Type or Print CLEARLY ull Name Camron Dennis Iannalfo	Work Add	ress: London derry	, <i>N</i> H	
rimary Occupation	E-mail iannal	ress: Londonderry f1@gmail.com	Work Phone 60	3-396-7229
Name the office, position, board or commission, committee, board of 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, busines proprietor, or employee, or served in any other professional or adcalendar year. Sources of retirement benefits other than federal re	visory capacity, and from w	hich any income in excess of	\$10,000 was derived d	uring the preceding
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2.				
f you have no qualifying income indicate by writing your initials next to t	he following statement.	My inco	ome does not qualify	<u>(d)</u>
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	r Print CLEARL me <u>い</u> エム	LIAM J	OHN IN	FANTINE	Work Address:	10 STARK	ST. MAN	CHESTER MA.O.
Primary						A Company of the Comp		03)647-0800
director	he office, position rs, etc. or employm NO ACRONYM	nent with state or cou	on, committee, board unty government held	of N. H. Electri	reim Boo	nd - Boal	menhan	
A.	proprietor, or em	ployee, or served in	any other profession	business, or other organi al or advisory capacity, a ederal retirement and/or o	nd from which an	income in excess of \$1	10,000 was derived	during the preceding
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Type or Print CLEARLY Full Name Ouen D Ingram Work Address: Reduced	
Full Name Orner is Inquam Work Address: Reduced Primary Occupation Religed police office 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, 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	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	_01.
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or m 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 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:	ct, grant a license or permit;
2. Health Care 3. Insurance agent, developers, and landlords 5. Banking or financial municipal employed	w Hampshire, county, or ployment
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. Business Business Interest and Laxes: Profits Tax Enterprise Tax 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 is true and complete to the best of my knowledge and be Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt	elief. RSA 15-A:9 ty of a misdemeanor.
Date 6 11 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 2 3 2020

Type or Print CLEARLY Full Name VIK 6/1) IRWIN	Woi	rk Address:	na	ne	·
Primary Occupation Retive	, d		E-mail bu	day.ww	in equail	Work Phone	nove
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.	or commission, co		Courty C	Com	uscover		
A. List below the name, add proprietor, or employee, calendar year. Sources of	or served in any	other professional or ac	dvisory capacity, and f	from which any	income in excess of \$1	0,000 was derived of	during the preceding
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If you have no qualifying income	indicate by writing	ng your initials next to	the following statemen	nt.	My incom	ne does not qualify	
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<u>'</u>	nsurance	agent, developers,	- 1	services	5 01 11111111111111	municipal emp	•
7. N.H. Retirement System	8. Currer	et use land	··				-
oystom:	' assessmen	t program	9. Restaurants/lodging		10. Sale and distribution beverages	of alcoholic	11. Practice of law
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Primary	Occupation	EMI-	RETIRE	D		E-ma	il <u>Cist</u>	1 79 á	gnail.com	Work Phon	e	
director	ne office, position s, etc. or employr NO ACRONYM	nent with							TUTA TIVES			D15T. 7
A,	proprietor, or en	nployee, c	or served in a	ny other p	rofessional o	r advisory capaci	ity, and from	which any	or a family member income in excess of thall be included. (U	f \$10,000 was de	rived during	the preceding
1.					•				, NH 0330			
2.	GOOD 57	RONG	CORD F	IREWO	OD, 191	TUCKER	RD SO.	Acwor	ETH NH 036	07		
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В.	reportable special discipline a licer financial effect of	al interest usee or pe on you or usion, occu	in any item or rmittee, or ot a family men pation, or bus	on this list her decisi aber than	if a change i on by govern it would on t	n law, a change i	n administra ne listed busi ::	tive rule, a ness, profes	ssion, occupation, g	not to award a c	ontract, gran	it a license or permit,
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17	7. N.H. Retireme System	nt	1167	rrent use la nent progr		9. Restaulodging	urants/	11	10. Sale and distribu beverages	tion of alcoholic	Г	11. Practice of law
	12. Any business retilities Commiss		the Public		☐ 13. Ho	rse or dog racing, o	or other legal	forms of	14. Education	15. W	ater Resourc	es
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									ete to the best of m			
Date	6/6/20	<i>3</i> 0			,			<u>Cl a</u> Signa	ture of Reporting In	stel dividual	····	

Type or Print CLEARL! Full Name	Martin L. Jack		Work Address:	83 Codogan Wa	y Nasi	hua NH 03062
Primary Occupation	Retirek	E-mail	Martin.Je	83 Codogan Wa ek Cleg. state.nh.	ا Work Phone <u>ل</u>	23-318-0457
	board or commission, committee, board of _ ent with state or county government held S			ive, Hillsbor		
proprietor, or emp	me, address, and type of any profession, bus ployee, or served in any other professional or urces of retirement benefits other than federa	r advisory capacity	y, and from which a	ny income in excess of \$	10,000 was derived	during the preceding
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f you have no qualifying	income indicate by writing your initials next	to the following s	tatement.	My incor	ne does not qualify	<u>_</u>
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12. Any business reg Utilities Commission			r other legal forms of	14. Education	☐ 15. Water R	Resources
16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: Special	ecify any other area i	in which you have a S6-6 Condominum P
	and hereby swear or affirm that the fore who knowingly fails to comply with the		s chapter or know	plete to the best of my	knowledge and be ment shall be guil	ty of a misdemeanor. RECEIVED JUN 0 4 2020
	Return to: Office of Secretary of	State, 107 North	Main Street, State H	ouse Room 204, Concord	d, NH 03301 DE	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEARLY Full Name John Carl Janiquan	Work Address: 25 Liberty St, Salem, NH C	3079
Primary Occupation Property Manager E-mail	Work Address: 25 Liberty St, Salem, NH C John j 88 @ Comcast.net Work Phone 603-770-8	230
Name the office, position, board or commission, committee, board of	Representative	
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. 394-398 Notre Dame LLC, 25 Liberty	st, Salem, NH 03079 (Residental Real Est	take Renta
	orough, MA 02035 (Residential Real Estate	
If you have no qualifying income indicate by writing your initials next to the following sta		7
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 I financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New	the following businesses, professions, occupations, groups or matters. A person has administrative rule, a decision whether or not to award a contract, grant a license or listed business, profession, occupation, group, or matter would potentially have a grant with the such profession, Real Estate Brokerage.	permit, reater
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 System 8. Current use land assessment program 9. Restauration	ants/ 10. Sale and distribution of alcoholic beverages	e of
12. Any business regulated by the Public Utilities Commission ambling	other legal forms of 14. Education 15. Water Resources	
16. Agriculture 17. N.H. 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 Penalty . Any person who knowingly fails to comply with the provisions of this $6/3/2020$		
Date 6/3/2020	Signature of Reporting/Individual	
Return to: Office of Secretary of State, 107 North M	fain Street, State House Room 204, Concord, NH 03301 JUN 0 5 20	20

Type or Print CLEARL	Y Jasen A	TANVEN	W	ork Address:	100 GARA	ethe Rd	ST 313
Primary Occupation	ROAR	,	E-mail	· · · · · · · · · · · · · · · · · · ·		_ Work Phone <u>&</u>	8 944 7449
Name the office, position lirectors, etc. or employn by you. NO ACRONYM	nent with state or coun				1		
proprietor, or en	nployee, or served in a	ny other professional o	or advisory capacity, and	d from which an	ou or a family member very income in excess of \$ shall be included. (Use	10,000 was derived o	during the preceding
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16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area in interest	which you have a
I have read RSA 15-A	and hereby swear o	r affirm that the fore	going information is	true and comp	lete to the best of my l	cnowledge and beli	ief. RSA 15-A:9
//		to comply with the	provisions of this cha	ipter or knowin	netty files a false statem	aem shan be gunty	RECEIVED
Date	2020			Sign	nature of Reporting Indiv	idual	JUN 10 2020
	Podove Acc	Office of Country of	State 107 North Main	Street State Hou	use Room 204 Concord	NH 02301 DI	NEW HAMPSHIRE EPARTMENT OF STATE

Type or Print CLEARLY Full Name JOANNA M JASPERSOHN	Work Address: NA
Primary Occupation <u>Ems</u> E-mail	joannajaspersohn egmail. Work Phone NA
Name the office, position, board or commission, committee, board of	O com
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	inization 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 ar disability benefits shall be included. (Use additional sheets as necessary)
1. Board of Directors - Upper Valley Demoes 2.	rats
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:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura lodging	nnts/
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 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest Firems
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	n is true and complete to the best of my knowledge and belief. RSA 15-A:9
Date 06/03/2020	Signature of Reporting Individual RECEIVED
Return to: Office of Secretary of State, 107 North M	ain Street, State House Room 204, Concord, NH 03301

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director	s, etc. o		nent wi	or commission th state or coun											
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Date	: <u>0</u>	6/19/2	020						Signi Signi		OLUPAD of Reporting Indi	vidual	1 .	CEIVE IN 17 2020	
				Return to:	Office of Se	cretary of	State, 107 North	Main Street	, State Hou	ise Roc	om 204, Concord	I, NH 03301		HAMPSHII	

