Type or Print Clearly
Full Name PAUL COUIS DADAK Work Address
Primary Occupation 12ETIRED e-mail PDBbake Comeas Work Phone 603-321-62
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. TZBC - RMD
2 KNPOWER (UMASS LOWERL) - PMD
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/13/2022 Signature of Filer Fave C Dall JUN 15 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Camille Miragliotta DALY Camille DALY Work Address 209 MARKET ST POBNY49 Lawrence MA
Primary Occupation Lawyer e-mail camille a attorney camille day com Work Phone 978-688-2500
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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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
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Lawyer licence sed in NH until June 30, 2002. Then retired
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Business Enterprise Tax Business Dividends Tax Business Interest and Dividends Tax Business Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date July 10, 2020 Signature of Filer Camult Daty RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 JUN 1 3 2022 NEW H. NPSHIRE DEPARTMENT OF STATE
DEPARTMENT

Type or Print Clearly			
Full Name HOPE SAMON	Work Address	447 Old specinghic	eld ha Europee NH 03782
Primary Occupation delitar	e-mail Myerlock equal	Ticover Work Ph	one 603848-4267
government held by you. NO ACRONYMS	Trate Representative		
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which	h any income in excess of \$10,	,000 was derived during the preceding
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16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest an Dividends 1	d 18. Optional: Specify special inte	y any other area in which you have a erest —
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	_		RECEIVED
Date 6/8/2022	Signature of Filer	Hope Dennice	JUN 1 3 2022
Poture to Office of Secretary of Sta	te 107 North Main Street State House	V	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly				
ull Name William Darby	Work Address	10 Tara Blud	5.1e 400 Nashval	11103062
imary Occupation Software Manager e-mail	wdarby pari	cha. com Works	thone (403 5402	269
rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS				
List below the name, address, and type of any profession, business oprietor, or employee, or served in any other professional or advissendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which	any income in excess of \$	0,000 was derived during the p	
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BAE Systems 65 River Rd +	HUSEN NH 030	51	Herospace	
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have read RSA 15-A and hereby swear or affirm that the foregoing infoerson who knowingly fails to comply with the provisions of this chap	ormation is true and complete ter or knowingly files a false st	to the best of my knowledge stement shall be guilty of a	and belief. RSA 15-A:9 Penaltisdemeanor.	ty. Any
Date 6/3/22 ·	Signature of Filer	My		
			325	TO CITY O'ER

Type or Print Clearly	
Full Name Luanne M. David Work Address 23 Ivan Gile Rd.	
Primary Occupation Kitchen Designar e-mail luanned 63@yahoo. Conwork Phone 603	401.9235
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived ducalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
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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 Handlords services	
7. N.H. Retirement System 8. Current use land lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
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16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in w	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	:9 Penalty. Any
	RECEIVED
Date 6822 Signature of Filer Quantificate	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

pe or Print Clearly			
Il Name ARNOLD GILBERT DAVIS	Work Address	SELF EMPLOYED	. 4
mary Occupation LANDSCAPING	e-mail arnidavis@gma	il. com Work Phone	(603)723-2929
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS			
List below the name, address, and type of any profession prietor, or employee, or served in any other professional and are year. Sources of retirement benefits other than federal	I or advisory capacity, and from which	h any income in excess of \$10,000 v	vas derived during the preceding
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e 6-6-2022	Signature of Filer	Aunold & Davis	JUN 0 9 202
	rate. 107 North Main Street, State House		NEW HAMPSHI DEPARTMENT OF

Type or Print Clearly		
Full Name Erica Susan Davis	Work Address 27 Bridge St Unit 15	- Concord, All 02001
Primary Occupation Multi Unit Office Manager e-mail erica	as davis 86 e yahoo.con Work Phone	603-225-0424
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	y, and from which any income in excess of \$10,000 was of	derived during the preceding
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B. Indicate below whether you or a family member has a special interest in any of t reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ninistrative rule, a decision whether or not to award a contra sted business, profession, occupation, group, or matter wou	ct, grant a license or permit,
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7. N.H. Retirement 8. Current use land 9. Restau assessment program lodging		
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		RECEIVED
Date $6/9/2022$ Signature	of Filer Elavies	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

