Public Utilities Commission 13. Horogambling	se or dog racing, or other legal forms of	14. Education	15. Water Resour	ces
- 16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Dividends Tax	18. Optional: Special in	rify any other area in which interest	ch you have a
have read RSA 15-A and hereby swear or affirm that the foregenalty. Any person who knowingly fails to comply with the pate $\frac{6}{10}$	going information is true and comp provisions of this chapter or know	olete to the best of my ki	nowledge and belief. ent shall be guilty of	RSA 15-A:9 a misdemeanor.
Date	Sig	nature of Reporting Indivi-	dual RE	CEIVED

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

JUN 1 2 2020

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Ronald L	Shaw	Work Address:	555 CANAL ST. # 13	BIL MANCHESTER, NH (WORK	k Fear Hous
rimary Occupation Technical C	Business MANAUER	E-mail Shaw Ronald	Legman com	Work Phone 312-212-30	84
	commission, committee, board of				
proprietor, or employee, or	ess, and type of any profession, business, or served in any other professional or advirentiation benefits other than federal retirement benefits other than federal retirement.	visory capacity, and from which a	any income in excess of \$1	10,000 was derived during the prece	
1. Intrado	11808 Miracle Hills D	rive Omaha, N	E 6815	54	
2.					
f you have no qualifying income in	ndicate by writing your initials next to the	e following statement.	My incor	me does not qualify	
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7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution beverages	` ' '	ractice of
12. Any business regulated by Utilities Commission	the Public 13. Horse or gambling	r dog racing, or other legal forms of	of 14. Education	15. Water Resources	
lé Agriculture	1	siness Interest and Pividends Tax	11	pecify any other area in which you have al interest	ca
Penalty. Any person who kno	reby swear or affirm that the foregoing owingly fails to comply with the prov				
Date 6-3-300	.0	(/ 6	Signature of Reporting Indiv	ividual RECE	WED
	Return to: Office of Secretary of State	e 107 North Main Street State	House Room 204 Concor	JUN 0 !	5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	r Print CLEARI	INFL	Shoff	ert		Work Ad	dress:			
Primary	Occupation <u>G</u>	ad Scaff	NC		E-mail			·	_ Work Phone	
Name th	ne office, position	, board or commissi nent with state or co	on, committee, t	ooard of			·			<del></del>
	NO ACRONYM		unity go verminen					·		
A,	proprietor, or en	ployee, or served in	any other profe	ssional or advis	ory capacity,	and from	which any	or a family member w income in excess of \$1 hall be included. (Use a	0,000 was derive	d during the preceding
1.										
2.										
If you h	ave no qualifying	income indicate by	writing your ini	ials next to the	following stat	ement.		My incom	e does not qualify	NO_
Γ	discipline a licer financial effect of		other decision be ember than it we usiness licensed o	y government a	affecting the list eral public: e State of New	sted busin	ess, profe	ssion, occupation, group	o, or matter would	act, grant a license or permit, I potentially have a greater
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	7. N.H. Retireme System	asse	Current use land ssment program		9. Restauran lodging			10. Sale and distribution beverages	of alcoholic	11. Practice of law
	2. Any business retilities Commiss	gulated by the Public on	.	13. Horse or d gambling	log racing, or of	ther legal i	orms of	14. Education	15. Water 1	Resources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Ta	x F Busin	ness prise Tax	- Interes Divide	t and nds Tax	18. Optional: Spe special	cify any other area interest	in which you have a
								te to the best of my k		elief. RSA 15-A:9 Ity of a misdemeanor.
Date	6/10/2			•		16-	19			RECEIVED
							Signa	ture of Reporting Indiv	idual	JUN 23 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	r Print CLEAR	LY Vaness	a h.	Sheeten		<u> </u>	ork Address:	8	Franklin	St. Na	shua, 1	1H 03064
Primar	y Occupation	Financ	۷			E-mail	Vsheet	an 16	@ yahoo.c	Work Phone	603-88	3-8273
directo	he office, positions, etc. or employ	ment with st									:	
Α,	proprietor, or calendar year.	mployee or Sources of re	served in a	ny other profes enefits other the	sion, business, or of ssional or advisory an federal retireme	capacity, and nt and/or di	d from which sability benef	any inconfits shall b	me in excess of \$1 be included. (Use a	0,000 was derived additional sheets a	d during the pr	
1.	Gruce	Fellous	hip of	Nashua,	Frc. 8	Frankli	n St.	Nash	m NH	03064	(Self)	Church
2.	Acroto	ek 3	Garl	isle Ro	1. Westfor	MA	019	86	Chusband	Em	elog nest	Azercy
If you l	nave no qualifyin	g income inc	licate by w	riting your initi	ials next to the follo	owing staten	ient.		My incon	ne does not qualify	y	
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Γ	2. Health Care	3. Insu	rance		Estate, including bro developers, and land		servi	anking or t ces	financial	6. State of N municipal en	ew Hampshire, on ployment	county, or
Г	7. N.H. Retirem System	nent [		rrent use land nent program	lod	Restaurants/ ging		bever	ale and distribution	of alcoholic	law	Practice of
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Γ	16. Agriculture		7. N.H. axes:	Business Profits Tax		Tax 「	Interest and Dividends Ta	x F		ecify any other area interest	in which you h	avea
Pena	lty. Any perso	n who knov	by swear o	or affirm that to s to comply w	the foregoing info	ormation is s of this cha	true and con opter or know	nplete to wingly fi	the best of my liles a false statem	nent shall be gui	lty of a misde	meanor.
Date	6 3	2020	<u> </u>	<u> </u>			. S	ignature o	of Reporting Indiv		RE	CEIVED
											. 1111	N n 5 2020

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

Type or Print CLEARLY Full Name ROSEN / S SHERMAN	Work-Address: 19 Mt2011/ LAWE 1 1-214AM, N/H  Work Phone 03076
Primary Occupation <u>RFTM</u> E-ma	il Work Phone 03.076
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 o proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and	ganization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding Wor disability benefits shall be included. (Use additional sheets as necessary)
1. RETERED	
2.	
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 any item on this list if a change in law, a change	
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 System 8. Current use land assessment program 9. Resta	rants/ 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, gambling	or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    Interest and Dividends Tax   Interest and Dividends Tax   Interest and Dividends Tax   Interest and Special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informat Penalty. Any person who knowingly fails to comply with the provisions of the Date 65 5/2020	is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	Robert & Isherman Signature of Reporting Individual
	0.0.0009

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

Full Name Primary Occupation Physician	Work Address: 3 Alumni Dr. Exeter, NH 03833
Primary Occupation Physician	E-mail tom shevmannh@quad.comWork Phone 603-778-5524
Name the office, position, board or commission, committee, board ofdirectors, etc. or employment with state or county government held by you. NO ACRONYMS	NH State Senator District 24
proprietor, or employee, or served in any other professional or	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding a retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Wife-Lisa D. Sherman - North	east Dernatology Associates. Partner
2.	,0
If you have no qualifying income indicate by writing your initials next t	o the following statement.  My income does not qualify
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the second of th	
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	Business Enterprise Tax  Interest and Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax  Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax  Interest and Dividends Tax
	going information is true and complete to the best of my knowledge and belief. RSA 15-A:9 provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2020	RECEIVED
	Signature of Reporting Individual  JUN 1 2 2020
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord, NH 03301  MEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEAR							
full Name <u>Gal</u>		rard		Address:	VA		
Primary Occupation	retired	teach	ev E-mail Sal	IVISh	exvard	Work Phone	NA
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	ment with state or coun						
y you. NO ACRONY							
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE

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Sype or Print CLEARLY Stephen Shutleff Work Address: 11 VINTON Dr. Penniod NH 03305 Primary Occupation Referred, US Marshels Serv. E-mail Steve Shutleff Work Phone 603 753 4563
rimary Occupation Retired, us Marshols Serv. E-mail Shave Shurtleff Work Phone 603 753 456
Name the office, position, board or commission, committee, board of State Representative, NH House of Representative 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)
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2.
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 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 of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax Business Enterprise Tax Dividends Tax Special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/3 2020  Signature of Reporting Individual  IIIN - 8, 2020
Signature Reporting Individual  JUN - 8 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name JEMY L SICKUS	Work Address: 195 KEY RD # 16 1Cowe NH 034
	Jours 5676 & 40L CO.7 Work Phone 603 903 8567
Name the office, position, board or commission, committee, board of	14
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess 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 st	atement. The My income does not qualify The S
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
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. Restaurant lodging	ants/ 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Interest and Special interest  18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio Penalty. Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/9/20	Signature of Reporting Individual

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

Type or Print CLEARLY Full Name	512 BER	Wo	rk Address: 24	3 munity	IN DA.	GILGON
Primary Occupation	FIORNEY	E-mail <u>w</u> j	rk Address: 2A. Sa silbersul shire State	Work	Phone 607-	293.0565
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.		f New Hong	there State	Representat	table	
proprietor, or employee, o	ess, and type of any profession, be r served in any other professional retirement benefits other than fed	or advisory capacity, and	from which any income	in excess of \$10,000	was derived during	the preceding
1. Attorney	Norman J. Silbe	<u>r</u>				
2.	<del></del>					
f you have no qualifying income in	dicate by writing your initials ne	xt to the following stateme	nt.	My income does	not qualify	:
1. Any profession, occupation, or category of 2. Health Care 3. Ins	4. Real Estate,	ied by the State of New Ham including brokers, pers, and landlords	pshire. List each such pr  5. Banking or fin services	ancial _ 6	. State of New Hamps unicipal employmer	• • •
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I have read RSA 15-A and here Penalty. Any person who kno			ter or knowingly files		all be guilty of a m	nisdemeanor.
			oignature of i	coporting marviauar		

<b>Type or</b> Full Nar	r Print CLEA	RLY	Pete	s Leon	ard	Silv	la		Work Add	dress: <u>141</u>	middes	of Tump	te Burl.	15 to a	MA	01803
Primary	Occupation _	D	irect	or of	Sala	S		E-mail	PSIVA 3	37266	mil. Co	<u> </u>	Work P	hone _	<del>9</del> 00 - 9	01803 199-6630
director	ne office, posi s, etc. or emp NO ACRON	loym	ent with					NA								
A.	proprietor, o	r emp	oloyee, o	r served in	any othe	r profess	sional or a	ess, or other org advisory capacity retirement and/	, and from v	which any	income in	excess of \$	310,000 wa	s derive	d during	the preceding
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	System 12. Any busine Utilities Comi			l	sment pro		13. Horse	lodging e or dog racing, or	other legal f		peverages 14.	Education		5. Water	Resource	es
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	lty. Any per	son v		•			_	oing information		knowing	gly files a	•	ement sha	il he mi	ŘĚČ	
				Return to	: Office	of Secre	etary of S	tate, 107 North N	Main Street, S	State Hous	se Room 2	04, Concor	d, NH 033		NEW H	AMPSHIRE ENT OF STATE

Type or Print CLEARLY Full Name AWM SIMMONS	Work Address: 169 S. Main St. 03102
Primary Occupation Office Manager E-mail	tammy. a. Simmons eq mail. (m 6229653
Name the office, position, board or commission, committee, board of	
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/o	canization 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 for disability benefits shall be included. (Use additional sheets as necessary)
1.	
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If you have no qualifying income indicate by writing your initials next to the following s	My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	ew Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur lodging	rants/
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	r other legal forms of 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 Penalty. Any person who knowingly fails to comply with the provisions of this	is chapter or knowingly files a false statement shall be guilty of a mediate of
Date 6-3-2020	Signature of Reporting Individual NEW
	DEPARTMENT OF STATE

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

Type or Frint CLEARLY Full Name Matthew Joseph Symon	Work Address: 456 Union Street Littleton, NH
Primary Occupation Self employed E-mail_	Simons mkt @gmail.com Work Phone (603) 444-5774
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
Simon's Market Inc. Retail	
2 Sketch Studio Inter	nor Design
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a	the following businesses, professions, occupations, groups or matters. A person has a dministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
— 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   Sale of Few Hampshite, county, of municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaural lodging	nts/ 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 or gambling	other legal forms of 14. Education 15. Water Resources
☐ 16. Agriculture	<ul> <li>Interest and Dividends Tax</li> <li>Is. Optional: Specify any other area in which you have a special interest</li> </ul>
l 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	