Type or Print CLEARLY Full Name	Jann Boatner Jes	Work Ac	Idress: 176 Federal "	st. Sth F	low Buton
Primary Occupation	torney	E-mail MWY	à amy effrey.	SWork Phone	₩ 603-508-5452
	d or commission, committee, board of with state or county government held	Amy seffrey	a for NH		•
proprietor, or employed calendar year. Source	address, and type of any profession, busine, or served in any other professional or a of retirement benefits other than federal	advisory capacity, and from	which any income in excess of \$	10,000 was derived du additional sheets as no	uring the preceding ecessary)
1. Outside	SCLIC 176 Federa	1 St., 54h	Floor Boston	MA 02110	
2. SNHU	2500 N PIVEY	Road Man	chester NH	03106)
If you have no qualifying incor	ne indicate by writing your initials next t	o the following statement.	My incom	ne does not qualify _	
discipline a licensee o financial effect on you		nent affecting the listed busing general public: by the State of New Hampshire	ess, profession, occupation, grou	p, or matter would po	tentially have a greater
2. Health Care	Insurance 4. Real Estate, including agent, developer	- 1	5. Banking or financial services	municipal emplo	Hampshire, county, or byment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
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	hereby swear or affirm that the foreg knowingly fails to comply with the p				
Date 6 3 20		ami	Signature of Reporting Indiv	ridual	RECEIVED
			, 0, 0		JUN 0 5 2020
	Return to: Office of Secretary of S	tate, 107 North Main Street,	State House Room 204, Concord	, NH 03301	Mentaline

Type or Print CLEARLY JEAN JEAN Work Address:	
Primary Occupation DiSABLE E-mail flouf 11 Danle Com Work Phone	
Primary Occupation DiSABLE E-mail Start Commission, Work Phone Name the office, position, board or commission, committee, board of STATE RERESENTATIVE OF N. H 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 RETIREMENT BENEFITS	
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:	-
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 Finterprise Tax Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax Business Finterprise 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 false statement shall be guilty of a misdemeanor REC	EIVE
Date 6-5-20 JUN-	- 8 2020

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

NEW HAMPSHIR DEPARTMENT OF S

Type or Print CLEARLY Full Name Dawn Marie	Johnson	Work Address: 199	Country Clu	b Rd
Primary Occupation <u>Bookkee</u> je	E-mail	dawnjohnsonin	the house Work Phone	603-305-8466
Name the office, position, board or commission, of directors, etc. or employment with state or county by you. NO ACRONYMS.	committee, board of State government held	of NH Hou	ise of Rep	: 603-305-8466 compresentive
A. List below the name, address, and type of proprietor, or employee, or served in any calendar year. Sources of retirement ben	y other professional or advisory capacity	y, and from which any incom	e in excess of \$10,000 was der	ived during the preceding
1.				
2.				
If you have no qualifying income indicate by writ	ing your initials next to the following so	tatement.	My income does not qua	alify (Sty
B. Indicate below whether you or a family reportable special interest in any item on discipline a licensee or permittee, or other financial effect on you or a family member occupation, or category of business: 2. Health Care 3. Insurance	this list if a change in law, a change in er decision by government affecting the	administrative rule, a decision listed business, profession, of w Hampshire. List each such p	on whether or not to award a conceptation, group, or matter we refession,	ontract, grant a license or permit,
<u>'</u>	agent, developers, and landlords	services	municipa municipa	
7 N X X X X X X X X X X X X X X X X X X			e and distribution of alcoholis	l employment
	ent use land 9. Restaur lodging		e and distribution of alcoholic ges	
	ent use land _ 9. Restaur	rants/ 10. Sal	ges	l employment 11. Practice of
System assessme 12. Any business regulated by the Public	ent use land 9. Restaur lodging 13. Horse or dog racing, or	rants/ 10. Sal	ges	11. Practice of law
System assessme 12. Any business regulated by the Public Utilities Commission 16. Agriculture 17. N.H.	ent use land 9. Restaur lodging 13. Horse or dog racing, or gambling Business Profits Tax Business Enterprise Tax affirm that the foregoing informatio	rother legal forms of Interest and Dividends Tax In is true and complete to t	14. Education 15. Wa 18. Optional: Specify any other a special interest the best of my knowledge and	ater Resources area in which you have a ad belief. RSA 15-A:9
System assessme 12. Any business regulated by the Public Utilities Commission 17. N.H. taxes: I have read RSA 15-A and hereby swear or	ent use land 9. Restaur lodging 13. Horse or dog racing, or gambling Business Profits Tax Business Enterprise Tax affirm that the foregoing informatio	rother legal forms of Interest and Dividends Tax In is true and complete to the schapter or knowingly file	14. Education 15. Wa 18. Optional: Specify any other a special interest the best of my knowledge and	ater Resources area in which you have a ad belief. RSA 15-A:9

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

JUN 0 5 2320 MEW MARCPSHARE DEPARTMENT OF LOTTE

Type or Full Nan	Print CLEARLY Work Address: 168 South River Rd,	Belford
Primary	Occupation Real Extate Silles Agent E-mail Pulls, HINSM & MW. COM Work Phone 6	03-232-8282
Name the directors by you.	Print CLEARLY The Clubble State Siles Affect E-mail Occupation Replected Siles Affect E-mail e office, position, board or commission, committee, board of the etc. or employment with state or county government held NO ACRONYMS. Work Address: /6 f South River Red Work Address: /6 f South River Red The county for the county government held to a county government held NO ACRONYMS.	
	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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
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If you ha	we no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	_m_
	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or memorable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	ct, 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 Ne municipal em	w Hampshire, county, or ployment
1	7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging beverages	11. Practice of law
	2. Any business regulated by the Public cilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water R	Resources
	16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Interest and Dividends Tax Interest and Dividends Tax Business Interest and Dividends Tax Inter	n which you have a
	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 ty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guil	
Date	(e 5 20) Saule 19th	RECEIVED
	Signature of Reporting Individual	JUN - 8 2020

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

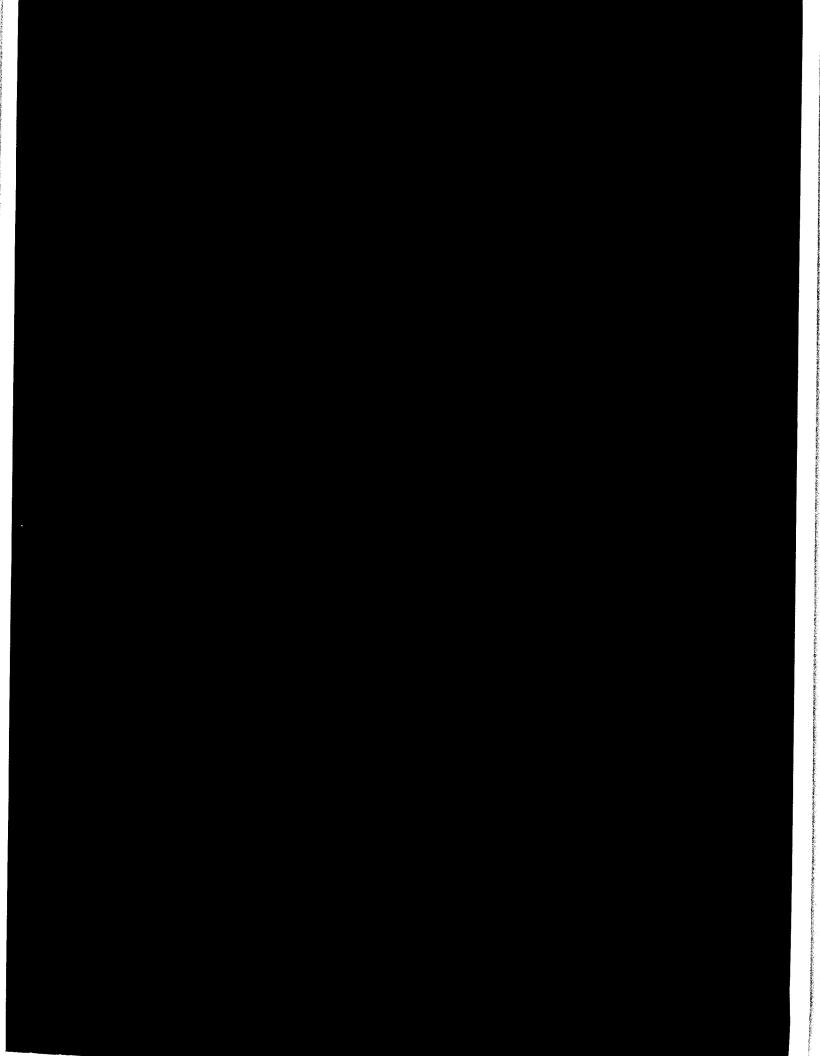
NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nam	Print CLEARL	estar L.	Jorda	<i>)</i>	_ Work Ad	ldress:	1. Meachu	LA.	Dow 1	V.#/
		ounty Co	MM	E-mai	Sherit	Cig	ordan 8	_ Work Phone	·	
Name the	e office, position	, board or commission nent with state or coun	n, committee, boa nty government ho	rd of Memoria	act (200	MODST. NE	T She	iff	
	proprietor, or en	iployee, or served in a	my other profession	onal or advisory capaci	ty, and from	which any	ou or a family member we income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding	
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2.										
If you ha	ve no qualifying	income indicate by w	riting your initial	s next to the following	statement.		My incom	e does not qualify	•	
	reportable special discipline a licer financial effect of the lice	al interest in any item nsee or permittee, or o on you or a family me	on this list if a ch ther decision by g mber than it woul siness licensed or c	ange in law, a change is covernment affecting the don the general public ertified by the State of N	n administra ie listed busii :	tive rule, a ness, profe e. List each		to award a contra o, or matter would	ct, grant a license or potentially have a gr	permit, eater
Г :	2. Health Care	3. Insurance		ate, including brokers, velopers, and landlords		5. Banki services	ng or financial	6. State of Ne municipal em	w Hampshire, county, ployment	or
	7. N.H. Retireme System		urrent use land ment program	9. Restar	urants/		10. Sale and distribution beverages	of alcoholic	11. Practice	of
	2. Any business re ilities Commiss	gulated by the Public		13. Horse or dog racing, ambling	or other legal	forms of	14. Education	15. Water F	Resources	
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax		est and ends Tax		cify any other area i	n which you have a	
I have Penalt	y. Any person	A and hereby swear who knowingly fai	or affirm that the	e foregoing informat h the provisions of th	ion is true a	or knowin	ete to the best of my larger files a false state	nent shall be guil	elief. RSA 15-A:9 ty of a misdemeand	or.
						Sign	ature of Reporting Indiv	idual	Property of the second of the	YED
		Return to:	Office of Secreta	ary of State, 107 North	Main Street,	State Hou	ise Room 204, Concord,	NH 03301	IUN 12	2020