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DEb.	FEKK	Y C	CIL	BEC.D	

Type or Print Clearly			
Full Name FRED DAVIS	Work Address	U/A	
Primary Occupation RETIRES	e-mail danistred 784 ke	GMAI / Work Phone 603 820 984	8
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	MODIERATOR WA	RD Y	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which any inco	ome in excess of \$10,000 was derived during the precedent	
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16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest	
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Date 6/2/22	Signature of Filer	Danet JUN 032	
	Constant of the Constant of th	NEW HAMPS	HIRE

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

Type or Print Clearly				
Full Name GREGORY F DAVIS	Work Address	28		
Primary Occupation BETIBED e-mail GRE	EG-DAVIS FORN	HO GMAIL G	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capaccalendar year. Sources of retirement benefits other than federal retirement and/or details.	city, and from which an	y income in excess	of \$10,000 was deriv	ved during the preceding
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discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	State of New Hampshire	List each such		
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle		ing or financial	6. State of Nemunicipal em	ew Hampshire, county, or ployment
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	s true and complete to the vingly files a false statem	ne best of my know nent shall be guilty	edge and belief. RSA of a misdemeanor.	A 15-A:9 Penalty. Any
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Date $C/O6/22$ Signature	ure of Filer	Inigory 7	Havis	JUN 08 2022
Return to: Office of Secretary of State, 107 North Main	n Street, State House Roo	om 204, Concord, N	H 03301	NEW HAMPSHIRE

Type or Pri	nt Clearly		Name and the second	-			
Full Name	Dennis	Davis		Work Address			
Primary Occ		1	e-mail	Javx de	5 mc. 1 . com Wo	rk Phone 60	3-861-4497
directors, e		rd or commission, board of int with state or county NO ACRONYMS					
proprietor,	or employee, or se	ess, and type of any profession erved in any other profession ement benefits other than feder	nal or advisory capacit	y, and from which	any income in excess of	\$10,000 was deriv	ved during the preceding
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have read I person who	RSA 15-A and hereb knowingly fails to	by swear or affirm that the for comply with the provisions o	regoing information is to of this chapter or knowing	rue and complete to	the best of my knowledge ement shall be guilty of a	ge and belief. RS/ misdemeanor.	RECEIVED
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	Re	turn to: Office of Secretary of	State, 107 North Main S	Street, State House F	Room 204, Concord, NH 0	3301	NEW HALF CHIRE

Type or Print Clearly	
Full Name Lee Kruier Druis Work Address 520 Maple St	
Full Name Lee Kovier Dovis Work Address 520 Morple St Primary Occupation Low Student e-mail Xovier 5330 guzil.com Work Phone (603)	725-4127
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived ducalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a l discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentia 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	icense or permit,
profession, occupation, or category of business: Liberty Oil (Home Hecting Fuel Delivery Company)	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 6. State of New Hammanicipal employments	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource	es
16. Agriculture 17. N.H. Business Business Interest and special interest — Business Enterprise Tax Dividends Tax 18. Optional: Special interest —	nich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A: person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	9 Penalty. Any
Date June 10, 2022 Signature of Filer Jan January	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Copeord, NH 03301	JUN 13 2022 NEW HAMPSHIRE