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



Simon, Mathen

ype or Print CLEARLY ull Name JOHN PATRICK SIMOUS Work Address: 14 MW STREET, PO 30X 27	NEWFORT, NH 63743
rimary Occupation HIGH SHERIFF E-mail JSIMONDS & SULLIVAN COUNTY WH. GOV Work Phone	
fame the office, position, board or commission, committee, board of HIGH COUNTY SHERIFF OF SULLIVAN COUNTY irrectors, etc. or employment with state or county government held y 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 proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	ed during the preceding
1. CRYSTAL SIMONDS (SPOUSE) EMPLOYEE/OFFICER AT CLAREMONT POLICE DEPARTMENT, I ROLICE CO	UKT CLAREMONT, NH 03743
2. SELF - CURRENT SHERIFF & SULLIVAN COUNTY SHERIFF'S OFFICE, 14 WAYN STREET, NEWFOLT NO.  3. NH. RETIREMENT SYSTEM - 54 REGIONAL DRIVE, CONCORD NH 0330 1  f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualifying income indicate by writing your initials next to the following statement.	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a cont discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  A Real Fetete including brokers.  5. Realing or financial.	tract, grant a license or permit, ld potentially have a greater
	New Hampshire, county, or employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	r Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of this chapter or knowingly files a false statement shall be greater than the provision of the provision	
alala Maria	RECEIVE
Date 6/3/20 Signature of Reporting Individual	JUN 0 3 2020
Deturn to Office of Scorptons of State 107 North Main Street, State House Boom 204, Concerd, NH 02201	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Sype or Print CLEARLY Sull Name Alexis H. Simpson	Work Address: Work from home (20 Main St. Exeter)
Primary Occupation Minister E-mail	ahksimpson@gmail. Comwork Phone 603-303-4722
Name the office, position, board or commission, committee, board of	· J
calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary)
1. Phillips Exeter Academy 20 Main	n St. Exeter, NH 03833 Non-profit Educationa
f you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura	ints/ 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	
Date _ June 3, 2020	Alegis N. Jungson Signature of Reporting Individual
Patrim to: Office of Secretary of State 107 North N	JUN 0 8 2020

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

JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type o</b> Full Na	or Print CLEARLY LOANG SINGUICANA Work Address: 8 Wood Vue Pd	2
Primary	v Occupation Softway en on ell E-mail 100 Ka Sin 141 eg 140 Work Phone	OM
Name to	the office, position, board or commission, committee, board of	0 \$ 22 8 \$ E
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, directed proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	uring the preceding
1.		
2.		
If you h	have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify _	<u>/: S</u>
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mat reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
Γ	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 oyment
Γ	7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
	12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Re	sources
Γ	16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest	which you have a
I have	re read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and beliefly. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date	Signature of Reporting Individual	JUN 0 8 2020

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

Type or Print CLEARLY Tull Name	TEJASINHA SIVALINGAM		Work Address: _	9 Pine Arden Drive	#66 Ashland NH	03217
Primary Occupation	Landlord	E-mail	LionOfPower	ProtonMail.Com	Work Phone _	(603) 960-4127
	oard or commission, committee, board of nt with state or county government held	New Hampsh	ire State House of	Representatives, Graft	on County Distric	et 9
proprietor, or empl calendar year. Sou	ne, address, and type of any profession, bus oyee, or served in any other professional or ces of retirement benefits other than feder	or advisory capacity, ral retirement and/o	, and from which a or disability benefits	ny income in excess of Sashall be included. (Use	310,000 was derive additional sheets	red during the preceding as necessary)
1) Saybrook U	niversity; 55 W Eureka Street, Pasadena, CA 91103; C	Graduate School.	2) Tiaa-Cref Retirem	ent; 730 Third Ave. NY, NY 10	017-3206; Retirement	Account
2. 3) Tejasinha & Hrida	ya Sivalingam; 10 Vista Drive Unit 85 Riverbend Ashl	and NH 03217; Rental Pr	roperty 4) Tejasinh	a & Hridaya Sivalingam; 905	South Lola Lane #1 Te	mpe AZ 85281; Rental Property
f you have no qualifying in	come indicate by writing your initials next	t to the following sta	atement.	My inco	me does not qual	ify
reportable special discipline a license financial effect on  1. Any profession occupation, or cat	nether you or a family member has a special interest in any item on this list if a change see or permittee, or other decision by govern you or a family member than it would on son, occupation, or business licensed or certified regory of business:	in law, a change in a nment affecting the the general public: and by the State of New	administrative rule, listed business, pro w Hampshire. List ea Health Counseling	a decision whether or r fession, occupation, gro	ot to award a con up, or matter wou	tract, grant a license or permit,
X 2. Health Care	4 Inchrance 11 X	ers, and landlords	service	_	11	employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaura	ants/	<ol> <li>Sale and distributi beverages</li> </ol>	on of alcoholic	11. Practice of law
12. Any business regu Utilities Commission	- 11	orse or dog racing, or	other legal forms of	X 14. Education	15. Wate	er Resources
☐ 16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax			ea in which you have a vacy, Data Protection, and Pro
Penalty. Any person w	and hereby swear or affirm that the forwho knowingly fails to comply with the	egoing information provisions of this	n is true and com s chapter or know	plete to the best of my ingly files a false state	knowledge and ement shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.
Date	· · · · · · · · · · · · · · · · · · ·		Sig	gnature of Reporting Inc	lividual	RECEIVED
•						JUN 10 2020
	Return to: Office of Secretary of	f State, 107 North M	Aain Street, State H	ouse Room 204, Conco	ra, NH 03301	NEW MAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Paul Skudla	rek	Work Address: _	20 Woodlo	ine Dr.	Londonderry
Primary Occupation	sales Executive	E-mail	pskud Da	oucast. net	Work Phone 4	Londonderry 017-650-2077
Name the office, position, boodirectors, etc. or employment by you. NO ACRONYMS.		tee, board of				
proprietor, or employ	ee, or served in any other	rofession, business, or other organization of the control of the c	, and from which a	ny income in excess of \$1	10,000 was derived	during the preceding
1.						
2.  If you have no qualifying income	ome indicate by writing you	ir initials next to the following s	tatement.	My incon	ne does not qualify	6
reportable special in discipline a licensee financial effect on yo	erest in any item on this list or permittee, or other decise ou or a family member than occupation, or business licer	er has a special interest in any of at if a change in law, a change in ion by government affecting the it would on the general public:	administrative rule, listed business, pro	a decision whether or no fession, occupation, grou	ot to award a contra	ect, grant a license or permit,
2. Health Care	4 inglicance 11	Real Estate, including brokers, agent, developers, and landlords	F 5. Ban	king or financial	6. State of Nomunicipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current use assessment programmer	11	rants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
12. Any business regular Utilities Commission	ed by the Public	13. Horse or dog racing, or gambling	other legal forms of	14. Education	15. Water 1	Resources
[ 16. Agriculture		Siness Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp specia	pecify any other area	in which you have a
	knowingly fails to com	that the foregoing information ply with the provisions of this	s chapter or know	plete to the best of my	knowledge and b	elief. RSA 15-A:9
	Return to: Office o	f Secretary of State, 107 North M	Main Street, State H	ouse Room 204, Concord		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name KOBIN SKUDLAREK	Work Address: 20 WOODBINE DR LONDONDERRY NH 6
Primary Occupation Yoga teacher E-mail	Work Address: 20 WOODBINE DR LONDONDERRY NH 6 robinskudlareke concart net Work Phone 603-264-3555
Name the office, position, board or commission, committee, board of	Cell
	anization 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 or disability benefits shall be included. (Use additional sheets as necessary)
1.	
f you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	cher- Yoga Body Fitness UC
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 System 8. Current use land assessment program 9. Restaur lodging	rants/ 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 gambling	r other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Interest and Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	
Date $6/12/20$	Signature of Reporting Individual RECEIVED
	JUN 1 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name Sence Marie Smith	Work Address:
Primary Occupation Full him Mom E-mai	il denisem smith a poblic com (617-869-549
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisory capaci calendar year. Sources of retirement benefits other than federal retirement and	rganization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding dor disability benefits shall be included. (Use additional sheets as necessary)
1. Cisco Systems (Husband)	
2.	
If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
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 N	
7. N.H. Retirement System 8. Current use land assessment program 9. Restautioning lodging	
The second secon	
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 informati Penalty. Any person who knowingly fails to comply with the provisions of the	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/12/2020	Denes Month RECEIVED
	Signature of Reporting Individual  JUN 2 3 2020
Return to: Office of Secretary of State, 107 North	Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print CLEARLY Jule 4 Smith	Work Address: 460 Amherst St. Nashua
Primary Occupation Warehouse Staff E-mail	cantdog @ comcost.network Phone 484-4000
Name the office, position, board or commission, committee, board of	
	anization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. Comcast 460 Amherst St. Nashi	1a, NH 03063
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the 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:  4. Real Estate, including brokers,	5. Banking or financial 6. State of New Hampshire, county, or
agent, developers, and landlords  7. N.H. Retirement 8. Current use land 9. Restaura	services   municipal employment ants/   10. Sale and distribution of alcoholic   11. Practice of
System assessment program lodging	beverages
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this Date 6-3-2000	chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	Agnature of Reporting Individual RECEIVED
Return to: Office of Secretary of State 107 North M	JUN 0 9 2020

#### ZUZU NEW HAMITSHIKE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A

Figure or Print CLEARLY  Finall Name May Jovic Sonth Work Address: 100 Piscatagual  Frimary Occupation Legislator E-mail M5mth pend Aol. Corpwork Phone Go  Name the office, position, board or commission, committee, board of NH House of Representations are or amplement with state or county government held	'd Durhan 0382
rimary Occupation Legislator E-mail msmith send AOL CONWORK Phone Go	03 868 7500
Name the office, position, board or commission, committee, board of NH House of Repvesentirectors, etc. or employment with state or county government held y you. NO ACRONYMS.	tatives
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	during the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	$\underline{nKS}$
1 / Health Lare 11 3 Incurance 11	ew Hampshire, county, or
agent, developers, and landlords services municipal en  7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	nployment 11. Practice of
System Sy	law
T 12. Any business regulated by the Public Utilities Commission	Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be gui	
12/12 in 1/2 / 1/2 m	ity of a misdemeanor.
Date 6-2-2020 ///Ayerre / Signature of Reporting Individual	RECEIVED JUN 0 4 2020

Type or Print CLEARLY Work Address: NA	
Primary Occupation Retired Attorney E-mail MIFFSMith Work Phone	
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	during the preceding
1. Timothy P. Smith, Esq., Middle Street, Manchester, NH	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	MUS
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mat reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pofinancial effect on you or a family member than it would on the general public:	t, grant a license or permit;
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
occupation, or category of business:  4. Real Estate, including brokers,  5. Banking or financial  6. State of New	w Hampshire, county, or
occupation, or category of business:  2 Health Care	-
occupation, or category of business:  2. Health Care	oloyment  11. Practice of law
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 empl 7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 5. Sale and distribution of alcoholic beverages  12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Rev	oloyment  11. Practice of law esources
occupation, or category of business:  2. Health Care	loloyment  11. Practice of law esources  n which you have a  lief. RSA 15-A:9
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 empl 7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 5. Banking or financial services 6. State of New municipal empl 10. Sale and distribution of alcoholic beverages 7. N.H. Retirement System 7. Sale and distribution of alcoholic beverages 7. Little Commission 8. Current use land assessment program 8. Current use land lodging 6. State of New municipal empl 10. Sale and distribution of alcoholic beverages 8. Current use land assessment program 12. Any business regulated by the Public Utilities Commission 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 12. Any business regulated by the Public gambling 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Restaurants/ Little Commission 16. Agriculture 17. N.H. Susiness Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest 18. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty 16. Date 16. April 16. Agriculture 17. N.H. Latter 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any other area in special interest 18. Optional: Specify any othe	loloyment  11. Practice of law esources  n which you have a  lief. RSA 15-A:9
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Type or Print CLEARLY Steven D. Sorth Work Address: PO Box 624, Charlestow, Primary Occupation Primary Occupation E-mail whit is to gas low Work Phone 826-5940  Name the office, position, board or commission, committee, board of	NH
Primary Occupation 1900 to E-mail nht: 1sta Gnail con Work Phone 826-5940	2_ `
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or profession discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a gree financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	ermit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, municipal employment	or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law law	of
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of Utilities Commission   14. Education   15. Water Resources	
16. Agriculture Business Business Interest and Dividends Tax Profits Tax Profits Tax Interest and Dividends Tax Interest and Specify any other area in which you have a special interest	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeano	r.
Date June 9, 2020 Signature of Reporting Individual	