Type or Print CLEARI Tull Name	ROBERT	T. Jos:	EPHER. W	ork Address:	SIA			
rimary Occupation	PETIRET	(>	E-mail C	1721 36	equail	Work Phone	NA	
y you. NO ACRONYN A. List below the reproprietor, or ere calendar year. S	nent with state or counds. Ame, address, and type inployee, or served in a cources of retirement be	of any profession, bus ny other professional o mefits other than feder	1. TOWN F	LI-ST CE DENH DE attion in which you of the from which any in sability benefits sha	SOME TO THE TOTAL AND THE TOTAL A FAMILY MEMBER WAS A FAMILY MEMBER WAS A FAMILY OF THE TOTAL AND TH	2 DEW 1 1 STEP THE WM as an officer, direct 0,000 was derived dditional sheets as	Sharpion Sharpi	17R
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discipline a lice financial effect	nsee or permittee, or of on you or a family men	her decision by govern nber than it would on t iness licensed or certifie	ment affecting the liste he general public: d by the State of New Ha	d business, professi mpshire. List each su	on, occupation, group	o, or matter would	et, grant a license or perroctentially have a greate	
2. Health Care	3. Insurance	agent, develope	cluding brokers, rs, and landlords	services	or financial	municipal em	oloyment	
7. N.H. Retireme		rrent use land nent program	9. Restaurants/		D. Sale and distribution verages	of alcoholic	11. Practice of law	
12. Any business re Utilities Commiss	gulated by the Public	☐ 13. Ho gamblin	rse or dog racing, or othe	r legal forms of	14. Education	15. Water R	esources	
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	<i>18. Optional</i> : Spe special	cify any other area interest	n which you have a	
I have read RSA 15-A Penalty. Any person	who knowingly fails	r affirm that the fore to comply with the	going information is provisions of this cha	apter or knowingly	to the best of my key files a false statem	shall be guilt	y of a misdemeanor.	D
				Jighatu		i duar	JUN 2 3 2020	
	Return to:	Office of Secretary of	State, 107 North Main	Street, State House	Room 204, Concord,		NEW HAMPSHIR DEPARTMENT OF S	ETATE

	or Print CLEARLY	DING JOSEPHSON	Work Address: 2	N PARK ST	LEBANON	<u>V NH 03766</u>
Primar	ry Occupation <u>RESTAGIRANT</u> the office, position, board or commission, co	MANAGER E-mail	JOSEPHSON	4 NH 6 9 Mailw	ork Phone	
directo	the office, position, board or commission, coors, etc. or employment with state or county go. NO ACRONYMS.	mmittee, board of MASCOM A covernment held	4 VALVEY	REGIONAL	N SCHOOL	BOARD, VICE-CHA
A.	List below the name, address, and type of proprietor, or employee, or served in any calendar year. Sources of retirement benef	other professional or advisory capacity, its other than federal retirement and/o	and from which any	income in excess of \$10,00	00 was derived during t	he preceding
1.	LUCKY'S COFF,					
2.	DARTMOUTH	COLLEGE				
lf you	have no qualifying income indicate by writing	ng your initials next to the following sta	atement.	My income do	oes not qualify	
	reportable special interest in any item on t discipline a licensee or permittee, or other	decision by government affecting the				
	Any profession, occupation, or business occupation, or category of business: Health Care	4. Real Estate, including brokers,	5. Bankin	such profession,	6. State of New Hamps	
Г Г	Any profession, occupation, or business: 2. Health Care	4. Real Estate, including brokers, agent, developers, and landlords at use land 9. Restaura	5. Banking services	g or financial 10. Sale and distribution of a	municipal employmen	
	Any profession, occupation, or business: 2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords at use land 9. Restaura	5. Banking services	g or financial	municipal employmen	11. Practice of law
	Any profession, occupation, or business occupation, or category of business: N.H. Retirement System S. Currer System S. Currer System S. Currer System S. Currer System Securer System System	4. Real Estate, including brokers, agent, developers, and landlords truse land program 13. Horse or dog racing, or	5. Banking services	g or financial 10. Sale and distribution of a severages 14. Education	municipal employment alcoholic 15. Water Resource vany other area in which	11. Practice of law

Type or Print CLEARLY Full Name	Brittney Joyce Work Address: 17 Fletcher Circle, Hanover, NH 0378 her Education Consulting E-mail brittney b joyce Egmail. Work Phone 817-575-7226	155
Primary Occupation	her Education Consulting E-mail brittney b joyce gmail. Work Phone 817-575-7226	
Name the office, position,	ard or commission, committee, board of	
proprietor, or em	e, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, eyee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding eyes of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1. BRITTY	y Joyce for 14H BB1	
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7. N.H. Retiremer System	8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law	
12. Any business reg		
16. Agriculture	17. N.H. Business Business Enterprise Tax Interest and Dividends Tax Interest and Special interest	
	nd hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 no knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. 2020 RECEIVED Signature of Reporting Individual	
JUN - 4 2020	JUN - 8 2020	
TOWN OF HANO	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 Thomas L. Kaczyński jn	Work Address: 1/2 Whitehall Rd - Rochester NH
Primary Occupation Rolltry Perlev E-ma	Work Address: 1/2 Whitehall Rd - Rochester NH iil hampoul @metrocast-upt Work Phone 603-332-7310
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 capac	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. Hamilton Live Pouttry 4C 112 Whitehall A	Rd. Rochester, NH 03888-5713
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If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
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 System 9. Resta	urants/
The second of the Public Utilities Commission 12. Any business regulated by the Public gambling 13. Horse or dog racing, gambling	14. Education 15. water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
	ion is true and complete to the best of my knowledge and belief. RSA 15-A:9 his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	Signature of Reporting Individual

	r Print CLEARLY	y V.	Ka	rhn		Work Add	ress:/	135 Dar	ling. Re	L Kee	ene, NH
rimary	y Occupation <u>ref</u> u	red			E-mail <u> </u>	sahnj	ayo:	135 Der 3 egmail C	A Phone	603-	381-2930
irector	he office, position, board or rs, etc. or employment with NO ACRONYMS.						•	U			
A.	List below the name, additional proprietor, or employee, or calendar year. Sources of	or served in a	any other pr	orofessional or ac	advisory capacity, a	and from w	hich any	income in excess of \$	10,000 was deriv	ed during th	ne preceding
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2. Evou h	have no qualifying income i	indicate by y	writing VOII	r initials next to	the following stat	tement.		My inco	me does not qual	ifv . 77/	
you ii	ave no quantying meome.	indicate by 11	riting you.	Illitiais near to	the lonowing our	enicin.		111, 1110	ne does not qui	11y	
Γ	reportable special interest discipline a licensee or pe financial effect on you or 1. Any profession, occupation, or category occupation, or category of	permittee, or o r a family men supation, or bus of business:	other decision cember than in usiness licens	ion by governme it would on the	ent affecting the list e general public: by the State of New	isted busine	List each	ssion, occupation, grou	up, or matter wou	ıld potentiall	
		nsurance	l ag	agent, developers,	, and landlords		services		municipal	employment	t
Γ	7. N.H. Retirement System	11	Current use la sment progra		9. Restauran	its/	1 1	10. Sale and distribution beverages	n of alcoholic	<u></u>	11. Practice of law
	12. Any business regulated by Utilities Commission	y the Public		13. Horse gambling	e or dog racing, or o	ther legal fo	rms of	14. Education	15. Wate	er Resources	
Γ	16. Agriculture	17. N.H. taxes:			Business Enterprise Tax	_ Interest Dividen		— 18. Optional: Specia	pecify any other ar al interest	ea in which y	ou have a
	ve read RSA 15-A and he alty. Any person who kn										
Date	· 4/8/20				_		Signs	ature of Reporting Indi	indual		
							Signa	mue of Reporting man	Viduai	JUN	1 2 2020
		Return to	: Office of	f Secretary of St	tate, 107 North Ma	ain Street, S	tate Hou	use Room 204, Concord	d, NH 03301	MEW M	AMPSINRE