Type or Print Clear	ly					
Full Name	ov Jaureanne		Work Address	7m 117 87	are have	CONCORA
Primary Occupation	SENATUR	e-mail /. 3	ALLECALINA	Complet. Wir	Work Phone	(617 1271-2600
	esition, board or commission, board of employment with state or county y you. NO ACRONYMS					
proprietor, or emple	ame, address, and type of any profession oyee, or served in any other profession or served in any other than feder of retirement benefits other than feder	nal or advisory capacit	ty, and from which	ch any income in ex	cess of \$10,000 v	was derived during the preceding
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	A and hereby swear or affirm that the for					
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Date June	1,2002	Signatur	re of Filer	In Dan	-	JUN 0 1 2022
	Return to: Office of Secretary of	State, 107 North Main	Street, State Hous	e Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		
Full Name Gary L baniels	Work Address 127 whitten Road	Milford NH 0305
Primary Occupation Inschance Agent	e-mail glaniels 127@gmail.com Work Phone	603-860-4485
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Senate	
proprietor, or employee, or served in any other profession	n, business, or other organization in which you or a family member was an office all or advisory capacity, and from which any income in excess of \$10,000 was all retirement and/or disability benefits shall be included. (Use additional sheets as no	derived during the preceding
1. Bankers Like, le Louda	on Rd. Ste. 302, Concord NH 03301	
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If you have no qualifying income indicate by writing your init	ials next to the following statement. My income does not qualify	
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7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Education 15. War	ter Resources
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	egoing information is true and complete to the best of my knowledge and belief. This chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date 6/2/2022	Signature of Filer Lacy L Dan	JUN 0 2 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				
Full Name William Darby	Work Address	10 Tara	Blud Suite	400 Nashva NHO30K
Primary Occupation Software Manager e-mail Wd	arby pari	sta.com	Work Phone	6035402269
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you. NO ACRONYMS				
List below the name, address, and type of any profession, business, or other or oprietor, or employee, or served in any other professional or advisory capacital alendar year. Sources of retirement benefits other than federal retirement and/or displacement.	ty, and from which	any income in exc	ess of \$10,000 wa	s derived during the preceding
Arista Networks 10 Tan Blud Sate 400 N			Net	working Hardware
BAE Systems 65 River Rd Hudson	NH 0305	51	Aen	ospace Hardware
f you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income	does not qualify	
discipline a licensee or permittee, or other decision by government affecting the infinancial effect on you or a family member than it would on the general public. 1. Any profession, occupation, or business licensed or certified by the Sprofession, occupation, or category of business:				out potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landio		inking or financial		e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. Resta	aurants/	10. Sale and dis	stribution of alcoho	llc 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racin of gambling	ng, or other legal for	ms 14. Educa	ation 15. V	Vater Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Ta	8 1	nal: Specify any ot special interest —	her area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly falls to comply with the provisions of this chapter or know	true and complete to ingly files a false stat	o the best of my kn tement shall be gui	owledge and belief	RSA 15-A:9 Penalty. Any or.
Date 6/3/72 Signatur	re of Filer	1/10	1	

REC'D CITY CLERK DEF JUN 3'22 AM9:23

Type or Print Clearly
Full Name Kobert D'Arcy Work Address 79 Park Ave, Keene, NH 03431
Primary Occupation Artist author e-mail rbdarcy @ yahoo. com Work Phone (603) 439-090/
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. None-
2. None-
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 622022 Signature of Filer Cobell Diffus

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

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DEPT	ERK	CF	ALI	9	0.03	12

Type or Print Clearly	
Full Name Edward S. Decatr N Work Address	
Primary Occupation Retired e-mail edgmos 54@gwail, Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, disproprietor, 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 as necessions)	ed during the preceding
1. NA	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	On
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 an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would positionate a financial effect on you or a family member than it would on the general public:	rant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employers	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resulting 15. W	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
person who knowingly falls to comply with the provisions of this chapter of knowingly files a false statement shall be guilty of a misdefinearing.	RECEIVED
Date 6-10-2022 Signature of Filer	JUN 13 2022
	NEW HAMPSHIE