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

Smith, Steven

Type of Full Na	r Print CLEARLY	- Duzanne	Smith	w	ork Address:	State How	e Nort	h Main St Co.
Primary	Occupation Les	915/afor		E-mail	anne T	19@gmail	- Work Phone	103-715 0086
director	ne office, position, board on s, etc. or employment with NO ACRONYMS.			State	Kepr	eventat	IVE/	
A,	List below the name, add proprietor, or employee, calendar year. Sources of	or served in any other p	professional or advis	ory capacity, and	d from which any	income in excess of \$1	0,000 was derived	luring the preceding
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2.						<del></del>	· · · · · · · · · · · · · · · · · · ·	
If you h	ave no qualifying income	indicate by writing you	r initials next to the	following staten	nent.	My incom	ne does not qualify	80
· Γ	discipline a licensee or p financial effect on you or	ermittee, or other decis a family member than upation, or business licen	ion by government a it would on the gene	ffecting the liste eral public:	d business, profe	ession, occupation, group		t, grant a license or permit, otentially have a greater
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Γ	7. N.H. Retirement System	8. Current use l	' 11	9. Restaurants/ lodging		10. Sale and distribution beverages	of alcoholic	11. Practice of law
Γ υ	12. Any business regulated but tilities Commission	y the Public	13. Horse or d	og racing, or othe	er legal forms of	14. Education	15. Water Re	sources
Γ	16. Agriculture		iness Busin		Interest and Dividends Tax		ecify any other area in interest	which you have a
I have	read RSA 15-A and he ty. Any person who kn	reby swear or affirm owingly fails to com	that the foregoing ply with the provis	information is ions of this cha	true and compl apter or knowin	ete to the best of my legly files a false staten	mowledge and bel	ief. RSA 15-A:9 of a misdemeanor.
Date	6-9.20				DM	ANNE 9 Hyrre of Reporting Indiv	mul V	RECEIVED
					Sign		Iduai g	JUN 1 2 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

ype oi ill Na	r Print CLEARL	Y Pry	RAY	Sm 1+++				Work Ad	iress:	214 CUR	RIER	ROAD,	HILL,	NH e	03243
	Occupation						E-mail	TERR	42SC	@ COMCAS	T. NET	_Work Ph	one <u>60</u>	3 934 6	786
rector	ne office, position s, etc. or employn NO ACRONYM	nent with					RVN	N1 N6	FN	STATE	Rε	<i>P</i>			
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В.	Indicate below reportable special discipline a licer financial effect of the licer financial eff	al interes usee or pe on you or sion, occu	t in any ite ermittee, or a family nupation, or	m on this list rother decision member than business licen :	t if a chan ion by gov it would d ased or cert	ge in law, a vernment a con the general ified by the	a change in ffecting the eral public: e State of Nev	administrati	ve rule, a	decision whet	her or no ion, grou	t to award a	a contract, g	grant a lice	nse or permit, ve a greater
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	e read RSA 15-A														
Date	JUNE	11, 2	s70						Sign	ature of Repor	ting Indiv	ridual	R	ECEI	VED
										•				JUN 15	2020
			Return	o: Office of	f Secretary	of State,	107 North N	Iain Street,	State Hou	use Room 204,	Concord	NH 03301		W HAMP	SHIRE OF STATE

ull Name TIMOTHY SMITH	Work Address: 1 + ech Drive, Andover MAA, 01810	
rimary Occupation IT Manager	E-mail T Smith @ actions Com Work Phone 978-416-8	379
ame the office, position, board or commission, committee, board ofirectors, etc. or employment with state or county government held y you. NO ACRONYMS.		
proprietor, or employee, or served in any other professional or advis	or other organization in which you or a family member was an officer, director, associated ory capacity, and from which any income in excess of \$10,000 was derived during the prement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1. Aceinmy, INC. 2 tech drive, suite 325,	Andoren MA, 01810	
2.		
f you have no qualifying income indicate by writing your initials next to the	following statement. My income does not qualify	
financial effect on you or a family member than it would on the gen		
1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:  4. Real Estate, including	e State of New Hampshire. List each such profession,  g brokers,  5. Banking or financial  6. State of New Hampshire.	- e, county, or
1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:      2. Health Care	e State of New Hampshire. List each such profession,  g brokers, landlords  5. Banking or financial services  6. State of New Hampshire, municipal employment	c, county, or
1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:  2. Health Care	g brokers,   5. Banking or financial   6. State of New Hampshire, landlords   10. Sale and distribution of alcoholic   11 lodging   10. Sale and distribution of alcoholic   11 law	1. Practice of
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1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and agent, developers, and assessment program  7. N.H. Retirement 8. Current use land assessment program  12. Any business regulated by the Public Utilities Commission 17. N.H. Business Business Profits Tax Enter  I have read RSA 15-A and hereby swear or affirm that the foregoing Penalty. Any person who knowingly fails to comply with the province of the pro	g brokers,   5. Banking or financial   6. State of New Hampshire, landlords   7. Banking or financial   6. State of New Hampshire, municipal employment   9. Restaurants/   10. Sale and distribution of alcoholic   11 lodging   14. Education   15. Water Resources   14. Education   15. Water Resources   16. Optional: Specify any other area in which you special interest	have a  15-A:9 demeanor.
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<b>Fype or</b> I	Print CLEARLY	LIAM ART	THUR SMI	TH	Work Address: 3	CHESTNUTS	T. # 201 EXETE	R, NH 03833
Primary (	Occupation						Work Phone <u>603 5</u>	,
directors,		board or commission ent with state or cou	n, committee, board nty government held	of				
1	proprietor, or em	ployee, or served in	any other profession	al or advisory capacity	, and from which any	income in excess of \$1	vas an officer, director, asso 10,000 was derived during the additional sheets as necessar	he preceding
1.	A-17	Bus INEXS -	+ PRACTICE	BROKERS,	INC.			
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If you ha	we no qualifying	income indicate by v	vriting your initials n	ext to the following s	tatement.	My incon	ne does not qualify	
	reportable specia discipline a licen financial effect o 1. Any profess	I interest in any item see or permittee, or on n you or a family me	on this list if a chang other decision by governber than it would o	ge in law, a change in	administrative rule, a listed business, profe	decision whether or no ssion, occupation, grou	ations, groups or matters. At to award a contract, grant p, or matter would potential	a license or permit,
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, <b>A</b> ,	proprietor, or en calendar year. S	nployee, or <i>ources of r</i>	r served in au retirement be	ny other professioner than	onal or advi <i>federal ret</i>	isory capacity, an irement and/or d	d from which a sability benefit.	you or a family member ny income in excess of \$ s shall be included. (Use	10,000 was derived	during the preceding
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I have Pena	lty. Any person	who kno	wingly fails	r affirm that the	e foregoing h the provi	g information is sions of this ch	pter or knowi	plete to the best of my ingly files a false states and the best of my nature of Reporting Indi-	nent shall be guilt	y of a misdemeanor.
						•				JUN 0 9 2020
			Return to:	Office of Secreta	ary of State,	107 North Main	Street, State Ho	ouse Room 204, Concord	, NH 033 <b>0</b> 1	MEMONTABELLIDE

Type or Print CLEARLY Full Name Robert Brian Snow	Work Address: 2 Wellman Avenue, Nashua, NH
Primary Occupation Attorney E-mail_	PMLSNOW@aol.com Work Phone (603)-882-4000
Name the office, position, board or commission, committee, board of Rotary Club directors, etc. or employment with state or county government held by you. NO ACRONYMS.	of Merrimack Board of Directors.
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1. Snow Law Office.	
2.	
If you have no qualifying income indicate by writing your initials next to the following state	tement. My income does not qualify
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:	
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12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or o gambling	ther legal forms of $\boxed{\overline{\chi}}$ 14. Education $\boxed{}$ 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 Penalty. Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files statement shall be guilty of a misdemeanor.
Date	Signature of Reporting Individual  JUN 1 0 2020
Return to: Office of Secretary of State, 107 North Ma	nin Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

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directors	e office, position, board or one of the contract of the contra								
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1	7. N.H. Retirement System	8. Current use la		lestaurants/		Sale and distribution erages	n of alcoholic	11. Prac	tice of
	2. Any business regulated by tilities Commission	the Public	13. Horse or dog rad	cing, or other legal	forms of	14. Education	15. Water	Resources	
Γ	16 Agriculture L	17. N.H. Busi taxes: Profit	ness Business Enterprise		est and ends Tax		ecify any other area linterest	in which you have a	ì
I have Penal	read RSA 15-A and here ty. Any person who know	by swear or affirm twingly fails to comp	that the foregoing info	of this chapter	or knowingly    Will	to the best of my files a false state:	ment shall be gui	pelief. RSA 15-A Ity of a misdemen	.:9 anor.

Type or Print CLEARLY Full Name EMM E77 582047	Work Address:	69 HIGH ST	SOMERSHORTH NH
Primary Occupation Resussant OWER E-mai			Work Phone 603 841 2545
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 or proprietor, or employee, or served in any other professional or advisory capaci calendar year. Sources of retirement benefits other than federal retirement and	ity, and from which any inc	come in excess of \$1	0,000 was derived during the preceding
1. FARMERS FIRST AFRICA, I WASHINGTONST. DOVER	NH , NOAPROFIT		
2.			
If you have no qualifying income indicate by writing your initials next to the following	statement.	My incom	e does not qualify
B. Indicate below whether you or a family member has a special interest in any or reportable special interest in any item on this list if a change in law, a change is 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 occupation, or category of business licensed or certified by the State of Noncompation, or category of business:	in administrative rule, a de ne listed business, profession:	cision whether or not on, occupation, group	to award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	services	or fi <b>n</b> ancial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaution odging		). Sale and distribution verages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, gambling	or other legal forms of	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Emerprise Tax	Interest and Dividends Tax	18. Optional: Special	cify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informat <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of the	ion is true and complete his chapter or knowingly	to the best of my k	nowledge and belief. RSA 15-A:9 nent shall be guilty of a misdemeanor.
Date6/8/20	h s	21 To of Donosting India	RECEIVED
	Signatu	re of Reporting Indiv	11IN 0 9 2020

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

JUN 0 9 2020 NEW HAMPSHIRE

Type or Print CLEARLY Full Name PAUL JONATHAN SOMERO WORK Address: 829 TURNPIKE RD	NEW IPSWICH NH 03071
Primary Occupation REAL ESTATE Development E-mail PAUL Somero amsn. Com Wor	rk Phone 603-878-9181
Name the office, position, board or commission, committee, board of STATE REPRESENTATIVE Publications, etc. or employment with state or county government held by you. NO ACRONYMS.	ic WORKS & HIGHWAY
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use addition Fox Brock Holdings - Partner Dred Red Field Homes Brock Red Quad L	was derived during the preceding onal sheets as necessary)
2. (5) TIDAL WAVE 23 All LOCATED 829 TURNPIKE RD NEW	J IBWICH N.H 0307/
	s not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to aw discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or n 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:	vard a contract, grant a license or permit,
	6. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholding	coholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify are special interest.	ny other 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 knowled Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly fails statement so that the provisions of this chapter or knowingly fails statement so that the provisions of this chapter or knowingly fails statement so that the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions of the chapter of the provisions of the chapter of the c	hall be guilty of a miscle CENVED  JUN 2 3 2020
	NEW HAMPSHIRE

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

ype or Print CLEARLY Pet	er Somssich	Work Address: 34 Swe	HAVE. Portsn	north NH03801
rimary Occupation <u>Ret</u>	Wed E-mai	state vep 27 @ my fair poir	Work Phone 603	-436 -5382
Name the office, position, board or irectors, etc. or employment with y you. NO ACRONYMS.		mytarvpor	C. MCC	
proprietor, or employee, or	ress, and type of any profession, business, or other or or served in any other professional or advisory capaci retirement benefits other than federal retirement and	ty, and from which any income in exce	ess of \$10,000 was derived duri	ng the preceding
1. LEDVANCE	- Company Pension	1		
2.				
you have no qualifying income	indicate by writing your initials next to the following	statement. N	ly income does not qualify	
financial effect on you or		: ew Hampshire. List each such profession	,	
2. Health Care 3. Ir	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hamunicipal employ	ampshire, county, or ment
7. N.H. Retirement System	8. Current use land 9. Restaution lodging	urants/	tribution of alcoholic	11. Practice of law
12. Any business regulated b Utilities Commission	y the Public 13. Horse or dog racing, of gambling	or other legal forms of 14. Educ	ation   15. Water Resou	irces
16. Agriculture	17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	onal: Specify any other area in wh special interest	ich you have a
I have read RSA 15-A and he Penalty. Any person who kn	reby swear or affirm that the foregoing information owingly fails to comply with the provisions of the	on is true and complete to the best is chapter or knowingly files a fals	of my knowledge and belief e statement shall be guilty of	REOEIVED  JUN 0 4 2020
Date		Signature of Reporti	· 1	NEW HAMPSHIRE EPARTMENT OF STATE