Type or Print CLEARL Full Name	Y	Ser p. 1- Ser 1	·	Work Address:	2 Crafton	nun her	e Amberst u	H
Primary Occupation	FFICE !	Manager	E-mail _	April.1.k	a planograv	Work Phone	e Amberst, N 3-886-0886	(ED)
Name the office, position directors, etc. or employed by you. NO ACRONYM	nent with state or cou						1 · · · · · · · · · · · · · · · · · · ·	
proprietor, or en	ployee, or served in a	e of any profession, busing any other professional or enefits other than federal	advisory capacity	, and from which an	y income in excess of \$1	0,000 was derived d	uring the preceding	
1.	Kapla	1 Chicapre	ctic i	OFFICE				
f you have no qualifying	income indicate by w	riting your initials next t	o the following sta	atement.	My incom	e does not qualify	`	
reportable special discipline a licentinancial effect of the special s	al interest in any item usee or permittee, or on on you or a family me	ly member has a special on this list if a change in ther decision by governmenter than it would on the siness licensed or certified	law, a change in a ment affecting the e general public:	administrative rule, a listed business, prof	decision whether or not ession, occupation, group	to award a contract	grant a license or permit,	
2. Health Care	3. Insurance	4. Real Estate, inclared agent, developers	-	5. Bank services	ng or financial	6. State of New municipal empl	Hampshire, county, or oyment	
7. N.H. Retirement	. [1	rrent use land ment program	9. Restaura	ants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law	
12. Any business reg	gulated by the Public	13. Hors		other legal forms of	14. Education	15. Water Re	sources	
16. Agriculture	17. N.H. taxes:	,,	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special	cify any other area in interest	which you have a	
I have read RSA 15-A Penalty. Any person Date	and hereby swear who knowingly fail	or affirm that the foreg s to comply with the p	oing information rovisions of this	chapter or knowir	ete to the best of my kingly files a false statem	ent shall be guilty	JUN 0 4 2020	E
	Return to:	Office of Secretary of S	tate, 107 North M	ain Street, State Hou	se Room 204, Concord,	NH 03301	DEPARTMENT OF ST	TATE

Type or Print CLEARLY Sylvester "Sly" Karasinski Full Name		Work Address:	31 Walnut Place	North Swanzey	NH 03431-4548
Primary Occupation Water Superintendent	E-mail	sly@ne.rr.con	າ	Work Phone 603	3-352-2338
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held		Board of Selectn			
by you. NO ACRONYMS.	North Swa	inzey water & F	ire Precinct Clerk		
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	r advisory capacity	, and from which an	y income in excess of \$	10,000 was derived d	uring the preceding
 North Swanzey Water & Fire Precinct, 31 Wa 	Inut Place No	rth Swanzey NH	03431-4548 - Su	perintendent	
2. PC Connection, Inc., Route 101A, 730 Milford	d Road, Merrii	mack, NH 03054	4-4631 - Wife Ann	e Karasinski is a	an employee
If you have no qualifying income indicate by writing your initials next	to the following st	tatement.	My inco	me does not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change is discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special of the special spec	n law, a change in ment affecting the he general public: d by the State of Ne	administrative rule, a listed business, profession with Hampshire. List each	a decision whether or no ession, occupation, grou h such profession,	ot to award a contract up, or matter would po	, grant a license or permit, otentially have a greater
	cluding brokers, ers, and landlords	5. Bank services	ing or financial	6. State of New municipal empl	Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaur	rants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Ho		rother legal forms of	14. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other area in al interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the fore Penalty . Any person who knowingly fails to comply with the	egoing information provisions of thi	on is true and comp s chapter or knowing	lete to the best of my	knowledge and bel ment shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
Date Juge 10 2020		Sign	nature of Reporting Indi	ividual	

ype or Print CLEARLY Rull Name	ICK KARDOS	Work Address: 56 A APPLE	TREE DR
rimary Occupation	STER-EXEC DIRECTOR E-mail	RICK PNATHANPROJECT. WO	rk Phone 603 - 682 - 7800
ame the office, position, board	or commission, committee, board ofh state or county government held	Nes	
proprietor, or employee,	dress, and type of any profession, business, or other organ, or served in any other professional or advisory capacity, of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,00	0 was derived during the preceding
1. CHRIST	'S CHURCH OF AMHERT	NATHAN PROJECT	
2.			
you have no qualifying income	indicate by writing your initials next to the following sta	tement. My income do	es not qualify
reportable special intere discipline a licensee or financial effect on you o	you or a family member has a special interest in any of the st in any item on this list if a change in law, a change in a permittee, or other decision by government affecting the lor a family member than it would on the general public: cupation, or business licensed or certified by the State of New yof business:	dministrative rule, a decision whether or not to a isted business, profession, occupation, group, or	ward a contract, grant a license or permit,
2. Health Care 3.	Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land 9. Restaura lodging	beverages	Icoholic 11. Practice of law
12. Any business regulated Utilities Commission	by the Public 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 special interest.	any other area in which you have a
I have read RSA 15-A and h Penalty. Any person who k	nereby swear or affirm that the foregoing information mowingly fails to comply with the provisions of this	is true and complete to the best of my know chapter or knowingly files a false statement	vledge and belief. RSA 15-A:9 shall be guilty of a misdemeanor.
Date JUNE 12,		Ricket Kardo	RECEIVED
		Signature of Reporting Individua	IIIN 15 2020

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

JUN 15 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Fype or I	Print CLE	CLair	e Kari	bian		Work Address:			
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1	proprietor, o	or employee, o	or served in ar	ny other professio	n, business, or other orgo onal or advisory capacity federal retirement and/o	y, and from which any	income in excess of \$	10,000 was derived	during the preceding
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Γ 1	16. Agricultu	ire i	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	ecify any other area in interest	which you have a
					foregoing information the provisions of this				
Date	June 3	2020				Clavre	Karehan'		
,	1	1				Signa	ature of Reporting Indiv	ridual	JUN 0 5 2020
			Return to:	Office of Secretar	ry of State, 107 North M	fain Street, State Hou	se Room 204, Concord	NH 03301	MEN HAMPSHITE

Type or Print CLEARL Full Name	Y Steven	Karsos	v	Vork Address:	7 Campbell	Street	Hudson	MH
rimary Occupation	Union F	Katsos Representative	E-mail	Skatsos,	@yahoo.co	∠Work Phone _	603 8896	1832
Name the office, position, irectors, etc. or employmy you. NO ACRONYM	, board or commissinent with state or co	ion, committee, board of						
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	, Return	to: Office of Secretary of	of State, 107 North Mair	3	e Room 204, Concord		JUN 23	2020

NEW HAMPSHIRE DEPARTMENT OF STATE

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me ti ector you.	he office, position, board or commission, s, etc. or employment with state or county NO ACRONYMS.	committee, board of <u>Elected town</u> Cooncilor - Stirep 3441 government held Rocking County Ex. BOARd -
	List below the name, address, and type of proprietor, or employee, or served in any	of any profession, business, or other organization in which you or a family member was an officer, director, associate, partry other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding of the standard of the
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ou h	ave no qualifying income indicate by writ	ting your initials next to the following statement. My income does not qualify
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В.	reportable special interest in any item on discipline a licensee or permittee, or othe financial effect on you or a family member	this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license of er decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a g
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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

Perality. 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. 1 have read RZA 15-18 and hereby swear or affirm that the foregoing information is true and complete to the best of iny knowledge and belief. RZA 15-A:9

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Enterprise Tax

Matter Tax

Rambling

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Chibites Commission

12. Any business regulated by the Public

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FLOT AND Signature of Reporting Individual

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In Optional Specify any other area in which you have a specifying the second control of the second specifical control of the second specifical second second

15 Water Resources

NEW HAMPSHIRE DEPARTMENT OF STATE JUN 0 5 2020

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Date					Sign	nature of Reporting Inc	lividual	JUN - 8 2020
		Return to	: Office of Secretary	y of State, 107 North M	ain Street, State Ho	ouse Room 204, Conco	rd, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Diane Evelyn Kelley	Work Address: 497 Hooksett Rd. #256 Manchester
Primary Occupation Real Estate Salesperson E-mail d (License Pending)	Work Address: 497 Hooksett Rd. #256 Manchester Kelley. nhre@gmail.com Work Phone 603)484-1377
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 organi proprietor, or employee, or served in any other professional or advisory capacity, a calendar year. Sources of retirement benefits other than federal retirement and/or of the contract	nd 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 state	ement. My income does not qualify <u>AM</u>
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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
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16. Agriculture 17. N.H. Business Business Enterprise Tax	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 in Penalty. Any person who knowingly fails to comply with the provisions of this comply with the provisions of the provision who are the	
Date 6/05/20	Signature of Reporting Individual