pe or Print Clearly		-		
Ill Name Susan C. DeLemus	Work Addr	ess		
mary Occupation	e-mail sueleecle	yahoo.com	Work Phone	603 834 1949
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS			,	
List below the name, address, and type of any profession or interpretation or employee, or served in any other profession and ar year. Sources of retirement benefits other than federal	al or advisory capacity, and from	which any income in exc	ess of \$10,000 w	as derived during the preceding
u have no qualifying income indicate by writing your initi	als next to the following statement	- My income	does not qualify	SCO
ndicate below whether you or a family member has a spectrable special interest in an item on this list if a change in cipline a licensee or permittee, or other decision by governical effect on you or a family member than it would on a family member than it would not be a family member than	n law, a change in administrative ru nment affecting the listed business the general public:	le, a decision whether or , profession, occupation,	not to award a co group, or matter v	ntract, grant a license or permit,
profession, occupation, or category of business:		Bottomore microsino de Baser appeniento. Es de 1811 altandente la 1811 de 1811	and a management for decoratelying at the late of expeditual for the late.	NEW HADDER
Lookb Caro II is incurance II I	tate, including brokers, evelopers, and landlords	5. Banking or financial services		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and dis	tribution of alcoh	olic 11. Practice of law
(all till) business regiments and	Horse or dog racing, or other leg gambling	14. Educa		Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest Enterprise Tax	st and 18. Optionds Tax	nal: Specify any o special interest —	other area in which you have a
ve read RSA 15-A and hereby swear or affirm that the foreson who knowingly fails to comply with the provisions of	going information is true and comp this chapter or knowingly files a fal	olete to the best of my knose statement shall be guil	owledge and beli ty of a misdemea	NOTARY PUBLIC State of New Hampsl State of New Hampsl
te 6/13/22	Signature of Filer	Susan C.	Oslemu	Kay Comilliasion -

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

Kelly Waltan 6/13/20

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ype or Print (Clearly)	our	\		
ull Name	Kate_	DeHin	D		W	ork Address	99 KI	ocking	haut	MK B	Iva	一工厂
imary Occup	pation Rey	ail Sa	les	e-mail	N/F	7		Wor	k Phone	(403)	890-	-8690
	e, position, boar or employmer eld by you.		or county									
prietor, or e	the name, addre employee, or se Sources of retire	rved in any ot	her professiona	l or advisory	capacity, a	nd from which	h any income	e in excess of	\$10,000 wa	s derived du		
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ou have no d	qualifying incom	e indicate by w	riting your initia	als next to the	e following s	statement.	Му	income does i	not qualify			
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2. Health	Care 3. Ir	surance		ate, including	g brokers,		Banking or fina ices	ancial		e of New Har pal employm		unty, or
7. N.H. F System	Retirement		rent use land ent program		9. Restaurar odging	nts/	10. Sale beverage	and distributions	on of alcoho	lic	11. Pract	tice of
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16. Agric	culture	17. N.H. taxes:	Profits Tax	Busine Enterpr		Interest an Dividends 1		3. <i>Optional</i> : Sp special	ecify any ot interest —	her area in w	hich you ha	ive a
ve read RSA son who kno	15-A and hereby owingly fails to c	swear or affire	m that the foreg	oing informa his chapter o	ation is true or knowingly	and complete files a false st	to the best of atement shall	my knowledg be guilty of a	e and belief misdemean	or. RATE	ECEI	VED
te le-	-1-202	2			Signature of	Filer	Kat	-/	Duy	NE DEPAR	W HAMP	2022 SHIRE