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

Type or Full Nar	r Print CLEARL me	Yulius F.	Sofi	Wo	ork Address:	74 Marphal.	ead Rd V.	indhan, UH 0308
		penty hunaga		E-mail 🗸	lius F Sot	7' Dgmall. com	Work Phone 97	indhyn, NH 0308
director		nent with state or cour	n, committee, board of nty government held	٠.				
A.	proprietor, or en	aployee, or served in a	ny other professional o	siness, or other organizator advisory capacity, and ral retirement and/or disc	from which an	y income in excess of \$	10,000 was derived of	luring the preceding
1.								
2.				•				
If you h	ave no qualifying	income indicate by w	riting your initials nex	to the following statement	ent.	My inco	ne does not qualify	
Г 	financial effect of	on you or a family men	siness licensed or certifie  4. Real Estate, in		npshire. List eac	th such profession,		Hampshire, county, or
Г	7. N.H. Retireme System	. 11	urrent use land ment program	9. Restaurants/	Services	10. Sale and distribution beverages		11. Practice of
		gulated by the Public		orse or dog racing, or other	legal forms of	14. Education	15. Water Re	
Γ	16. Agriculture	17. N.H. taxes:	Profits Tax	2	Interest and Dividends Tax		ecify any other area in l interest	which you have a
				egoing information is t provisions of this chap				
Date					Sign	nature of Reporting Indi	vidual	RECEIVED
	•	Return to:	Office of Secretary of	State, 107 North Main S	street, State Ho	use Room 204, Concord	, NH 03301	JUN 0 5 2020

<b>Type or</b> Full Nar	Print CLEARLY	NNIS /	R, 500	cy		Work A	ddress:	RU	SSELL	ST COI	NCOK	D, NH033 496 0506
	Occupation RF7				E-mail	DRCT	SOUCYL	CON	CAST, NET	_ Work Phone _	603	496 0506
director	ne office, position, board o s, etc. or employment with NO ACRONYMS.				N/A	9						
A.	List below the name, add proprietor, or employee, calendar year. Sources of	or served in a	y other profe	ssional or advi	sory capacity	, and from	which any	y incom	e in excess of \$1	0,000 was derive	ed during	the preceding
1.												
2.												
If you h	ave no qualifying income	indicate by wi	riting your ini	tials next to the	e following st	atement.			My incom	ne does not quali	fy	
В.	Indicate below whether reportable special interes discipline a licensee or perinancial effect on you or 1. Any profession, occur	t in any item of ermittee, or ot a family men upation, or bus	on this list if a her decision b nber than it w	change in law by government ould on the ger	, a change in affecting the neral public:	administra listed bus	ntive rule, a iness, profe	decision,	on whether or no occupation, grou	t to award a cont	ract, gran	t a license or permit,
	occupation, or category	of business:										
	2. Health Care 3. In	nsurance		l Estate, includir , developers, and		Γ.	5. Banki services		nancial	municipal e		pshire, county, or ent
Γ	7. N.H. Retirement System		rrent use land nent program		9. Restaura	ants/	Γ.:	10. Sa bevera	le and distribution ges	n of alcoholic	Γ.	11. Practice of law
	<ol> <li>Any business regulated but but but but but but but but but but</li></ol>	y the Public		13. Horse or gambling	dog racing, or	other lega	l forms of		14. Education	15. Water	r Resourc	es
Г	16. Agriculture	17. N.H. taxes:	Busines		iness rprise Tax		est and lends Tax	Г	18. Optional: Sp specia	ecify any other are l interest	ea in which	n you have a
I have	e read RSA 15-A and he lty. Any person who kn	reby swear of cowingly fail	or affirm that s to comply	the foregoing with the provi	g informatio	n is true s chapter	and compl or knowir	lete to	the best of my	knowledge and ment shall be gu	belief. I	RSA 15-A:9 misdemeanor.
Date	JUNE 3,	2020					Sign	nature o	f Reporting Indi	vidual		

Type or Print CLEARLY Full Name Donna M. Soucy	Work Address: 43 Centre St. Concord NH 0330
Primary Occupation AHOrney E-mail	donna@ pffnh. org Work Phone 223-3304
Name the office, position, board or commission, committee, board of 5+9+6 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, 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
1. Professional Fire Fighters of NH,	43 Centre St. Concord 03301 (laborunion)
2.  If you have no qualifying income indicate by writing your initials next to the following st	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	
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 System  8. Current use land assessment program  9. Restauration lodging	ants/ 10. Sale and distribution of alcoholic beverages  11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    Interest and Dividends Tax   Interest and Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	
Date 6-12-2020	Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North M	JUN 1 2 2020  fain Street, State House Room 204, Concord, NH 03301  NEW HAMPSHARE DEPARTMENT OF STATE

	r Print CLEARI	. <b>У</b> Місна	EL PAL	1)	Soucy		Work Ad	dress:					
Primary	Occupation P	TIRED	NHEM	A PE	NSIDUS	E-mail	mps I	07@	AOL. CO	M	Work Phone _		
director	ne office, positions, etc. or employs NO ACRONYM	nent with state	nmission, com	mittee, b vernmen		T. PorD							
A.	List below the n proprietor, or en calendar year. S	nployee, or se	rved in any oth	er profe	ssional or ad	visory capacity	, and from	which any	income in ex	xcess of \$10	,000 was derive	ed during	the preceding
1.					A U						W.L. 187.3.		
2.							- VI - FERTING						
If you h	ave no qualifying	; income indic	ate by writing	your init	tials next to t	he following s	atement.			My income	does not quali	fy	
В.	discipline a licer financial effect	al interest in a nsee or permit on you or a fa- ssion, occupation	ny item on this tee, or other de mily member to on, or business l	s list if a ecision b han it wo	change in la y government ould on the g	w, a change in it affecting the	administrat listed busin	ive rule, a less, profe	decision wheession, occupa	ether or not ation, group	to award a cont , or matter wou	ract, gladi ld potentia NE DEPAI	A Color V Erb., ally have a greater JUN 0 4 2020 W HAMPSHIRE RTMENT OF STAT
-	2. Health Care	3. Insura	nce		Estate, included developers, a	ling brokers, nd landlords		5. Banki services	ing or financia	al [	6. State of municipal e	New Hamp employme	oshire, county, or int MERS, Count
	7. N.H. Retireme System	nt	8. Current assessment p	use land		9. Restaur	ants/		10. Sale and beverages	distribution	of alcoholic		11. Practice of law
	12. Any business re tilities Commiss		Public	Г	13. Horse of gambling	or dog racing, or	other legal	forms of	☐ 14. Ec	lucation	15. Water	r Resource	es
Γ_	16. Agriculture	17. taxe	l l	Business Profits Ta	T T	ısiness terprise Tax	Interes Divide	st and nds Tax	18. O	ptional: Spec special i	cify any other are nterest	a in which	you have a
Penal	read RSA 15-A lty. Any person	who knowing - 2020	ngly fails to c	omply v	with the pro	ng information visions of thi	s chapter o	r knowir Lizh Sign	ngly files a f	alse statem	ent shall be gu	ailty of a	COMMISSION

Type or Full Nam	Print CLEARI	homas	Southw	orth		ork Address:			
Primary	Occupation	Ret	ited		E-mail 🛨	Souther	outh e ya	howwork Phone_	
directors		nent with state o	ission, committee, b r county governmen	ooard of/	Vore				
	proprietor, or en	iployee, or serve	d in any other profe	ssional or advisory	capacity, and	from which an	ou or a family membe y income in excess of shall be included. (Us	\$10,000 was derive	ector, associate, partner, ed during the preceding as necessary)
1.									
2.									
If you ha	ve no qualifying	income indicate	by writing your init	tials next to the foll	lowing statem	ent.	My inc	ome does not qualit	fy
Г 	1. Any profes	·		or certified by the Sta	ate of New Har				
	2. Health Care	3. Insurance		Estate, including brodevelopers, and land		5. Bank services	ing or financial	6. State of N	New Hampshire, county, or mployment
13/	7. N.H. Retireme System	11	8. Current use land assessment program	, 11	Restaurants/ lging		10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	2. Any business re ilities Commiss		blic	13. Horse or dog s gambling	racing, or other	legal forms of	14. Education	15. Water	Resources
Γ	16. Agriculture	17. N.H taxes:	I. Business Profits Ta			Interest and Dividends Tax	18. Optional:	Specify any other area ial interest	a in which you have a
									belief. RSA 15-A:9 ilty of a misdemeanor.
Date	6/3/	20				Thom	as South	was	RECEIVEL
	• •					Sign	nature of Reporting Ind	lividual	JUN 0 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY Ill NameChloe Sowe	YS	Vork Address: Home	
imary Occupation web develope	E-mail	starrychloe@oliveyou.	
ame the office, position, board or commission, com rectors, etc. or employment with state or county governous. NO ACRONYMS.	mittee, board of		
A. List below the name, address, and type of an proprietor, or employee, or served in any oth calendar year. Sources of retirement benefits	ner professional or advisory capacity, an	d from which any income in excess of \$	10,000 was derived during the preceding
1. Samsung Electronics	s of America, Inc.		
you have no qualifying income indicate by writing	your initials next to the following states	nent. My incom	ne does not qualify
1. Any profession, occupation, or business li occupation, or category of business:  2. Health Care	4. Real Estate, including brokers,	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current usassessment pr	. 11		L
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other gambling	er legal forms of 14. Education	15. Water Resources
	Business Business Profits Tax Enterprise Tax		ecify any other area in which you have a interest
have read RSA 15-A and hereby swear or affinenalty. Any person who knowingly fails to co	rm that the foregoing information is omply with the provisions of this cha	apter or knowingly files a false staten	nent shall be guilty of a misdemeanor.
Date June 8, 2020	· · · · · · · · · · · · · · · · · · ·	Chloc Sowth Signature of Reporting Indiv	idual Washington
Return to: Office	e of Secretary of State, 107 North Main	•	UNIT 0 9 222

	or Print CLEARL'	Y Andrew	2 Soucy		Work Address: _	N/A		_
Primar	y Occupation	/ i					Work Phone N/4	_
irecto	the office, position, rs, etc. or employm . NO ACRONYM!	ent with state or	ssion, committee, boccounty government h	ard of State Re	presentative	Member of 1	111 Employment Secur, ty chers Club National	_
A.	proprietor, or em calendar year. So	ployee, or served urces of retireme	in any other profess nt benefits other than	ional or advisory capac in federal retirement and	ity, and from which a d/or disability benefits	ny income in excess of \$\frac{s}{s}\$ shall be included. (Use	was an officer, director, associate, partner, 10,000 was derived during the preceding additional sheets as necessary)	
1.	Mem Ser	NH Rot.	rement Sy.	stem - NH	Retirement	System 5	1 Regional Drive Concord	<u>  </u>
2. [f you]	have no qualifying	income indicate b	y writing your initia	als next to the following	statement.	My inco	me does not qualify	
В.	reportable specia discipline a licen financial effect o	l interest in any it see or permittee, n you or a family	tem on this list if a coor other decision by	hange in law, a change	in administrative rule he listed business, pro	a decision whether or n	pations, groups or matters. A person has a ot to award a contract, grant a license or pe up, or matter would potentially have a great	
Γ	• •	sion, occupation, o ategory of busines		certified by the State of N	New Hampshire. List ea	ch such profession,		
	• •	• · · · · · · · · · · · · · · · · · · ·	ss:  4. Real E	state, including brokers, evelopers, and landlords	5. Bar	king or financial	6. State of New Hampshire, county, or municipal employment	r
	occupation, or c	3. Insurance	ss:  4. Real E	state, including brokers,	– 5. Bar service	king or financial	municipal employment	
	occupation, or control of the contro	3. Insurance  at 8  as gulated by the Pub	4. Real E agent, d Current use land ssessment program	state, including brokers, evelopers, and landlords  9. Resta	urants/ 5. Bar	king or financial es 10. Sale and distribution beverages	municipal employment on of alcoholic   11. Practice o	
	2. Health Care  7. N.H. Retirement System  12. Any business reg	3. Insurance  at 8  as gulated by the Pub	4. Real E agent, d  Current use land essessment program	state, including brokers, levelopers, and landlords  9. Restate lodging  13. Horse or dog racing, gambling  Business	urants/ 5. Bar	king or financial es  10. Sale and distribution beverages  14. Education  18. Optional: S	municipal employment on of alcoholic law	