Type or Print CLEARLY Full Name Famon Kelley	Work Address: 30 E Milan Ro
Primary Occupation Operations Manager E-ma	work Address: 30 E Milan Rd ail eamon Gwhitent number. Wyork Phone 603 752 1009
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capac	organization in which you or a family member was an officer, director, associate, partner, city, and from which any income in excess of \$10,000 was derived during the preceding ad/or disability benefits shall be included. (Use additional sheets as necessary)
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Date 06 03 2020	
Date OC OS OS	Signature of Reporting Individual
	JUN 0 9 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	lug 4. Keller	Work Ad	dress: <u>98</u> A	lacoloph N	III fordolph NAIC
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directors	ne office, position, board of state of the state of employment with NO ACRONYMS.	or commission, comm n state or county gove	uittee, board of _ ernment held				0			
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	e read RSA 15-A and he lty. Any person who ki									belief. RSA 15-A:9 uilty of a misdemeanor.
Date	6-8-2020	)			1_	/ WOL	ature of Repo	orting Indiv	idual	
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Type or Print CLEA Full Name	RLYSTEPI	YEN KE	NNETH	KENSA	Wc	ork Address: _	84 NASHUA	A RB,	#115	LONDO	NDERR	03053 24, NH
Primary Occupation _	CEO - n	(IRTAB	ICITY CO	<b>~</b> Е			e hireabil					•
Name the office, position of the contractors, etc. or employ you. NO ACRON	oyment with sta				NONE			,				
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I have read RSA 1 Penalty. Any per	son who know	ingly fails to										
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 5 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name			Work Address:	2048 Wass	MY AVE N	ewnaton NH
Primary Occupation	NY	E-mail _			Work Phone	Clwngton NH 603-436-8400
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	and hereby swear or affirm that the for the knowingly fails to comply with the					
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Joseph D. Keuney Primary Occupation Retired Military OFFICER E-ma	Work Address: 7.0. BOX ZOI Union, N.H. 03828 ail Kenney for NHOgmail. com Work Phone 603-521-8780
Primary Occupation Retired Military OFFICER E-ma	nil Kenney for NHOquail. Com Work Phone 603-521-8780
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 capac	rganization in which you or a family member was an officer, director, associate, partner, city, and from which any income in excess of \$10,000 was derived during the preceding d/or disability benefits shall be included. (Use additional sheets as necessary)
2.	1/
If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the 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 Noccupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	New Hampshire. List each such profession,  5. Banking or financial  6. State of New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restar	
The second secon	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
	ion is true and complete to the best of my knowledge and belief. RSA 15-A:9 his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
DateOG Jone 2020	1 Va y 912 DECEIVED
Date	RECEIVED
Date	Signature of Reporting Individual  JUN 0 9 2020

ype or Print CLEARLY ull Name Margaret Anne hennedy Work Address: 5 poverty plains Rd	Warner NH. 032
rimary Occupation owner/operator Rhapsody Famule-mail makenedy 787 (Comwork Phone 60.3	3-496-7871
lame 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	uring the preceding
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you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	WALL.
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 position 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:	otentially have a greater
agent, developers, and landlords services municipal emplo	-
7. N.H. Retirement System 8. Current use land 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 Res	sources
16. Agriculture   17. N.H.   Business   Business   Interest and	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 believe to the best of my knowledg	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	אטע 0 5 2020
	A TO THE PROPERTY OF THE

Type or Print CLEARLY John A. Kenny Work Address: 328 Amh 255.  Primary Occupation Journalist E-mail pitchfor Sack & gmail com Work P	St. Manch ester
Primary Occupation 3 out halist E-mail pitchtot Sack & 9 mail com Work P	Phone (603) 641-9164
Name the office, position, board or commission, committee, board of 5 tate Senete 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 offi proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional	s derived during the preceding
1. Mchaan Communications 150 bowst. Manchester, NH 03	3101
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not	ot qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, grown reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	d a contract, grant a license or permit,
	State of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcohologing beverages	olic 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.	5. Water Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any o	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 knowledge Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall	
Date June 12, 2020 John a. Kenny Signature of Reporting Individual	RECEIVED
	JUN 1 2 2020

Type or Print CLEARLY Full Name Syzanne Ketteriage		Work Address: 2	0 Mercimo	ck St	Manchestern
Primary Occupation Otto(Ney	E-mail_	SKetterk	GR. ST CGNan	. Work Phone _	603 669 7888
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Huls	borough	County c	mommissi	ones candula
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advantage of calendar year. Sources of retirement benefits other than federal re	visory capacity,	, and from which any	income in excess of \$1	0,000 was derive	ed during the preceding
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If you have no qualifying income indicate by writing your initials next to the	he following str	atement.	My incom	e does not quali	sy Amic_
reportable special interest in any item on this list if a change in law discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the goundaries.  1. Any profession, occupation, or business licensed or certified by occupation, or category of business:  4. Real Estate, include	at affecting the leneral public:	listed business, profe Hampshire. List each	ssion, occupation, group	, or matter woul	
2. Health Care 3. Insurance agent, developers, as	nd landlords	services		municipal e	mployment
7. N.H. Retirement 8. Current use land assessment program	— 9. Restaura lodging	11	10. Sale and distribution beverages	of alcoholic	law \
12. Any business regulated by the Public Utilities Commission  13. Horse of gambling	r dog racing, or	other legal forms of	14. Education	15. Water	Resources
- 1/ A = 1 = 1/4 = 1	siness erprise Tax	Interest and Dividends Tax		cify any other are interest —	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin Penalty. Any person who knowingly fails to comply with the prov	ng information visions of this	n is true and comple chapter or knowin	ete to the best of my k	nowledge and ent shall be gu	belief. RSA 15-A:9 ilty of a misdemeanor.
Date 6 10 2020		Signa	Uscence ) ature of Reporting Indiv	dual	

Type or Full Na	r Print CLEARI	Y VUL BAS	HAR KY	had	Work Address:	367	centeo	t Day	Sile Section
Primary	Occupation	selbemo			ilalbe k			U	524-396
director	he office, position s, etc. or employr NO ACRONYM	nent with state or co	ion, committee, boa ounty government h	rd of Soloa	•			easso	メ・ン・エ
A.	proprietor, or en	nployee, or served i	n any other profession	n, business, or other o onal or advisory capac federal retirement an	ity, and from which	any income in exce	ss of \$10,000 was	derived during	the preceding
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f you h	ave no qualifying	income indicate by	writing your initials	s next to the following	statement.	М	y income does not	qualify	*
Г —	financial effect of	on you or a family n	nember than it would business licensed or co :	overnment affecting the don the general public entified by the State of Numbers, including brokers,	e: New Hampshire. List e				pshire, county, or
1		<u>                                     </u>	agent, dev	velopers, and landlords 9. Resta			munic ribution of alcoholic	ipal employme	
Г	7. N.H. Retirement System	. 11	essment program	lodging	urants/	beverages	TOULION OF AICONOM		11. Practice of law
	2. Any business reg tilities Commissi	gulated by the Public on	The second secon	3. Horse or dog racing, mbling	or other legal forms o	f   14. Educa	ation   15.	Water Resource	es
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		nal: Specify any other special interest	er area in which	ı you have a
		who knowingly fa	nils to comply with	foregoing informat the provisions of the	nis chapter or know	ingly files a false	statement shall b	REC	DEIVED 1 0 2020
		Return to	o: Office of Secretar	ry of State, 107 North	Main Street, State He	ouse Room 204, Co	oncord, NH 03301	NEW H	AMPSHIRE ENT OF STATE

Name Ben Kilanski	Work Address:
ary Occupation Property Management Maintanance E-mail	Work Phone 603-762-5304
e the office, position, board or commission, committee, board of <u>Select men</u> , tors, etc. or employment with state or county government held ou. NO ACRONYMS.	Budget Committee, Town Beach Committee,
A. List below the name, address, and type of any profession, business, or other organ	nization 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
1. Ashurlot Land and Water Company 138 Chess	terfield Rd. Winchester N.H.
u 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	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 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 ogambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture \( \begin{aligned} 17. \text{ N.H.} & \begin{aligned} \text{Business} & \begin{aligned} \text{Business} & \text{Enterprise Tax} \end{aligned} \]	Interest and Dividends Tax   18. Optional: Specify any other area in which you have a special interest
ave read RSA 15-A and hereby swear or affirm that the foregoing information nalty. Any person who knowingly fails to comply with the provisions of this ate $\frac{4}{4}$ 2020	chapter or knowingly files a false statement shall be guilty of a misdemeanor.
ate <u>4/8/2020</u>	Signature of Reporting Individual RECEIVED
	IUN 1 6 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 Many Ann Kinhall		Address:	
Primary Occupation Verived	E-mail Kinn ha	11Mer/1911M3 @ Mail 1 (CVA Wor	k Phone
Name the office, position, board or commission, committeetors, etc. or employment with state or county gov by you. NO ACRONYMS.			
A. List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits	er professional or advisory capacity, and fro	om 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 y	our initials next to the following statement	. My income does	not qualify
discipline a licensee or permittee, or other dec financial effect on you or a family member th  1. Any profession, occupation, or business licenses occupation, or category of business:  2. Health Care  3. Insurance		hire. List each such profession,  — 5. Banking or financial	. State of New Hampshire, county, or
7. N.H. Retirement 8. Current us assessment pro	se land 9. Restaurants/	10. Sale and distribution of alco	
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other leg	gal forms of 14. Education	15. Water Resources
		erest and idends Tax   18. Optional: Specify an special interest	y other area in which you have a
I have read RSA 15-A and hereby swear or affire Penalty. Any person who knowingly fails to con-			
Penalty. Any person who knowingly rans to con-	mply with the provisions of this chapte	to knowingly thes a laise statement si	RECEIVED
Date		Signature of Reporting Individual	JUN 15 2020
Return to: Office	of Secretary of State 107 North Main Stre	et. State House Room 204, Concord, NH 03	NEW HAMPSHIRE