Type or Print Clearly		
Full Name Michel Deloria		edford NH
Primary Occupation Tax Accountant e-mail Michael	21, Deloria @ Ferrotec, com Work Phone	,03-203-
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other or	rganization 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 calendar year. Sources of retirement benefits other than federal retirement and/or disc	, and from which any income in excess of \$10,000 was det	rived during the preceding
1. Ferro Tec USA Corporation, 33 constitution	Dr. Bedford NH	
2.		
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of t reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ninistrative rule, a decision whether or not to award a contract, sted business, profession, occupation, group, or matter would	grant a license or permit, potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	5. Banking or financial 6. State of N	New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restau assessment program lodging		11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 15. Water	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowin	rue and complete to the best of my knowledge and belief. Rigly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
Date 6/7/22 Signature	e of Filer Menn	IUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main S	treet, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name LISS DeMa Work Address 70 Bounice Wa	ey, frampstod with
Primary Occupation Artist e-mail demial (526 gm21.6) NWork Phone	603.770.5338
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Hampstead School District Cierle	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	derived during the preceding
1. Red Staggerwing, 70 Bonnies Way, Hampstead NH 03	2841
2. Red Hat 1006. Davie St, Raleign NC 27601	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contra discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
	of New Hampshire, county, or I employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	ter Resources
16. Agriculture Business Business Interest and Dividends Tax 18. Optional: Specify any other 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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date S 28 2027 Signature of Filer Rusiu William	JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				
Full Name Brendan Denehy	Work Address	229 W	191n St, Ke	ene NH 03435
Primary Occupation Academic Scheduler e-mail b	denehy @	charter, ne	Work Phone	603 358-2397
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or of proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from which	h any income in ex	cess of \$10,000 was de	rived during the preceding
1. University System of	New Har	npshire		
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My incom	e does not qualify	
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change i discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general public profession, occupation, or business licensed or certified by profession, occupation, or category of business:	in administrative rule, a the listed business, pro lic:	decision whether or ofession, occupation,	not to award a contract group, or matter would	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including based agent, developers, and la		Banking or financial		New Hampshire, county, or employment
	Restaurants/	10. Sale and di beverages	stribution of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	racing, or other legal fo	orms 14. Educ	ation 15. Wate	r Resources
16. Agriculture 17. N.H. Business Business Enterprise	Tax Interest an		onal: Specify any other a special interest —	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowing the following the fol				RECEIVED JUN 1 5 2022
Return to: Office of Secretary of State, 107 North M	Main Street, State Hous	e Room 204, Concor	d, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	, , , , , , , , , , , , , , , , , , , ,	
Full Name Brodic S. Deshaies	Work Address 6 Frank Goodwin Rd,	
Primary Occupation Political Consultant	e-mail brodic deshairs 2017@gmal.comWork Phone (60	03)387-4210
	State Representative, Carroll County Distri	director, associate, partner,
	al or advisory capacity, and from which any income in excess of \$10,000 was deri al retirement and/or disability benefits shall be included. (Use additional sheets as neces	
1. Trailmapper Inc., A. Depa	ot St., Suite 3, Concord, NH 03301 Stark Ave., Dover, NH 03820	
2. Strategic Alchemy, LLC, 66	Stark Ave., Dover, NH 03820	
If you have no qualifying income indicate by writing your init		
reportable special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	ecial interest in any of the following businesses, professions, occupations, groups, or not law, a change in administrative rule, a decision whether or not to award a contract, or ment affecting the listed business, profession, occupation, group, or matter would put the general public: It or certified by the State of New Hampshire. List each such Social Work	grant a license or permit,
I I / Health (are ii is insurance ii i	state, including brokers, evelopers, and landlords services 5. Banking or financial municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
	3. Horse or dog racing, or other legal forms 14. Education 15. Water gambling	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax 18. Optional: Specify any other are special Interest—	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to the best of my knowledge and belief. RS this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A 15-A:9 Penalty. Any
•		RECEIVED
Date 6/1/2022	Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of S	tate, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly					
Full Name DEBRA L DESIMONE		Work Address			ATKINSON
rimary Occupation TAX COLLECTOR	e-mail debro	deSimone	54@ COMCASTO	k Phone 60	33625357
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	TATE REPI	RESENTAT	MUE		
List below the name, address, and type of any profession, but oprietor, or employee, or served in any other professional or lendar year. Sources of retirement benefits other than federal ret	r advisory capacity,	, and from which	any income in excess of	\$10,000 was derived	d during the preceding
TAX COLLECTOR TOWN of	ATKUUSO	A)			
ou have no qualifying income indicate by writing your initials r	next to the followin	g statement.	My income does	not qualify	
portable special interest in an item on this list if a change in law scipline a licensee or permittee, or other decision by government ancial effect on you or a family member than it would on the profession, occupation, or business licensed or profession, occupation, or category of business:	ent affecting the list general public: certified by the Sta	ted business, profe	ession, occupation, group, nire. List each such	or matter would pote	entially have a greater
I / Mealth (are II is insultance II I	e, including brokers, opers, and landlord		nking or financial es	6. State of New municipal emplo	Hampshire, county, or oyment
7. N.H. Retirement 8. Current use land assessment program	9. Restau	rants/	Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horizontal Description of gan	lorse or dog racing, mbling	or other legal for	ns 14. Education	15. Water Res	ources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta	x 18. Optional: Sp special	ecify any other area i interest —	n which you have a
Utilities Commission 16. Agriculture 17. N.H. Business Frofits Tax ave read RSA 15-A and hereby swear or affirm that the foregoing rson who knowingly fails to comply with the provisions of this te	ng information is tru chapter or knowing	ue and complete to gly files a false stat	o the best of my knowledg ement shall be guilty of a	je and belief. RSA misdemeanor.	5-ARTENEL
te 4-1-2022	Signature	of Filer	Soom 204. Concord, NH 03	mone los	NEW HAMPSHIP
Poture to: Office of Secretary of State	107 North Main Co	reat State House I	Poom 204 Concord NH 03	2201	AT OF STAT