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330 DEPARTMENT OF STATE

Type or Print CLEARL' Full Name	JUDITH SPANE	Wo	ork Address:	tate House,	NH		
Primary Occupation	Legislator	E-mail \(\frac{1}{2}\)	rithe Kest	tate House, veloctinet	_ Work Phone _	603	875-6410
Name the office, position,	board or commission, committee, beent with state or county government	oard of					\(\frac{1}{2}\)
proprietor, or em	me, address, and type of any profess ployee, or served in any other profes urces of retirement benefits other the	sional or advisory capacity, and	from which any in-	come in excess of \$10	0,000 was deriv	ed during	the preceding
1.							
2.							
f you have no qualifying	income indicate by writing your initiation	als next to the following statement	ent.	My incom	e does not quali	fy	?· <u>·</u>
1. Any profess	n you or a family member than it wo ion, occupation, or business licensed or ategory of business:		npshire. List each su	ch profession,	VONE		
2. Health Care	I incurance II	Estate, including brokers, developers, and landlords	5. Banking of services	or financial	6. State of municipal e		pshire, county, or ent
7. N.H. Retiremen	assessment program	9. Restaurants/	bev	. Sale and distribution verages	of alcoholic	Γ	11. Practice of law
12. Any business reg Utilities Commission	ulated by the Public	13. Horse or dog racing, or other gambling	legal forms of	14. Education	15. Water	r Resourc	es
16. Agriculture	17. N.H. Business Profits Tax		Interest and Dividends Tax	- 18. Optional: Spe special i	cify any other are nterest	a in which	n you have a
	and hereby swear or affirm that the who knowingly fails to comply w						
Date 63	20		Signatur	e of Reporting Indivi	dual	-Fi	RECEIVE
			√		•	1	11 IN O 1 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY PHILIP SPAGNUOLO JEWark Address: 244 Highwatch Rd Effingham, N. H. Printary Occupation Case Manager E-mail PS/1974 Up Green Wark Phone 603 818 1597	∤.
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
New Life Recovery Homes LLC Sober Living 15 Spring & NH	7,84
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify:	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a	
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater	) <b>e</b> r
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitted 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:	) <b>a</b>
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitted 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 category of business:  6. State of New Hampshire. List each such profession.  6. State of New Hampshire, county, or	) <b>e</b>
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitted 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.  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment  7. N.H. Retirement  8. Current use land  9. Restaurants  10. Sale and distribution of alcoholic  11. Practice of	) <b>4</b>
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitted iscipline 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 category of business:  CICEN NOW Hampshire. List each such profession.  CICEN NOW Hampshire. List each such profession.  CICEN NOW Hampshire. Conservation or category of husiness:  CICEN NOW Hampshire, county, or municipal employment  7. N.H. Retirement  8. Current use land  9. Restaurants  10. Sale and distribution of alcoholic  11. Practice of System  12. Any business regulated by the Public  13. Horse or dog racing, or other legal forms of  14. Education  15. Water Resources	) <b>a</b>

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



Type or Print CLEARLY Full Name Connie Spence	Work Address: 356 Central St. #3 Marcheter NH 0xc3
Primary Occupation Roator E-mail	Work Address: 356 Central 5t. #3 Mancheter NH Bycg Constance porcagnailconwork Phone 603-703-9506
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	ganization 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 for disability benefits shall be included. (Use additional sheets as necessary)
1. Self Realtor	
2. Rents	
If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
I. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:      A Real Estate including brokers	
agent, developers, and landlords	services municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur lodging	rants/ To. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this $\mu$	
Date	Signature of Reporting Individual  i JUN - 8 2020
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name Solo And Species	Work Address: 57 Stone gate	Lane Derry, NH USU38
Primary Occupation Veterinary Technician I	E-mail ecincispencer egmail.com	<b>2</b>
Name the office, position, board or commission, committee, board of NA lirectors, 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 oth proprietor, or employee, or served in any other professional or advisory c calendar year. Sources of retirement benefits other than federal retirement	apacity, and from which any income in excess of \$1	0,000 was derived during the preceding
1. The Fund for Animals Rural Area Veta	ermy Services, P.O. Box 158°	1, Festin, (A 95018, employee
2. Ethos Voterion, Health (Nasvet Refe Sause: CNS Plumbing + Healing, 210 Anclov fyou have no qualifying income indicate by writing your initials next to the follow	er St. Wilmington, UA (1887' wing statement. My incom	COOURA NA 01801, employee. The does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in reportable special interest in any item on this list if a change in law, a chardiscipline a licensee or permittee, or other decision by government affects financial effect on you or a family member than it would on the general p</li> <li>1. Any profession, occupation, or business licensed or certified by the State occupation, or category of business:</li> </ul>	nge in administrative rule, a decision whether or no ing the listed business, profession, occupation, grou ublic:	t to award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokagent, developers, and landle	• 11	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. I lodg	Restaurants/ 10. Sale and distribution beverages	n of alcoholic 11. Practice of law
The second of the Public The Public The Public The Second of the Public The P	cing, or other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Enterprise 7	1 11 4	ecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or affirm that the foregoing info <b>Penalty</b> . Any person who knowingly fails to comply with the provisions		
Date 6.3 20	Signature of Reporting Indi	vidual RECEIVED

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

JUN 0 5 2020

NEW HAMPSHIRE
DEPARTSHIRE OF STATE

Fype or Print CLEARLY Full Name Watthew Les Spences Work Address:	
Primary Occupation Retired Military E-mail Matthew Spencere Comcust . 1. Work Phone	(T
Name the office, position, board or commission, committee, board of State Representative.  Irrectors, 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, d 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 sheet	ved during the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualifying income indicate by writing your initials next to the following statement.	lify MCS
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups of reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter work financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	ntract, grant a license or permit,
	f New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	er Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax Special interest	rea 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 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be go Date	
Signature of Reporting Individual	REGENVE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 8 2020

Type or Print CLEARLY Full Name 52ms A Spellme	Work Address: 3000 Martenza Rd, Andover MA
Primary Occupation Project Owner / Manager E-mail	James, Spillre@ Phillps, Com Work Phone 978-659-4922
Name the office, position, board or commission, committee, board of	cesurer New Hampshire Veteran Sparisman Foundation
	anization 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 or disability benefits shall be included. (Use additional sheets as necessary)
1. Philips medical Systems	
2.	
If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	w Hampshire. List each such profession,  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. Restaur lodging	rants/ 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	rother legal forms of 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 Penalty. Any person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who knowingly fails to comply with the provisions of this person who know the person wh	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	Rignature of Reporting Individual JUN 0 5 202
Patrum to: Office of Secretary of State 107 North A	MEW HAMPSH  Agin Street, State House Room 204, Concord, NH 03301  DEPAREMENT OF

Spilshusy,

#### 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print CL Lbon Spilsbury dr. Full Name Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 2 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qua B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 9. Restaurants/ 10. Sale and distribution of alcoholic 7. N.H. Retirement 8. Current use land 11. Practice of System assessment program lodging law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 17. N.H Business **Business** Interest and 18. Optional: Specify any other area in which you have a 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 somplete to the best of my knowledge and bestef. R\$A 15-A:9 shall be guilty of a phisdemeanor. Penalty. Any person who knowingly fails to comply with the provisions of this chapter of knowingly files a

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

JUN 0 8 2020

NEW HAMPSHIRE
DEPARTMENT OF STA

Type or Print CLEARLY Full Name CLANLIS ST. CLAN	Work Address: PO BOX 5416 -1105 UNION AUG Work Phone 603-366-2000
Primary Occupation WONA MORNOPCS WEEK E-mail	Work Phone 603-366-2000
Name the office, position, board or commission, committee, board of	REP
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 sta	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
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 System 8. Current use land 9. Restaura	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, or gambling	other legal forms of 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 THINS WITH TOWN
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this Date $\frac{\zeta}{10}$	n is true and complete to the best of my knowledge and belief. RSA 15-A:9
	Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North M	Iain Street, State House Room 204, Concord, NH 03301 JUN 1 2 2020
	NEW MAMPSHITE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Keuin P- ST James	Work Address: 10 front 5%.	Exer NH 03833
Primary Occupation Five Fighter	E-mail Kevin Stjames @ comcast	
Name the office, position, board or commission, committee, board of _ directors, etc. or employment with state or county government held by you. NO ACRONYMS	Rockiyham County Comm?	el Slower
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which any income in excess of \$	0,000 was derived during the preceding
I	237 Essex St. Lawrence	M4 01640
2.  If you have no qualifying income indicate by writing your initials next to	o the following statement. My incom	ne does not qualify
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed or certified occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, incl.	tent affecting the listed business, profession, occupation, group general public:  by the State of New Hampshire. List each such profession,  uding brokers,  5. Banking or financial	p, or matter would potentially have a greater  6. State of New Hampshire, county, or
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16 A griculture	Business Interest and Interprise Tax Dividends Tax Tax 18. Optional: Special	ecify any other area in which you have a interest BA GMMISSIVA
I have read RSA 15-A and hereby swear or affirm that the foregon Penalty. Any person who knowingly fails to comply with the property of the pr		RECEIVED  JUN 0 4 2020
Return to: Office of Secretary of Se	ate, 107 North Main Street, State House Room 204, Concord,	NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Na	r Print CLEAR me <u>K/1</u>	LY .	st.	Laurer	rt		_ Work A	ddress:	70	Butle	r St	Salen	и	NH
Primary	me Kyl	Phy	sical	Thera	pist	E-mai	i1 <u>K</u> r	15/75	t. lau	irent@	Work Pho	one	73	2900
Name tl	ne office, positions, etc. or employ	n, board o ment with	or commission	, committee,	board of	Appointed				gm	are con	<b>-</b>		
	List below the proprietor, or e	name, ado mployee,	or served in a	ny other prof	ession, busin fessional or	•	ganization i ty, and from	n which yo which an	ou or a far y income	mily member in excess of S	was an office \$10,000 was o	r, director, a derived duri	associang the	preceding
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2.			<del>,</del>								<u></u>	······································		
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	2. Any business r tilities Commis		y the Public		. 13. Hors gambling	e or dog racing, o	or other lega	forms of	1	4. Education	15.	Water Resou	rces	
Γ	16. Agriculture		17. N.H. taxes:	Profits T	ss [	Business Enterprise Tax		est and ends Tax	r 1	18. Optional: S specia	pecify any other	er area in wh	ich you	ı have a
Penal	read RSA 15-	n who kn	owingly fails				is chapter	or knowir	igly files	s a false state	ment shall b			
Date	4/4/	202	<u> </u>	·				Sign	ature of I	Jawas Reporting Ind	ividual		Marine	The state of the s
								-191		I. a. a. a. B. a. a. a.				CEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE

Type or Print Clearly	THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE		
Full Name Cathy Ann Stacey	Work Address	10 Route 125 - Brentwood, NH 038	33
Primary Occupation Register of Deeds	e-mail cstacey@nhdeeds.com	Work Phone	603-642-5526
Name the office, position, board or commission, board o directors, etc. or employment with state or county			
government held by you. NO ACRONYMS	Board Member - Salem Board	of Selectmen	
A. List below the name, address, and type of any profest proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than fe	sional or advisory capacity, and from which	any income in excess of \$10,000	was derived during the precedin
Rockingham County - Register of Deeds (self)		,	
Σ.			
, f you have no qualifying income indicate by writing your	initials next to the following statement.	My income does not qualit	fy
3. Indicate below whether you or a family member has a reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by go inancial effect on you or a family member than it would on the second of th	ge in law, a change in administrative rule, a d vernment affecting the listed business, profe on the general public:	ecision whether or not to award a co ession, occupation, group, or matter	ontract, grant a license or permit,
profession, occupation, or category of business:	NH Bar Association		
	al Estate, including brokers, at, developers, and landlords 5. B		itate of New Hampshire, county, or nicipal employment
X 7. N.H. Retirement System 8. Current use lar	15	<ol><li>Sale and distribution of alco beverages</li></ol>	oholic X 11. Practice of law
<ul> <li>12. Any business regulated by the Public</li> <li>Utilities Commission</li> </ul>	13. Horse or dog racing, or other legal for of gambling	rms	5. Water Resources
16. Agriculture 17. N.H. Busines taxes: Profits T			other area in which you have a
have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision			
	of this chapter of knowingly thes gridise sta	icense it shall be guity of a misdeffie	RECEIVE
Date 5-18-2020		ature of Reporting Individual	JUN 0 3 2020