	or Print CLEARLY	- R KING	<u>,</u>	W	ork Address:	2 (was ft.	Nashua N4	03060
'rimar	ry Occupation Light	1 ASSISTAV	Jt	E-mail <b>//</b>	ex. King	2 (w. St. J. V.	Work Phone _58	9-4627
lirecto	the office, position, board of ors, etc. or employment with a. NO ACRONYMS.					<b>,</b>		
A.	List below the name, addr proprietor, or employee, or calendar year. Sources of	or served in any other retirement benefits	er professional or ac other than federal r	lvisory capacity, an etirement and/or di	d from which an isability benefits	y income in excess of \$1 shall be included. (Use a	10,000 was derived de	uring the preceding
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2.	Home Heath	Hospice Car	- Tunya	Prother, emp	loyce, Man	yer, Valudeer Les	rvices, 7 Execu	tive Park Da Menu
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Г	reportable special interest discipline a licensee or pe financial effect on you or  1. Any profession, occu occupation, or category of	ermittee, or other de a family member th	ecision by governme than it would on the g	nt affecting the list general public:		ession, occupation, grou		otentially have a greater
-/ -/	2. Health Care 3. In	of business:	4. Real Estate, include	ding brokers,	5. Bank	ing or financial	1 <b>11</b>	Hampshire, county, or
[ <del>-</del>	2. Health Care 3. In 7. N.H. Retirement		4. Real Estate, includagent, developers, a	ding brokers,	5. Bank services	ing or financial	municipal empl	
[ <del>-</del>	7. N.H. Retirement System	8. Current u	4. Real Estate, include agent, developers, a see land rogram	ding brokers, and landlords — 9. Restaurants lodging	5. Bank services	ing or financial	municipal empl	oyment
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Type or	Print Clearly	,										
Fu <b>il</b> Nan	ne William	James Kin	g			Work	Address	Micr	rochip 6 Lake Street, L	awrence, N	1A 01841	
Primary	Occupation	Manager			e-mail	villiam.king2@m	icrochip.c	om	Wor	k Phone	978-620-241	2
directors		mployme		e or county	Delegate to Re	epublican State (	Conventio	n				
propriet	or, or employ	ee, or se	rved in any o	other professio	nal or advisor	y capacity, and	from which	ch any	ou or a family member income in excess of included. (Use addition	\$10,000 w	as derived dur	
1.	BAE Systems	Pension	Spit Brook Ro	ad Nashua, NH	1 03060							
2.	Microchip Se	micondu	ctor 6 Lake St	reet, Lawrence	, MA 01841							
If you ha	ive no qualify	ing incom	ne indicate by	writing your ir	nitials next to th	ne following state	ement.		My income does	not qualify		
reportab disciplin	ole special into e a licensee o	erest in an r permitte	item on this ee, or other de	list if a change cision by gove	in law, a chang	e in administrati ng the listed bus	ive rule, a	decisio	, professions, occupat on whether or not to a n, occupation, group, o	ward a con	itract, grant a lic	ense or permit,
Γ			ccupation, or I n, or category		ed or certified	by the State of N	lew Hamp	shire. I	List each such			
Γ 2.	. Health Care	T 3. li	nsurance	11	Estate, includir developers, an	•	3 1	Bankin vices	ng or financial		ate of New Ham cipal employme	pshire, county, or nt
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	Any business ties Commis		d by the Publi	11	13. Horse or o of gambling	log racing, or otl	her legal fo	orms	14. Education	□ 15.	Water Resource	<u></u> !S
Γ 1 <i>6</i>	6. Agriculture		17. N.H. taxes:	Business Profits Tax	Busine Enterp	· ·	Interest an Dividends	- 11	T 18. Optional: Sp specia	ecify any o interest	other area in wh	ich you have a
									e best of my knowledgent shall be guilty of a		nor.	Penalty. Any
Date	6/10/20						W.	Rean	J. King	al	1	EIVED
		Ret	urn to: Office	of Secretary of	State, 107 Nor	th Main Street, S			n 204, Concord, NH 03		NEW HA	AMPSHIRE INT OF STATE

Type or Full Nan	Print CLEARLY	CKING			Work Address	s: /80 £1	4 STREET	MIL	FORD	NH	2305
Primary		ERTY MANAGEME	INT	E-mail _	WCKING 16			Work Phone	(603)4	90-181	0
Name th	e office, position, board	or commission, commit th state or county govern	tee, board of	None	-	······				·	• • • • • • • • • • • • • • • • • • • •
	proprietor, or employee	ddress, and type of any pe e, or served in any other p of retirement benefits oth	professional or adviso	ry capacity,	, and from whic	h any income ir	n excess of \$10	,000 was der	ived during	the preced	
1.	HITCHINER !	MANUFACTURING	594	4 ELM	STRBET	MILTOR	D NH	03055			
2.	FOUNDATIONA	L MANAGEMENT	ant Saevices	106 A	HOWESTERD	CIRCLE	MILFORD	, NH	0305	<u> </u>	
lf you ha	ve no qualifying incom	e indicate by writing you	r initials next to the f	ollowing sta	atement.		My income	does not qua	alify <u>W</u>	ix	-
	reportable special interediscipline a licensee or financial effect on you	r you or a family membe est in any item on this lis permittee, or other decis or a family member than ecupation, or business licen y of business:	t if a change in law, a ion by government af it would on the gener	change in a fecting the l ral public:	administrative re listed business,	ule, a decision v profession, occu	whether or not t upation, group,	o award a co	ntract, gran	t a license	or permit,
Г	2. Health Care 3.	incurance !!	Real Estate, including gent, developers, and la		- 11	Banking or finan vices	cial [		of New Hamp I employme		ty, or
4	7. N.H. Retirement System	8. Current use l	' 11	9. Restaura	ints/	10. Sale an beverages	d distribution o	of alcoholic		11. Prac	tice of
	2. Any business regulated ilities Commission	by the Public	13. Horse or do	g racing, or	other legal forms	s of   14.	Education	15. Wa	ter Resource	es	
Γ	16. Agriculture		iness - Busine ts Tax Enterpr	-	<ul> <li>Interest and Dividends T</li> </ul>		Optional: Special in	ify any other a	area in which	you have a	L
I have Penalt	read RSA 15-A and h y. Any person who k	nereby swear or affirm mowingly fails to comp	that the foregoing in oly with the provision	nformation	is true and co	omplete to the owingly files a	best of my kn false stateme	owledge an	d belief. If guilty of a	RSA 15-A misdemea	:9 mor.
Date	UNE 12,2	020			h	Signature of Re	porting Individ	ual	REC	EIVE	ED
									JUN	1 6 202	0
		Return to: Office of	Secretary of State, 10	7 North M	ain Street, State	House Room 2	04, Concord, N		NEW I	HAMPSH	

Name	or Print CLEARLY lame 6 Fon 6-E  ry Occupation 5865  the office, position, board of	EMPLOY6	mmittee, board	E-mai		•	•	SG-1035
	ors, etc. or employment with u. NO ACRONYMS.	state or county g	overnment held					
A	List below the name, addi proprietor, or employee, or calendar year. Sources of	or served in any o	ther professiona	al or advisory capaci	ity, and from which	ch any income in exce	ember was an officer, directed of \$10,000 was derived d. (Use additional sheets as	during the preceding
1.	KINKS 7	nuck	YAUTO	- KIR				K BUTU + TINE
2	PRESTIG	6 L/m	105/11/C	5				
lf you	have no qualifying income	ndicate by writin	g your initials n	ext to the following	statement.	M	ly income does not qualify	
ď	Any profession, occupation, or category occupation.	pation, or busines		ified by the State of N	New Hampshire. Li	st each such profession つ みいいル	6 7 TOUNG-C	ON VEHICACE
		nsurance		, including brokers, opers, and landlords		Banking or financial vices	6. State of Ne municipal em	ew Hampshire, county, or aployment
			agent, devel at use land		ser	vices		
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Return to: Office of Secretary of State. 107 North Main Street. State House Room 204, Concord, NH 03301

Kink, George



Type or Print CLEARLY Full Name BRADFORD KIRBY Work Address: 68 Main ST, LACONIDE	NH 03246
Primary Occupation DESIGNER / Buildez E-mail KIRBy 4 the Huse a gmuil. 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, dir 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. PESIGNWORKS Home Builders 1/c 468 main st, LACONIA NY 1324	6
2. The STUDIO by DESIGNWORKS IC 468 main & LACONIA WH 03:	
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.	
	d potentially have a greater
agent, developers, and landlords services municipal e  7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water	Resources
16. Agriculture  17. N.H. Business Enterprise Tax  Business   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 information is true and complete to the best of my knowledge and I	a in which you have a
Date	belief. RSA 15-A:9