Type or Print Clearly	
Full Name Curtis Dovetter Work Address 33 S. Commercial St. M	lanchester NH .
Primary Occupation Academic Azvisor e-mail Deletter For NH @ gmail. con Work Phone 603-	660-3680
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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 necessary.)	luring the preceding
1. Desdyn Devetter, ITR Economics, 77 Sundial Ave, Marchester, NH 03103	3
2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian a licensee or permittee, or other decision by government affecting the listed 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: 2. **Consulting** **Consulti	a license or permit,
	ampshire, county, or
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource.	
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in 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-person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15- Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer	

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		.) ()	,
Full Name Ricky Devoid	Work Ad	dress ReTiRG		·
Primary Occupation	e-mail	Wo	rk Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		·		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from	n which any income in excess of	\$10,000 was deriv	ed during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your init	ials next to the following stateme	nt. My Income does	not qualify	RD
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on	n law, a change in administrative rnment affecting the listed busine	rule, a decision whether or not to	award a contract, gi	rant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the State of New	Hampshire. List each such		
	state, including brokers, evelopers, and landlords	5. Banking or financial services	6. State of Nem	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
	3. Horse or dog racing, or other l gambling	egal forms 14. Education	15. Water Re	esources
16. Agriculture 17. N.H. Business taxes: Profits Tax		rest and lends Tax 18. Optional: Specia	pecify any other area I interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and cor this chapter or knowingly files a f	nplete to the best of my knowledge alse statement shall be guilty of a	ge and belief. RSA misdemeanor.	15-RECEIVED
1/200		10/1/6/	2/	JUN 0 3 2022
Date (9/1/2027	Signature of Filer	Unen Ste		NEW HAMPSHIRE DEPARTMENT OF STATE

200 SZS HATO: 40 SEC.D CILA CEEKK DELT

Type or Print Clearly				11
Full Name Shelley Devine		145 Middlese,		
Primary Occupation Fitness Trainer e-mail St	elldevine	Photmail Com Work	Phone 67	-388-7729
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacalendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from which	h any income in excess of \$	10,000 was derived of	luring the preceding
1. Evolve Strategies, LLG 5 Midd	lesex Ave	#1025 Som	erville MA	02145
2.				
If you have no qualifying income indicate by writing your initials next to the follo	owing statement.	My income does no	ot qualify	
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public. 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: Real E	administrative rule, a ne listed business, pro : ne State of New Hamp	decision whether or not to a fession, occupation, group, o	ward a contract, grant	a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broaders, and land		Banking or financial rices	6. State of New H municipal employ	ampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Re System assessment program lodgin	estaurants/	10. Sale and distributio beverages	n of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog ra	acing, or other legal fo	14. Education	15. Water Resou	
16. Agriculture 17. N.H. Business Enterprise T	ax Interest an Dividends	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ecify any other area in interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowing the comply with the provisions.	is true and complete	to the best of my knowledge	e and belief. RSA 15	
person who knowingly fails to comply with the provisions of this chapter of this		10		RECEIVED
Date June 10, 2022 Signa	ature of Filer	Shelley De	vnl	JUN 13 2022
				NEW HAMPSHIRE