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03/301

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Kamryn Ann Stack	Work Address: 7 Fnollwood Dr Merrimack NH 05054
Full Name Kathryn Ann Stack  Primary Occupation Psychothnapist E-mail	Work Address: 7 Fnollwood Dr. Merrimack NH 05054  Kathy Stack 421@ gmail.com Work Phone
Name the office, position, board or commission, committee, board of NH State directors, etc. or employment with state or county government held	e Rep. Hillsborough delegation, Fish-Game Gomm. He
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	• • • • • • • • • • • • • • • • • • • •
1. Imamune Psychotherapist, women's Guas	reling of Nashua NH
2.	
If you have no qualifying income indicate by writing your initials next to the following s	My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaur	rants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, o	or other legal forms of 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 Penalty. Any person who knowingly fails to comply with the provisions of the	on is true and complete to the best of my knowledge and belief. RSA 15-A:9 is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 3 2026	Vatur & Sry
,	Signature of Reporting Individual

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

Type or Pri	int Clearly							
Full Name	Bryce Dylan Stack			Work Address	n/a			
Primary Oc	cupation Student		e-mail bryce.stac	ck@gmail.com		Work	( Phone	n/a
directors,		or commission, board of t with state or county NO ACRONYMS						
proprietor,	or employee, or sen	s, and type of any profession wed in any other profession went benefits other than feder	al or advisory capacity	y, and from which	h any incon	ne in excess of	\$10,000 wa	ficer, director, associate, partner, s derived during the preceding necessary.)
1. D	onna LaRue and Asso	ciates - 2 Wellman Avenue, N	lashua, NH - Alcohol a	nd Drug Counseli	ng			
2. Be	edford School District	: - 103 County Rd, Bedford, N	H - Education					
If you have	no qualifying income	e indicate by writing your init	ials next to the followi	ng statement.	М	ly income does r	not qualify	
reportable discipline a	special interest in an licensee or permitte	or a family member has a spe item on this list if a change in e, or other decision by gover y member than it would on	law, a change in adminment affecting the lis	inistrative rule, a d	decision whe	ether or not to a	ward a cont	s, or matters. A person has a ract, grant a license or permit, buld potentially have a greater
11		cupation, or business license , or category of business:	or certified by the Sta	ate of New Hamp	shire. List ea	ch such		
2. H	ealth Care 3. In	SIITANCA II	state, including broker evelopers, and landlor	I H	Banking or fi vices	inancial		e of New Hampshire, county, or pal employment
7. N Syst	.H. Retirement em	8. Current use land assessment program	9. Restail	urants/	10. Sal bevera	e and distribution ges	on of alcoho	lic 11. Practice of law
	ny business regulated es Commission	, 10	<ol> <li>Horse or dog racing f gambling</li> </ol>	g, or other legal fo	orms T	14. Education		Vater Resources
16.	Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest ar Dividends	1 1)	<i>18. Optional</i> : Sp special	ecify any ot interest	her area in which you have a
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person win	o knowlingly falls to co	ompry with the provisions of	chis chapter of known	My mes a raise si	.atement sno	in be guilty of a l	<del>/</del>	1 Subma test Coali & Banks
Date	06/09,	/20	· —/	5/7/J	nature of Re	porting Individu	MAD)	JUN 1 2 2020
	, ,			()3.9		,		NEW HAMPSHIRE

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

Type or Print CLEARLY Full Name プロロン G. STAFFORA		Work Address:	Rayinal		
Primary Occupation Review 1955	E-mail	JUSTAFFOR	A Depart. pet	Work Phone _	N/t
Name the office, position, board or commission, committee, board of	4				
A. List below the name, address, and type of any profession, business, o proprietor, or employee, or served in any other professional or adviso calendar year. Sources of retirement benefits other than federal retire	ry capacity,	and from which any	income in excess of \$10	,000 was derive	ed during the preceding
1. SPOUSE NH STATE RETIREMENT J	MUMM	·			
2.			<del></del>		
If you have no qualifying income indicate by writing your initials next to the f	ollowing stat	tement.	My income	does not quali	fy 4.
reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government af financial effect on you or a family member than it would on the general.  1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:	fecting the li ral public:	sted business, profes	sion, occupation, group,	or matter would	d potentially have a greater
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16. Agriculture 17. N.H. Business Business Enterpr	ess rise Tax	<ul><li>Interest and Dividends Tax</li></ul>	18. Optional: Spec special in	ify any other are nterest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in Penalty. Any person who knowingly fails to comply with the provision	information	is true and comple chapter or knowing	te to the best of my kr ly files a false stateme	owledge and ent shall be gu	iRECEPTEATION.
Date 66/08/2000		Jer &	ture of Reporting Individ	hal	JUN 12 2020
		C Siglia	ing of reporting marvi	1441	NEW HAMPSHIRE DEPARTMENT OF STATE

2020 NEW MANIE STATEMENT OF THAT MINERS IS NOT 13-12	
Type or Print CLEARLY Full Name WALTER A. STAPLETON  Primary Occupation RETIRED, NOW NH House Rep  E-mail Waltstapleton @ COMCast. net Work Phone	laremont 03743
Primary Occupation RETIRED, NOW NH House Rep E-mail Waltstapleton @ COMCast. net Work Phone	603-995-1034
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.  NH House Representative, Sullivan Control of Claremont Ward3, Seat 4073	County Dist.5,
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 derived a calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet	lirector, associate, partner, ived during the preceding
1. None-Refired-Myself 2. None-Refired-Wife Claire	
2. None-Refired-Wife Claire	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualifying income indicate by writing your initials next to the following statement.	ulify <b># 18</b>
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter we financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>We pay Annual NH Interest Dividends Tex on its conditions.</li> </ul> </li> </ul>	ntract, grant a license or permit ould potentially have a greater
1 / Healin Care   1   Instirance   1	of New Hampshire, county, or l employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Wa	ter Resources
16. Agriculture 17. N.H. taxes: Profits Tax 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 an <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be	
Date June 04, 2020 Walter A Stopleton	RECEIVED
Date June 04, 2020  Matter H Stopleton  Signature of Reporting Individual	JUN 0 8 2020

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

Type or Print CLEARLY O	J STARR	Work Address:		
Primary Occupation RE7	RED	E-mail DSTARK B	CUSTON Q Work	Phone RECEIVED
Name the office, position, board of	or commission, committee, board of	ROAD 1131	THE COIN	JUN <b>0 3</b> 2020
oy you. NO ACRONYMS.	n state or county government held	SENDOOR, NH,	DISTRICT 1	NEW HAMPSHIRE DEPARTMENT OF STA
proprietor, or employee,	or served in any other professional o	siness, or other organization in which your advisory capacity, and from which any all retirement and/or disability benefits.	y income in excess of \$10,000 v	fficer, director, associate, partner, was derived during the preceding
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2.	A	W-1		
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reportable special interes discipline a licensee or p financial effect on you or	it in any item on this list if a change is ermittee, or other decision by govern r a family member than it would on t upation, or business licensed or certifie	Il interest in any of the following busine in law, a change in administrative rule, a nment affecting the listed business, profe the general public:  d by the State of New Hampshire. List eac	a decision whether or not to awa ession, occupation, group, or ma	rd a contract, grant a license or permit,
2. Health Care 3. In		cluding brokers, 5. Bank services		State of New Hampshire, county, or unicipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	holic 11. Practice of law
12. Any business regulated b Utilities Commission	by the Public 13. Ho	orse or dog racing, or other legal forms of ng	14. Education	15. Water Resources
16. Agriculture	17. N.H. Business Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any special interest	other area in which you have a
Penalty. Any person who kn	nowingly fails to comply with the	egoing information is true and comp provisions of this chapter or knowing		
Date S MOX	2020	Sign	nature of Reporting Individual	

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

cull mai	or Print CLEARLY STRV 15	W	Vork Address: <u>/</u> 9	APPLG 1	BLUSSON	n Dd.
Primary	ary Occupation TWE REPROSENTA	2716 E-mail 1	STAVISDO	@ 2/16, 1/00	Work Phone	n DA. 6 N3 359-41
director	e the office, position, board or commission, committee, boardors, etc. or employment with state or county government he bu. NO ACRONYMS.	d ofld				
A.	A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than	onal or advisory capacity, an	id from which any inco	ome in excess of \$10	,000 was derived	during the preceding
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f you h	u have no qualifying income indicate by writing your initials	next to the following stater	ment.	My income	does not qualify	15
_	financial effect on you or a family member than it would  1. Any profession, occupation, or business licensed or ce occupation, or category of business:		ampshire. List each such	n profession,		
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Type or Print CLEARL Full Name	y en Allen S	tefanik	Wo	ork Address:Y	ione		
Primary Occupation			E-mail Stee	ien_stefani	K@ comcast. net	Work Phone (603)	203-9699
Name the office, position, directors, etc. or employm by you, NO ACRONYM	ent with state or coun		none				
proprietor, or em	ployee, or served in ar	ny other professional or	iness, or other organizate advisory capacity, and al retirement and/or dis	from which any	income in excess of \$1	0,000 was derived dur	ing the preceding
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I have read RSA 15-A Penalty. Any person Date 6/9/	who knowingly fail / 	s to comply with the	previsions of this cha	pter or knowing	gly files a false stater	REC Vidval  JUN  NEW HA	
	Return to:	Office of Secretary of	State 107 North Main	Street State Hou	se Room 204 Concord	NH (BRPADTINA	MPSHIRE

Full Name	EARLY Se	Stephens-A	Judlund	W	ork Address: 2	760 White	Mountain	Highway Noco 035
Primary Occupation	on Se	rver		E-mail	·		_ Work Phone	356-4470
Name the office, p directors, etc. or en by you. NO ACR	mployme	ent with state or	ssion, committee, boa county government h	eld				
proprieto	r, or emp	loyee, or served arces of retireme	in any other professi int benefits other than	on, business, or other organiza onal or advisory capacity, and of federal retirement and/or dis	I from which any i sability benefits sh	ncome in excess of \$1 all be included. (Use a	0,000 was derive dditional sheets a	ed during the preceding as necessary)
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I have read RS Penalty. Any Date	person v	who knowingly	fails to comply wi	ne foregoing information is th the provisions of this cha	true and complet	te to the best of my kely files a false statem	nowledge and nent shall be gu	belief. RSA 15-A:9 ilty of a misdemeanor.
Date		)			0			
	y	<u> </u>			Signat	ure of Reporting Indiv	idual	RECEIVED

<b>Fype o</b> Full Na	r Print CLEARL me <u>Frankl</u>	in W.	Sal	ns $ac$		Work	Address: 9	25 grav	cs+.	Petalo	roul	N H
	Occupation	٠.			E-1	nail <u>Ira 1</u>	kded	15 grov	ello como	ork Phone	03-924	-8373
director	he office, position s, etc. or employn NO ACRONYM	nent with st	ommission ate or coun	committee, boar y government he	rd of							
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В.	reportable special discipline a licer financial effect of	al interest in usee or perm on you or a : ssion, occupa	any item on hittee, or ot family men tion, or bus	n this list if a changer decision by go ber than it would ness licensed or co	special interest in an ange in law, a chang overnment affecting d on the general pubertified by the State o	e in administ the listed bu lic: f New Hamps	rative rule, a siness, profe hire. List eac	a decision whethession, occupation, occupation hauch profession	ner or not to a on, group, or	ward a contra matter would	act, grant a lice I potentially ha	nse or permit, ve a greater
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Pena	e read RSA 15-A Ity. Any person	who know	y swear o ingly fails	r affirm that the to comply with	e foregoing inform th the provisions of	ation is true this chapter	and complete or knowing	ete to the best	of my know se statement	ledge and be shall be guil	elief. RSA 1/2 lty of a misde	5-A:9 meanor.
Date							Sign	ature of Reporti	ng Individual		REC	EIVED

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

JUN 08 2020

NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print CLEARLY Full Name DEDra Joyce Stevens Work Address: NA	
Primary Occupation Retired E-mail Deb. Stevenseleg. state, hh. Work Phone	
Name the office, position, board or commission, committee, board of NH State Bepresentative lirectors, 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.	_
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 matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or 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  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	
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:    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.	