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Nar	r Print CLEARL me	KK N	100M	ILLEN	KITTREI	ZGE W	ork Address:	WARDS, A	TOCHEST	ER NH 0386
Primary	Occupation <u>U</u>	IK3YE)	R, Pos	Y, SEW	ECTMAN	E-mail M	ac 185	13@ METRIXAG	Work Phone	18AFFORD 12
directors	he office, position, s, etc. or employm NO ACRONYM	ment with stat	mmission, ate or county	committee, box y government l	ard of N.H.	STA	1E RE	PRESENTA:	¶√€, 51 	RAFFORD 12
A,	proprietor, or em	mployee, or se	served in any	y other professi	sional or advisory o	capacity, and	l from which a	you or a family member vany income in excess of \$ is shall be included. (Use	\$10,000 was derived	d during the preceding
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2.										
If you ha	ave no qualifying	; income indi	cate by wri	ting your initis	als next to the follo	owing statem	ent.	My inco	me does not qualify	JMK_
В.	reportable specia discipline a licen financial effect o	ial interest in a nsee or permi on you or a fa ssion, occupati	any item on hittee, or other family member tion, or busin	n this list if a chart decision by the stant it wou	change in law, a char government affect and on the general p	nange in admin cting the listed public:	inistrative rule, d business, pro		ot to award a contra	matters. A person has a ract, grant a license or permit, d potentially have a greater
Г	2. Health Care	3. Insura	ance	11	Estate, including brol developers, and land		5. Ban service	nking or financial es	6. State of No municipal en	New Hampshire, county, or mployment
Г	7. N.H. Retiremen System	nt		rent use land ent program	· II	Restaurants/	Г	10. Sale and distributio beverages	n of alcoholic	11. Practice of law
	12. Any business reg Itilities Commissi		e Public	11	13. Horse or dog ra gambling	acing, or other	legal forms of	of 14. Education	15. Water !	Resources
Γ	16. Agriculture	I .	N.H. xes:	Profits Tax	Business Enterprise		Interest and Dividends Tax		pecify any other area al interest	in which you have a
I have	read RSA 15-A	A and hereb	y swear or	affirm that th	ne foregoing info	ormation is t	rue and com	plete to the best of my	knowledge and t	pelief. RSA 15-A:9
Penal	ty. Any person	who knowi	ngly fails	to comply wi	th the provisions	s of this char	pter or know	ringly files a false state	ntent shall be guil	Ity of a misdemeanor.
Date	4/3	/208			•		Ver	Ula /V	16/70	RECEIVED
	1					1	Sig	gnature of Reporting Indi	vidual	CIVED
					CO4-4- 107	The state of	~	204 (2		JUN - 8 2020
		k	ceturn to: (	Office of Secre	tary of State, 10/	North Main 5	treet, State m	louse Room 204, Concord	1, NH 03301	NEW WARREN

<b>Type or P</b> Full Name	Print CLEARL	Y Klee				Work Addre	ess:	YA			
	occupation R				E-mail	Cand ide	ate Cu	pillkd	eqmail.co	<b>♂</b> Work Phone _	NA
lirectors,		board or comment with state or S.									
р	proprietor, or em	ployee, or serve	d in any other p	professional or	ness, or other orga advisory capacity I retirement and/o	, and from wh	nich any	income in	n excess of \$10,	,000 was deriv	rector, associate, partner, red during the preceding as necessary)
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2.											
f you hav	ve no qualifying	income indicate	by writing you	ır initials next t	o the following st	atement.			My income	does not qual	ify poh
Г 	inancial effect of the last of	on you or a famil	or business liceness:	nsed or certified Real Estate, inc	by the State of New luding brokers,	w Hampshire.	List each		ession,	_ 6. State of	New Hampshire, county, or
<u>.                                      </u>	7. N.H. Retireme		8. Current use l		s, and landlords  9. Restaur		ervices	10. Sale ar	nd distribution of		employment 11. Practice of
l S	ystem	ļi .	assessment progr	ram	lodging	,		beverages			law
	2. Any business regulations Commiss	gulated by the Pu ion	ıblic	gambling	se or dog racing, or g	other legal for	rms of	14.	Education	15. Wate	er Resources
<u> </u>	16. Agriculture	17. N.I taxes:			Business Enterprise Tax	Interest a		r 18		ify any other ar	ea in which you have a
		who knowingl					knowing	gly files a		ent shall be g	belief. RSA 15-A:9 uilty of a misdemeanor.  RECEIVED  JUN 0 4 2020
		Retu	rn to: Office o	f Secretary of S	State, 107 North N	Main Street, St	tate Hou	ise Room	204, Concord, 1	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print CLEARLY Ull Name Kobert Larkin Kliskey Work Address: I Executive Park by Bedford WH US	110
work Address: I Frecutive Park by Bedford 10th Us, work Phone 103-703-8662  When work Address: I Frecutive Park by Bedford 10th Us, work Phone 103-703-8662	
ame the office, position, board or commission, committee, board of rectors, etc. or employment with state or county government held 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. N/A	
2. NA	
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would 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/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law	
Tagambling 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 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:VED	
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:VED 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.	

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	y Occupation	$\neg \cdot \cdot \cdot \wedge$		E-ma	1.0		Work Phone _4	103-494-100
Name directo	the office, position	, board or commiss nent with state or c	sion, committee, boa ounty government h		senlativi			
A	proprietor, or em	iployee, or served i ources of retiremen	n any other professi	onal or advisory capaci	ity, and from which ar	ou or a family member by income in excess of \$ shall be included. (Use	10,000 was derive	ector, associate, partner, d during the preceding as necessary)
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Γ	1. Any profess	sion, occupation, or category of business	business licensed or c	ertified by the State of N	ew Hampshire. List eac	ch such profession,	6. State of N	lew Hampshire, county, or
Γ	2. Health Care	3. Insurance	agent, de	velopers, and landlords	services	S	municipal er	
Γ	7. N.H. Retirement System		Current use land essment program	9. Restar	urants/	<ol><li>Sale and distribution beverages</li></ol>	on of alcoholic	11. Practice of law
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Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other area	in which you have a
I hav	e read RSA 15-A	and hereby swea	ar or affirm that the	e foregoing informati	on is true and comp	lete to the best of my	knowledge and b	pelief. RSA 15-A:9
Pena			ans to comply wit	ii the provisions of the	is chapter of known	2 / Vul	chem shan be gui	lty of a misdemeanor.
Pena	6-4-		ans to comply wit	ii the provisions of th		nature of Reporting Indi	-	RECEIVED

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

JUN 08 2020

NEW HAMPSHIRE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A
Type or Print CLEARLY YVONNE V. Klotz Work Address: 158 Province Lake Rd Effingham,
Primary Occupation Former Netived E-mail evk4NH@ yolvo. Coll Work Phone 603.986.1504 NH
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. Director Northern Human Scruces until 12/2019 Carroll County.
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:
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,
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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:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business.  1.

Primary Occupation State Rep E-mail	Work Address: <u>Conford</u> Safe House
Primary Occupation State Rep E-mail	Nicole, Kleinknight@ ley Swell Hids Work Phone 1003 380 8074
Name the office, position, board or commission, committee, board ofdirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	
	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)
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If you have no qualifying income indicate by writing your initials next to the following st	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 lodging 9. Restaura	ants/
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 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 rd 2020	Music Kein Maryha Signature of Reporting Individual  RECEIN

Type or Print CLEARLY Full Name TERY KNIRK	Work Address: _	30 CLANCY	RP, FREEDOM, A	14 0383
Primary Occupation STATE ARPRESENTATIVE			1 Work Phone 617 - 44	
Name the office, position, board or commission, committee, board of	1+AmPSHIRE	HOUSE OF REP	RESENTATIVES	
A. List below the name, address, and type of any profession, business, or oppoprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement of the KNIRK - RETIRE MENT - TIAA - CREF	capacity, and from which a ent and/or disability benefits - RETIREMENT COV	ny income in excess of \$1 s shall be included. (Use a	0,000 was derived during the dditional sheets as necessary)	preceding
1. TIAA-CREAT 730 THIRD AVENUE, NY, NY 100  STRRY KMIRK - RETIREMENT - THEINENT - FINANCE  2. 625 FOURTH ANE, S, MINNEAPOUS, MN  3. CAM SPENCE - LIGRARIAN, TOWN OF MADISON, NH  If you have no qualifying income indicate by writing your initials next to the following the second of the following income indicate by writing your initials next to the following the second of the following income indicate by writing your initials next to the following the second of the following income indicate by writing your initials next to the following the second of the secon	55415-1665 PO BOX 248, M owing statement.	My incom	849 ne does not qualify	
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16. Agriculture 17. N.H. Business Profits Tax Enterprise			ecify any other area in which you interest	ı have a
I have read RSA 15-A and hereby swear or affirm that the foregoing interpretable. Any person who knowingly fails to comply with the provision				
Date <u>JUNE 3, 2020</u>		my Kmirk gnature of Reporting Indiv	ridual REC	EIVED
			_	

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 I Full Nam	Print CLEARLY	exandria	KNOX		Work Address:	NIA		
	Occupation			E-mail _	Alexed	exknoxforNH.	Work Phone	303-8827
directors,	office, position, b etc. or employme NO ACRONYMS.	oard or commission, nt with state or county	committee, board o	f_W/A-				
. 1	proprietor, or empl calendar year. <i>Sou</i> n	oyee, or served in any	other professional	or advisory capacity,	and from which a	ou or a family member way income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding
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	• •	egory of business:		_N/A ·			C Girl GY	
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1	7. N.H. Retirement System	31	ent use land ent program	9. Restaura lodging	ints/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
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Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business     Enterprise Tax	<ul><li>Interest and Dividends Tax</li></ul>		ecify any other area i interest	n which you have a
I have	read RSA 15-A a y. Any person w	and hereby swear or tho knowingly fails	affirm that the fo	regoing information ne provisions of this	n is true and comp chapter or know	olete to the best of my lingly files a false statem	knowledge and be ment shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	June 4	, 2026	· 	•	Sig	nature of Reporting Indiv	ridual	RECEIVED
					· ·			JUN 0 5 2020
		Return to: (	Office of Secretary	of State, 107 North M	ain Street, State Ho	ouse Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEAR! Full Name	KOFALT		Wo	rk Address: 4	6 CELTS 1	NAY WI	LTON NHU308L
Primary Occupation	consultant				OFALT, COM		
Name the office, position directors, etc. or employ by you. NO ACRONYM	n, board or commission ment with state or coun	, committee, board of _ ty government held	Nashua Region Nember (WLC	nal Planning - Cooperat	ve District	omissiones)	School Board
proprietor, or en calendar year. S	nployee, or served in a	ny other professional or enefits other than federa	ness, or other organizat advisory capacity, and al retirement and/or disc	from which any	income in excess of \$1	0,000 was derived	during the preceding
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16. Agriculture	17. N.H. taxes:	Profits Tax		Interest and Dividends Tax		cify any other area in	which you have a
Penalty. Any person	A and hereby swear of who knowingly fails  - 2020	r affirm that the foreg to comply with the p	going information is to provisions of this chap	rue and comple oter or knowing	te to the best of my kely files a false statem	nowledge and be	of a misdemeanor.
Date 6			·.	Signa	ture of Reporting Indiv	idual	RECEIVED
	Return to:	Office of Secretary of S	State, 107 North Main S	treet, State Hous	e Room 204, Concord,	NH 03301	JUN 1 0 2020
	2.23.33.			·			MEW HAMPSHIRE