Type or Print Clearly	
Full Name Dave De Voy Work Address 1400 Lakes hore RD 6.1/fc.	12,NH03249
Primary Occupation retail e-mail d-devagamen-com Work Phone 603-	455-84 28
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	AND THE RESIDENCE OF THE PERSON OF THE PERSO
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
MeIntyre Circle Est. Inc., Sugar Muffin Inc., Bo Really LLC, Tigg.	ex leathy LLC.
2. Durcan Realty LLC P.O. BOX 280 Sarboraton, WH 03269	
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Convented Con	nt a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal employers	Hampshire, county, or byment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Research	ources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/3/2022 Signature of Filer Was D. Uses	JUN 0 3 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Esica R de Vijes Work Address 39 Esker Rd Hamp.	ton NH 03842
Primary Occupation fundiquing angultant e-mail evica rdevriesegmail. com Work Phone 603	828-1720
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly, or 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 as necessary)	ed during the preceding
1. Accessio Strategies, UC, POBOX 74, Portsmouth, NH03802	
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 ma reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would position and 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:	ant a license or permit,
	w Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law Maine Bar
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Re	esources
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 10 2022 Signature of Filer M. W.	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 4 2022 NEW HAMPSHIRE

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Nevin Dexter	Work Address 2	19 Center St	t., Laconia NH 03246
Primary Occupation Masonry Construction e-mail new	vinddexter@gm	ail. con Work	Phone (603) 923-9050
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
 List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory cap alendar year. Sources of retirement benefits other than federal retirement and/o 	pacity, and from which any	y income in excess of \$	10,000 was derived during the preceding
f you have no qualifying income indicate by writing your initials next to the foll	lowing statement.	My Income does no	ot qualify
reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public. 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including broaden, developers, and land	he listed business, professions: be State of New Hampshire okers, 5. Banki	on, occupation, group, o	
	estaurants/	10. Sale and distribution beverages	
	acing, or other legal forms	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Enterprise 7			cify any other area in which you have a nterest —
have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowing the comply with the provisions.	n is true and complete to the lowingly files a false statem	ne best of my knowledge nent shall be guilty of a n	and belief. RSA 15-A:9 Penalty. Any nisdemeanor.
	ature of Filer	euin Dester	JUN 0 8 7022
Return to: Office of Secretary of State, 107 North Ma	ain Street, State House Roo	om 204, Concord, NH 03:	DE LITOF ST

Type or Pr	int Clearly					
Full Name	Jeffrey C Dickler		Work Address	97 Old Jaffrey Road, Rind	lge, NH 0346	1
Primary Oc	ccupation retired	e-mail	gsgstriker@aol.com	Wo	ork Phone	314-346-0970
directors,	office, position, board or commission, board of etc. or employment with state or county on held by you. NO ACRONYMS	N/A				
proprietor,	ow the name, address, and type of any profession or employee, or served in any other profession ear. Sources of retirement benefits other than federal.	nal or advisor	ry capacity, and from which	ch any income in excess of	f \$10,000 wa	as derived during the preceding
1.	IMECIANO WATER WORKS PENSION - NOR	THERN TRUS	TCOMPANY, BENESITA	Byment Services, 50.	S. LASAlles	T. NB-38, Chicago, IL 6060
2.						
If you have	no qualifying income indicate by writing your in	itials next to t	he following statement.	My income doe	not qualify	
reportable discipline a financial ef	below whether you or a family member has a spe special interest in an item on this list if a change i licensee or permittee, or other decision by gove fect on you or a family member than it would on	n law, a chan rnment affect the general p	ge in administrative rule, a c ting the listed business, prof public:	decision whether or not to fession, occupation, group	award a cont	ract, grant a license or permit,
	. Any profession, occupation, or business license of offession, occupation, or category of business:	ed or certified	by the State of New Hamp	shire. List each such		
		Estate, includi developers, a		Banking or financial vices		te of New Hampshire, county, or pal employment
7. N Syste	.H. Retirement 8. Current use land assessment program		9. Restaurants/ lodging	10. Sale and distribute beverages	tion of alcoho	olic 11. Practice of law
		13. Horse or of gambling	dog racing, or other legal fo	orms 14. Education	T 15. V	Water Resources
16.	Agriculture 17. N.H. Business taxes: Profits Tax	Busin Enter	ness Interest an Dividends	Tax 18. Optional: S	pecify any ot al interest	her area in which you have a
	RSA 15-A and hereby swear or affirm that the for o knowingly fails to comply with the provisions o					
Date	06/02/2022		The Sig	nature of Reporting Individ	lual	