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

RECEIVED

JUN 16 2020

MENV HASIPSHIRE

TANET STEVENS Work Address: 29 Harbory, 18	w Dr. Rye NH
rimary Occupation Cloner Stalanc Markon Business E-mail Janet Stevens Oromas Work Phon	· 498 0546
Name the office, position, board or commission, committee, board of NH BOARD OF MENTAL HEATTY directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Practices
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 decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional she	erived during the preceding ets as necessary)
1. Portsmouth Radiology associates Portsmouth NH (Hushard radiology MEDICAL Maine Mutual (Husbard, Transvier)	grat )
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualifying income indicate by writing your initials next to the following statement.	ualify
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter variance of 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	contract, grant a license or permit,
2. Health Care 3. Insurance agent, developers, and landlords services municip	al employment
7 N H Retirement   X Chitent lise land   1	11. Practice of
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Type or Print CLEARLY Jach	et Stevens	Work Address	s: 55 Noyes St	Concord NH 0330	٥١
Primary Occupation Health				Work Phone <u>603</u> 4	
Name the office, position, board or directors, etc. or employment with by you. NO ACRONYMS.	r commission, committee, board ofstate or county government held	self-employed			
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16. Agriculture		isiness Interest and Dividends T		pecify any other area in which al interest	you have a
	reby swear or affirm that the foregoi owingly fails to comply with the pro	•	-		
Date 6/8/20			A Stevens	ividual	
•			Signature of Reporting Ind	ividual	

Type or Print CLE Full Name	ARLY	Stiegler			Work Address: N	785 Dartmouth Co H 03774	llege Hwy. No	orth Haverhill
Primary Occupation	Grafton	County Sh	eriff	E-mail	jstiegler@co	.grafton.nh.us	Work Phone _78	7-2111 Ext. 5001
Name the office, pos directors, etc. or emply you. NO ACRO	ployment with	r commission, state or count	committee, board y government hel	of <u>Grafton Cou</u> d	nty Sheriff -	Elected		
proprietor,	or employee,	or served in an	y other professior	nal or advisory capacity	and from which ar	ou or a family member on income in excess of \$\frac{s}{all}\$ be included. (Use	10,000 was derived	during the preceding
1. <u>Jeff</u>	Stiegler	- 35 Aldr	ich Lane, No	orth Haverhill 1	NH - NH Retir	ement benifit ((	Group-2)	
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rimary	Occupation	SOFT	WARE	ENG	INEER			_ E-mail _	GRE 601	FO 6	RE GOP	510(ks	. Conw	ork Phone	603-	631-	984	8
rector	ne office, pos s, etc. or emp NO ACRON	ployment																
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Type or Print CLEARLY Full Name <u>Brian</u> J. Stone	Work Address: 860 25+ NH TPKE, Northwoo	d, NH 0326/
Primary Occupation <u>Criminal defense</u> E-mail_	Work Address: 860 2st NH TPKE, Northwood  Osian 03261@Gmail.com Work Phone 60	13)724-2291
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 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 of	during the preceding
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2.		
If you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify	<i>BJ5</i>
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the 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:  1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	administrative rule, a decision whether or not to award a contrac listed business, profession, occupation, group, or matter would p v Hampshire. List each such profession,	t, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New municipal emp	w Hampshire, county, or sloyment
7. N.H. Retirement System 8. Current use land 9. Restaura lodging	ants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Re	esources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax   18. Optional: Specify any other area in special interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this		
Date June 3, 2020	Signature of Reporting Individual	RECEI
		- Williams Was Barry M. L. Lanes Bearly

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

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Gregory Edward Stone Work Add	ress: 13 Exeter Farms Ral, Exter NH 03+
Primary Occupation 1 E-mail wmf	ress: 13 Exeter Farms Rol., Exter NH 03+ 6 @ comcont. nut Work Phone (603) 5+3 2296
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in various proprietor, or employee, or served in any other professional or advisory capacity, and from water calendar year. Sources of retirement benefits other than federal retirement and/or disability is	hich 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 statement.	My income does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in any item on this list if a change in law, a change in administrative discipline a licensee or permittee, or other decision by government affecting the listed business financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. occupation, or category of business:</li> </ul> </li> </ul>	ve rule, a decision whether or not to award a contract, grant a license or permit, ess, profession, occupation, group, or matter would potentially have 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 Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal for gambling	orms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest Enterprise Tax Dividen	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true an <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or	d complete to the best of my knowledge and belief. RSA 15-A:9 knowingly files a false statement shall be guilty of a misdemeanor.
Date $6/4/2020$	Signature of Reporting Individual RECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

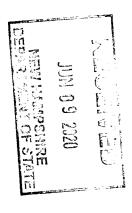
Spirituld UT.

Name Jong 477 - Srove Work Address:	100 Citarias from Rd
ary Occupation STATE DOC OFFICER E-mail Stone CP13	114 8 V4/hor. Com Work Phone / 802 885 9820
e the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you proprietor, or employee, or served in any other professional or advisory capacity, and from which any calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits s	y income in excess of \$10,000 was derived during the preceding
1. Black of Arrows, 224 unstrayton	- 57 (/mmn-r N/Y 03
2.	
u have no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify
	ing or financial  6. State of New Hampshire, county, or
agent, developers, and landlords services 7. N.H. Retirement	10. Sale and distribution of alcoholic 11. Practice of
,	beverages law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms 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
nave read RSA 15-A and hereby swear or affirm that the foregoing information is true and comp	lefe to the best of my knowledge and belief. RSA 15-A:9
enalty. Any person who knowingly fails to comply with the provisions of this chapter or known	ngly files a false statement shall be guilty of a misdemeanor.
enalty. Any person who knowingly fails to comply with the provisions of this chapter or knowledge $6/12/2020$	ml // //
enalty. Any person who knowingly fails to comply with the provisions of this chapter or knowledge $6/12/2020$	

<b>Type o</b> Full Na	or Print CLEARLY	A STRATHDE	E	Work Address:			
	y Occupation		E-mail K	solee59el	notmail.com	Work Phone	
director		r commission, committee, be state or county government					
A.	proprietor, or employee,	ress, and type of any profess or served in any other profes retirement benefits other tha	sional or advisory capacity, a	and from which any	income in excess of \$1	10,000 was derived d	uring the preceding
1.							
2. If you l		indicate by writing your initi		ement.	My incon	ne does not qualify	<b>(2)</b>
В.	reportable special interest discipline a licensee or pe financial effect on you or	you or a family member has a t in any item on this list if a co- ermittee, or other decision by a family member than it wo apation, or business licensed or of business:	change in law, a change in ac government affecting the li- uld on the general public:	Iministrative rule, a sted business, profes	decision whether or no ssion, occupation, group	t to award a contract,	, grant a license or permit
Γ	2. Health Care 3. Ir		Estate, including brokers, developers, and landlords	5. Bankir services	ng or financial	6. State of New municipal empl	Hampshire, county, or loyment
Γ	7. N.H. Retirement System	8. Current use land assessment program	9. Restauran lodging	11	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business regulated b Jtilities Commission	· II	13. Horse or dog racing, or or gambling	ther legal forms of	14. Education	15. Water Res	sources
Г	16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	r 18. Optional: Special	ecify any other area in interest	which you have a
	lty. Any person who kn	reby swear or affirm that to comply w		chapter or knowing	•	nent shall be guilty RE	

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330

<b>Type o</b> Full Na	r Print CLEARL	ohu_	w.S	Hreale	?C	Work A	ddress: 20	69 B215A	m LN	. Whe Ruy
Primary	y Occupation <b>J</b>	TCO	ntra	eter	E-m	ai Johr		treeto Cogi	Ark Phone_	802-310-60
directo	he office, position rs, etc. or employn NO ACRONYM	nent with state				man (l	(seut)	School	popul (20	on-2011)
A.	proprietor, or en	nployee, or se	rved in an	y other professi		city, and from	ı which any in	ncome in excess of \$	10,000 was derive	ector, associate, partner, ed during the preceding as necessary)
1.										
2.		· · · · · · · · · · · · · · · · · · ·						·		
lf you l	nave no qualifying	income indic	ate by wri	ting your initia	ls next to the followir	g statement.		My inco	ne does not quali	fy 🕡
<u>г</u>	financial effect of	on you or a fa	mily memion, or business:	ber than it would ness licensed or contact 4. Real Es	ld on the general publicertified by the State of	New Hampshi	re. List each su		6. State of	d potentially have a greate
K	7. N.H. Retireme System	nt		rent use land ent program	<u> </u>	taurants/	11	0. Sale and distribution	n of alcoholic	11. Practice of
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Pena		who knowing								belief. RSA 15-A:9 ilty of a misdemeanor.



Type o	or Print CLEARL	M. String	han	Wo	rk Address:	146 Deer Park D	rive, North	Judstock, NH 0326
Primar	y Occupation	Consultant	, Health Care	E-mail J5+	ringhame	medical techporta	Work Phone 2	10 453 631)
	he office, position rs, etc. or employn NO ACRONYM		, committee, board of ty government held	State Represen Clark, Execut	tative	Graften Coun	ty 5th, N	H HOUSE
A.	proprietor, or em	ployee, or served in a	ny other professional o	iness, or other organizati r advisory capacity, and al retirement and/or disa	from which an	y income in excess of \$1	0,000 was derived	during the preceding
1.	Medical 7	echaelogy Pari	thers HQ 22	75 Executive	stud, Soi	to 500 Rockui	lle, HP Z	950
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If you l	nave no qualifying	income indicate by w	riting your initials next	to the following stateme	nt.	My incom	e does not qualify	
Γ	discipline a licen financial effect o	see or permittee, or ot n you or a family men	her decision by govern nber than it would on t iness licensed or certifie	ment affecting the listed he general public: I by the State of New Ham	business, professhire. List eac	ession, occupation, group	o, or matter would p	t, grant a license or permit, potentially have a greater
×	2. Health Care	3. Insurance	11	cluding brokers, rs, and landlords	5. Bank services	ing or financial	6. State of Nev	v Hampshire, county, or Ployment
Γ	7. N.H. Retiremen System	11	rrent use land nent program	9. Restaurants/	r	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business reg Itilities Commissi	gulated by the Public on	l gamblir	rse or dog racing, or other	legal forms of	14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and ividends Tax	18. Optional: Special	cify any other area ir interest O / a	which you have a
Pena	te read RSA 15-Alty. Any person	who knowingly fails	r affirm that the fore to comply with the	going information is tr provisions of this chap	ter or knowir	lete to the best of my kingly files a false statem  M. Det L  ature of Reporting Indiv	ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
		Return to:	Office of Secretary of	State, 107 North Main St	reet, State Hou	use Room 204, Concord,	NH 03301	JUN 0 5 2020

<b>Type</b> ( Full N	or Print CLEARL	.Y 2, A N	MICH	HAEL SU	LLIVAN	Work A	ldress:					
	ry Occupation	_	TIRED		E-ma			LIVAN NA	e gma	Work Phone		
directo	the office, position ors, etc. or employn I. NO ACRONYM	nent with		committee, board	of				V			
Α	proprietor, or en	iployee, c	or served in ar	y other profession	business, or other o al or advisory capac deral retirement and	ity, and from	which any	y income in exc	cess of \$1	0.000 was derived	d during t	he preceding
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lf you	have no qualifying	income i	ndicate by wr	iting your initials r	next to the following	statement.			My incom	e does not qualify	·	
		esion, occu category o	ipation, or busi	ness licensed or cert	on the general public ified by the State of N	New Hampshir		h such professio				shire, county, or
1	7. N.H. Retireme	,		agent, development use land	opers, and landlords  9. Resta		services	10. Sale and di	etribution	of alcoholic	nploymer	nt 11. Practice of
Γ	System		assessn	nent program	lodging	iurants/	Г	beverages				law
Γ	12. Any business re Utilities Commiss		y the Public	11	Horse or dog racing, bling	orotherlegal	forms of	14. Edu	cation	15. Water	Resource	s
Γ	16. Agriculture		17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax		st and ends Tax	Г 18. Орі		cify any other area interest	in which	you have a
Pen	alty. Any person	who kn	owingly fails		oregoing informathe provisions of t							
Dat	te June	4	2020				Sign	nature of Repor	ting Indiv	idual	RE	CEIVED
											11.1	N N 8 2020