Г <b>уре о</b> Full Na	r Print CLEARL	.Y Diane E I	Kolifrath		Work Address:	3 Wildwood L	ane, Raymond	, NH 03077
rimar	y Occupation	Bike Tour Ope	erator	E-mail	dkolifrath@	outlook.com	Work Phone (3	315) 316-2453
lirecto		, board or commission, nent with state or count IS.		None				
A.	proprietor, or en	nployee, or served in ar	of any profession, busing other professional or a nefits other than federal	advisory capacity,	and from which any	income in excess of:	\$10,000 was derive	d during the preceding
1.	Great Ame	rican Bike Tours	3 Wildwood	Lane, Raymon	d, NH 03077			
2.								
f you l	nave no qualifying	; income indicate by wr	riting your initials next to	the following sta	tement.	My inco	ome does not qualif	ý
Г 		ssion, occupation, or bus category of business:	iness licensed or certified  4. Real Estate, incl	uding brokers,	5. Bank	ing or financial		New Hampshire, county, or
	7. N.H. Retireme	<u> </u>	agent, developers	, and landlords  9. Restaura	services	10. Sale and distributi	municipal e	mployment
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$\Gamma$	12. Any business re Utilities Commiss	gulated by the Public ion	T 13. Hors		other legal forms of	14. Education	☐ 15. Water	Resources
Γ	16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	<ul><li>Interest and Dividends Tax</li></ul>		Specify any other area	a in which you have a
			or affirm that the foreg s to comply with the p					belief. RSA 15-A:9 ilty of a misdemeanor.
Date	e June	A. 2020			20 jane	nature of Reporting Inc	ldrath	
	0				Sign	nature of Reporting Inc	liydual	
		Return to:	Office of Secretary of S	tate, 107 North M	ain Street, State Ho	use Room 204, Conco	rd, NH 03301	JUN 0 9 2020

Type or Print CLEARLY Full Name Waite Kolozici	Work Address:		
Primary Occupation Retired	E-mail	Work Phone	e 603-437-7936
Name the office, position, board or commission, committee, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS.	f		
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which any eral retirement and/or disability benefits s	y income in excess of \$10,000 was depended be included. (Use additional sheet	rived during the preceding
1. Flighthine Salem NH.	/ Porriano Store U	Inne Dineur Ma	
If you have no qualifying income indicate by writing your initials nex	xt to the following statement.	My income does not qu	alify
B. Indicate below whether you or a family member has a speci reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on  1. Any profession, occupation, or business licensed or certific occupation, or category of business:	e in law, a change in administrative rule, a rnment affecting the listed business, profe the general public:	decision whether or not to award a conssion, occupation, group, or matter we	ontract, grant a license or permit.
	including brokers, pers, and landlords 5. Banking services		of New Hampshire, county, or all employment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	lorse or dog racing, or other legal forms of ling	14. Education   15. Wa	ater Resources
17. N.H. Business taxes: Profits Tax	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 for Penalty. Any person who knowingly fails to comply with the Date  Date 9 2020	e provisions of this chapter or knowing		

Type or Print CLEARLY Full Name HARRY KOZLOWSKI	Work Address: 22 JULIA DRIVE, H	HOOKSETT NH 03106-2223
Primary Occupation CONSULTANT/PRODUCER	E-mail HARRYK4REP@GMAIL.COM	Work Phone 603-782-4068
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirement	sory capacity, and from which any income in excess of \$	\$10,000 was derived during the preceding
1. SPOTSTOGO.COM, 22 JULIA DR. HOOKSETT NH	03016-2223	
2.		
f you have no qualifying income indicate by writing your initials next to the	e following statement. My inco	ome does not qualify
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	ng brokers, 5. Banking or financial	6. State of New Hampshire, county, or
agent, developers, and  7. N.H. Retirement System  8. Current use land assessment program	diandlords   services     9. Restaurants/	on of alcoholic
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I In Agriculture I I	iness Interest and	pecify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the foregoing <b>Penalty</b> . Any person who knowingly fails to comply with the provi		
Date 6/10/2020	Fignature of Reporting Ind	lividual
		JUN 15 2020
Return to: Office of Secretary of State,	, 107 North Main Street, State House Room 204, Concor	d, NH 03301

Type or Print CLEARLY Full Name EmphoniFL KRA	SNER Work	Address: 523 Main St U.	it 2 Farming	in NHC353
Primary Occupation Lewyer	E-mail MS Mn	Address: 523 Main St U.	Work Phone 603 75	5 2082
Name the office, position, board or commission, commit directors, etc. or employment with state or county governoy you. NO ACRONYMS.	ttee, board of			
A. List below the name, address, and type of any p proprietor, or employee, or served in any other calendar year. Sources of retirement benefits out	professional or advisory capacity, and fr	om which any income in excess of \$1	0,000 was derived during	the preceding
1. Coolidge Low Fir	m PLLC 98 High S	t Somersworth	NH 0387	8
f you have no qualifying income indicate by writing you	ur initials next to the following statemen	it. My incom	ne does not qualify	
B. Indicate below whether you or a family member reportable special interest in any item on this list discipline a licensee or permittee, or other decist financial effect on you or a family member than 1. Any profession, occupation, or business licent occupation, or category of business:	st if a change in law, a change in admini sion by government affecting the listed b it would on the general public:	strative rule, a decision whether or no business, profession, occupation, group	t to award a contract, grai	nt a license or permit,
I / Dealin Care II 3 Insurance II	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Ham municipal employm	-
7. N.H. Retirement System  8. Current use assessment prog	11	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other logambling	egal forms of 14. Education	15. Water Resource	ces
		nterest and vidends Tax   18. Optional: Special	ecify any other area in whic interest	h you have a
I have read RSA 15-A and hereby swear or affirm Penalty. Any person who knowingly fails to compate 5 2020				
Date Show 3 2020		Signature of Reporting Indiv	ridual R	ECEIVED
D O.C.	CO		NII 02201	JUN 1 0 2020

Type or Print CLEARLY Full Name Matthew Krohn Work Address: 1 Howbour Pl, Portsmout	h,NH 03801					
Primary Occupation Systems Engineer E-mail Makrohn @gmail com Work Phone	03) 851 - 1478					
Name the office, position, board or commission, committee, board of 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, 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 a	during the preceding					
1. HubSpot, 25 First St, Cambridge, MA 02141						
2 Hooksett Public Library, 31 Mount St Mary's Way, Hooksett Ntl 0310	) 6					
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 ma 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 p 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>	t, grant a license or permit;					
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial municipal emp	v Hampshire, 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 Research	esources					
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Profits Tax Enterprise Tax Dividends Tax Special interest	which you have a					
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and bel Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty						
Date 6/4/2020 Signature of Reporting Individual						

Type or Print CLEARLY Full Name Rebecca Perkins Kwoka				Work Address: 26 Market Square, Portemouth, NH 03801				
Primary Occupation	General Counse	(attorney)	E-mail				ne (603) 793-1076	
	ition, board or commission bloyment with state or counTYMS.		Candida	te, State	e Senate			
proprietor, o	or employee, or served in a	ny other professional or	r advisory capacity	, and from wh	nich you or a family member sich any income in excess of \$ nefits shall be included. (Use	10,000 was de	erived during the preceding	
1. <b>Sun</b>	Rause Investme	ents, LC						
2. Pra	tt + Whitney	-						
	fying income indicate by w	riting your initials next	to the following s	atement.	My inco	me does not q	ualify	
discipline a financial eff	licensee or permittee, or of fect on you or a family mer profession, occupation, or bus a, or category of business:	ther decision by govern mber than it would on th	ment affecting the ne general public:	listed business w Hampshire. I	s, profession, occupation, grounds	up, or matter v	contract, grant a license or permi would potentially have a greater	
2. Health Car	re 3. Insurance		cluding brokers, rs, and landlords	11	5. Banking or financial ervices		e of New Hampshire, county, or oal employment	
7. N.H. Retin		urrent use land ment program	9. Restaur	rants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law	
12. Any busine Utilities Com	ess regulated by the Public mission Employed at solar	company   13. Ho	rse or dog racing, or	other legal for	ms of 14. Education	☐ 15. V	Vater Resources	
16. Agricult	17. N.H.	Business Profits Tax	Business Enterprise Tax	Interest a	- 11	pecify any other	r area in which you have a	
	rson who knowingly fail				complete to the best of my mowingly files a false state Signature or Reporting Ind	ment shall b		
	Return to:	Office of Secretary of	State, 107 North N	Main Street, St	ate House Room 204, Concor	d. NH 03301	NEW HAMPSHIRE	