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

JUN U O ZUZU

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEAR! Full Name	IN Jay	SURSU	WSM W E-mail J	ork Address: 📝	River Stone	- Com	recial St
Primary Occupation	A	Grney	E-mail	y 2 Jay	r NH. Can	Work Phone	maritere
Name the office, position directors, etc. or employed by you. NO ACRONYM	ment with state or cour	, committee, board o		N	6 ne		
proprietor, or er	nployee, or served in a	ny other professional	usiness, or other organiza or advisory capacity, and eral retirement and/or dis	from which an	y income in excess of \$10	0,000 was derived	during the preceding
If you have no qualifying	income indicate by w	riting your initials ne	xt to the following statem	ent.	My income	does not qualify	1
reportable speci- discipline a licer financial effect of	al interest in any item on see or permittee, or of on you or a family mer	on this list if a change her decision by gove onber than it would on iness licensed or certifi	rnment affecting the listed the general public: ted by the State of New Han	nistrative rule, a I business, profe	decision whether or not ession, occupation, group	to award a contrac , or matter would ;	ct, grant a license or permit, potentially have a greater
2. Health Care	3. Insurance	11	ncluding brokers, pers, and landlords	services	ng or financial	municipal emp	w Hampshire, county, or ployment
7. N.H. Retireme System	. (1	rrent use land nent program	9. Restaurants/	_	10. Sale and distribution of beverages	of alcoholic	11. Practice of law
12. Any business re Utilities Commiss	gulated by the Public	┌ 13. H	lorse or dog racing, or other ing	legal forms of	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax		ify any other area in nterest —	n which you have a
I have read RSA 15-A Penalty. Any person Date	and hereby swear of who knowingly fails	r affirm that the for to comply with the	egoing information is to e provisions of this chap	oter or knowin	ete to the best of my kn gly files a false statement uture of Reporting Individ	ent shall be guilt	rief. RSA 15-A:9 y of a misdemeanor.  RECEIVED  JUN 1 2 2020
	Return to:	Office of Secretary o	f State, 107 North Main S	treet, State Hou	se Room 204, Concord, N	JH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLE. Full Name Ch	ARLY ristop	her T.	Sununu		Work Add	ess: S+	ate House,	Concord,	NH 03301
Primary Occupation	Gove	rnor		E-mail _				Work Phone しの	3-271-2121
Name the office, pos directors, etc. or emp by you. NO ACRON	loyment with				or				
proprietor, o calendar yea	or employee, ar. Sources of	or served in an retirement be	y other profession nefits other than fe	business, or other organial or advisory capacity, deral retirement and/or	and from w	hich any i	ncome in excess of \$1	0,000 was derived d	uring the preceding
			lampshir	<u>e</u>					
2. Sun	unu H	olding	5 LLC						
If you have no qualif	ying income	ndicate by wr	iting your initials r	ext to the following sta	tement.		My incon	ne does not qualify _	
discipline a financial eff	licensee or pe ect on you or	ermittee, or oth a family mem apation, or busi	ner decision by gov ber than it would o		isted busines	s, profess	ion, occupation, grou	p, or matter would po	, grant a license or permit, otentially have a greater
2. Health Car	e	surance		e, including brokers, opers, and landlords		5. Banking ervices	or financial	6. State of New municipal empl	Hampshire, county, or oyment
7. N.H. Retir	ement	11	rent use land ent program	9. Restaura lodging	nts/	1	0. Sale and distribution everages	of alcoholic	11. Practice of law
Utilities Com		y the Public	1.8	Horse or dog racing, or obling	other legal for	ms of	14. Education	15. Water Re	sources
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Penalty. Any per	rson who kn		affirm that the f	oregoing information the provisions of this	is true and	complete			
Date	a- 20			-		<u>Llit</u>	ire of Reporting Indiv	idual	RECEIVED
						Signatt	ire of Keborting Indiv	iuuai	JUN 1 2 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Fype or Print CLEAR</b> Full Name	LYVARREN	SWEARINGEN PENOT	·	Work Address:	MEMPHI	5, TN	
Primary Occupation	AFRLINE	PIVOT	E-mail	VARREN E SU	MEMPHE GARGROUP. NET	Work Phone	NA
Name the office, position	n, board or commis	ssion, committee, board of _ county government held	NIA		· · · · · · · · · · · · · · · · · · ·		
proprietor, or e	mployee, or served Sources of retireme	type of any profession, busi in any other professional or nt benefits other than federa	advisory capacity	, and from which any	income in excess of \$	10,000 was derive	d during the preceding
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2.							
f you have no qualifyin	g income indicate b	y writing your initials next	to the following st	atement.	My incor	ne does not qualify	· · · · · · · · · · · · · · · · · · ·
	ession, occupation, or category of busines  3. Insurance	4. Real Estate, inc			n such profession,	6. State of N	ew Hampshire, county, or
7. N.H. Retirem		Current use land	9. Restaur	ants/	10. Sale and distribution beverages	<u> </u>	11. Practice of
,	regulated by the Pub			other legal forms of	14. Education	15. Water	Resources
16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	Interest and Dividends Tax		ecify any other area l interest	in which you have a
I have read RSA 15- Penalty. Any perso	A and hereby swo	ear or affirm that the foreg	going information	n is true and comples chapter or knowin	ete to the best of my gly files a false state	knowledge and b ment shall be gui	belief. RSA 15-A:9 Ity of a misdemeanor.
Date	-11-20	·		1/2			RECEIVE
				V Sign	ture of Reporting Indi	vidual	JUN 15 2020
						NT 02201	THE STREET

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

NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY ull Name GEOGE Sykes Work Address:	
rimary Occupation retired E-mail George Sykes Work Address: Work Address: Work Phone	
fame the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived duri calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ing the preceding
1.	
2.	
Syou have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	323
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:  2. Health Care	ampshire, county, or
7. N.H. Retirement System Syst	11. Practice of
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resonance   15. Water Reso	urces
16. Agriculture 17. N.H. taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in whether the special interest	nich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of Signature of Reporting Ladividual  Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	f a misdemeanor.  JUN 0 5 2020
Actual to. Office of Secretary of State, 107 Profits Main Science, State House Room 204, Concord, 141 05301	MENNER

Type or Print CLEARLY Full Name Joseph D. Sylvester	Work Address:
	mail joe. Sylvester @gmail. (on Work Phone (484) 797-7267
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisory cap	er organization in which you or a family member was an officer, director, associate, partner, pacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Wright - Pierce / Engineering consultant/	250 Connercial St. Ste 4014, Manchester NH / Wife is a Prof. Engineer
2.  If you have no qualifying income indicate by writing your initials next to the follow	ving statement. My income does not qualify SOL
reportable special interest in any item on this list if a change in law, a chan	
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	11
7. N.H. Retirement System  8. Current use land assessment program  9. Retirement lodgin	estaurants/ ng  10. Sale and distribution of alcoholic beverages  11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog rac gambling	ing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise To	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. Any person who knowingly fails to comply with the provisions of	mation is true and complete to the best of my knowledge and belief. RSA 15-A:9 of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 8, 2020	Signature of Reporting Individual
	JUN 1 2 2020
Return to: Office of Secretary of State, 107 N	North Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Michael James Sylvia # Work Address: N/A
Primary Occupation Refired Fed Ex E-mail MIKE SYLVIA, OKG Work Phone 603 707 8594
Name the office, position, board or commission, committee, board of State Representative Belknap 6 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. Fedfx (refired) 12 Artisan (t. Gilford) WH 03249
2
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax 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. <b>RSA 15-A:9</b> 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 Signature of Reporting Individual RECEIVED
JUN 1 2 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

	Print CLEARLY	· Joha	SYTEK		Work Address:				
Primary	Occupation	RETI	RED	E-mail_	JOHN SYTE!	CO GMAILICE	ON L 4 Work Phone _	603	893 8889
directors		ent with state or coun	, committee, board of ty government held						
A.	proprietor, or emp	ployee, or served in a	of any profession, busing other professional or enefits other than federa	advisory capacity,	and from which an	y income in excess of \$	10,000 was deriv	ed during th	ne preceding
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2.	OWNER	OF AESIDGE	MAL INVESME	DE RESUTAL	PLOPERTY		·		
lf you h			riting your initials next t			My incor	ne does not quali	fy	
Γ	discipline a licens financial effect of 1. Any profess occupation, or c	see or permittee, or of n you or a family mer sion, occupation, or bus rategory of business:	on this list if a change in ther decision by government than it would on the siness licensed or certified	ment affecting the late general public:  I by the State of New cluding brokers,	isted business, prof	ession, occupation, grou	p, or matter wou	ld potential	ly have a greater
<u> </u>	2. Health Care	3. Insurance		rs, and landlords	services			mployment	TOWN TREIN
K	7. N.H. Retirement System		urrent use land ment program	9. Restaura	ants/	10. Sale and distribution beverages	n of alcoholic	Γ	11. Practice of law
	•	gulated by the Public	13. Hor	• •	other legal forms of	14. Education	15. Wate	r Resources	
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia	ecify any other are l interest	a in which y	you have a
I have	e read RSA 15-A	and hereby swear	or affirm that the foreg	going information	n is true and comp	lete to the best of my	knowledge and	belief. R	SA 15-A:9
Pena	lty. Any person	who knowingly fail	ls to comply with the	provisions of this	chapter or knowing	ngly files a false state	ment shall be gr	uilty of a m	nisdemeanor.
Date	6-3-	20				State	<del></del>		
					Sigi	nature of Reporting Indi	vidual	Mary Andrews	
		<b>n</b>	Office of Secretary of	Ct-t- 107 North N	Street State Ho	Poom 204 Concor	1 NILI 02201	J!	UN 0 5 2020
		Return to:	Office of Secretary of	State, 107 North M	iain Street, State Flo	use Room 204, Concord	ı, NII 05501		A R R R R R D C COM UMA C R R MIN COM

Type or Print CLEARLY Full Name Jason Sy versen	Work Address: 9 Tucker Hill rd, Dunbarton, NH
Primary Occupation Retired E-mail	Work Address: 9 Tucker Hill rd, Dunbarton, NH of Followisy versen. com Work Phone 603-718-3432
Name the office, position, board or commission, committee, board of <u>candidak</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	•
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the lift 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:	dministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater  Hampshire. List each such profession,  5. Banking or financial  6. State of New Hampshire, county, or
2. Health Care agent, developers, and landlords	services municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurant lodging	nts/ 10. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or of gambling	ther legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest 5w companies
I have read RSA 15-A and hereby swear or affirm that the foregoing information <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this	is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/12/20	Gruson Green Signature of Reporting Individual
	JUN 1 2 2020
Return to: Office of Secretary of State, 107 North Ma	in Street, State House Room 204, Concord, NH 03301  NEW HARPSTATE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Theresa Swanck Work Address: 176 Province lake Ral Statilogn M
Full Name Theresa Swanck Work Address: 176 Province loke it of Starbeau A Primary Occupation Conservation Consultant E-mail theresa Swanick rowork Phone 603:498.1063
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. <u>C'entenary University</u> , 400 Jefferson St. Hackertstown, NJ 07840
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System
The second state of the Public Utilities Commission and the Public Second state of the Public Second s
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 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  Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

pe or Print CLEARLY Sweeney  Il Name Joseph Sweeney	Work Address: 10 Water	- Street Concor	-d NH 03301
mary Occupation Communications Director, NHOP E-mai	il joe @nhyop. org	Work Phone	603-225-95-11
me the office, position, board or commission, committee, board of			
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 capacicalendar year. Sources of retirement benefits other than federal retirement and	ity, and from which any income in ex	cess of \$10,000 was derived	d during the preceding
1. NHGOP 10 Water Street Concord, NH	03301		
2.			
u have no qualifying income indicate by writing your initials next to the following	statement.	My income does not qualify	·
reportable special interest in any item on this list if a change in law, a change is 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 N occupation, or category of business:	ne listed business, profession, occupate:	tion, group, or matter would	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of N	ew Hampshire, county, or nployment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaution lodging	beverages	listribution 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 of 14. Ed	ucation   15. Water	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	otional: Specify any other area special interest	in which you have a
1701101			
nave read RSA 15-A and hereby swear or affirm that the foregoing information and the provisions of the comply with the provisions of the complex compl	ion is true and complete to the be- nis chapter or knowingly files a fa	st of my knowledge and b lse statement shall be gui	peliof. RSA 15 A.2 lty of a Range LIVE
have read RSA 15-A and hereby swear or affirm that the foregoing information $\mathbf{R}$ and	tion is true and complete to the best his chapter or knowingly files a fa	lse statement shall be gui	JUN 12 2020

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