Type or Print Clearly
Full Name Michael Di Gregorio Work Address 18 White Mostain Hwy Conway
Primary Occupation Consolidate Comm e-mail diggend64 agmail.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. SOLAR CONSERVES OWNER 49 POLLARD ST CONWAY N.H.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land sssessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest — Contact of Contac
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022 Signature of Filer Muchal Dilhigari JUN 03 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Sara Dillingham Work Address 287 Columbus	Ave. Buston, MA 02116
Primary Occupation SOCIAL WOVK e-mail SOLIA, dillingham@gmail.com w	ork Phone 617 - 927 - 2426
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family mem proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional contents of the con	of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does	es not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occur reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, groufinancial effect on you or a family member than it would on the general public:	o award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution beverages	ition of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: spec	Specify any other area in which you have a ial 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 knowled person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of	
Date June 10, 2022 Signature of Filer	

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

RECEIVED

JUN 15 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Charlotle DiLorenzo Work Address 9 Chennell Drive Concord NH 63301
Primary Occupation SUNVRY WONKES e-mail charlotte di lovenzue gmail 613 988-4405
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Oncuers fy System of WH o3301
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. City of Burly MA Betirement Bd - Randall Di Locenzo Spoace
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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 Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A-9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/1/2022 Signature of Filer Characte & RNEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

ype or Pri	int Clearly					
ull Name	Lisa Ann DiMartino		Work Address	PO Box 7082	Laconia , NH	03247
rimary Oc	Cupation Disability Rights Advocate	e-mail Idimarti	ino@tpadvoca	ates.com	Work Phone	603 496-1115
irectors,	office, position, board or commission, board of etc. or employment with state or county of the held by you. NO ACRONYMS	The New Hampsl	hire Medical C	Care Advisory Co	ommittee	
roprietor,	ow the name, address, and type of any profession or employee, or served in any other profession ear. Sources of retirement benefits other than federal.	nal or advisory capacit	y, and from which	th any income in ex	xcess of \$10,000 v	vas derived during the preceding
11	NNOVATIVE SAFETY CONCEPTS, L	LC, PO Box 7082,	Laconia, NH	03247, Security	and Safety Co	onsulting
you have	no qualifying income indicate by writing your in	sitials next to the follow	ing statement.	My incon	ne does not qualify	,
7	1. Any profession, occupation, or business licent profession, occupation, or business licent				h	
7 2. H	Paith Lare II Is inclirance II I	Estate, including broker developers, and landlo	rs, 5.	Banking or financial		ate of New Hampshire, county, or cipal employment
7. N Syst	I.H. Retirement 8. Current use land	9. Resta			listribution of alcol	
	ny business regulated by the Public es Commission	13. Horse or dog racin of gambling	g, or other legal f	orms 14. Edu	cation 15	. Water Resources
16.	Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest ar Dividends		ional: Specify any special interest	other area in which you have a
	RSA 15-A and hereby swear or affirm that the for o knowingly fails to comply with the provisions		ngly files a false s			
Date Ju	une 6, 2022	Signague	e zaj Filer	Lusa	asy	D. Maelone
	Return to: Office of Secretary of	NEW HAM State, DERARIMEN	and the last last transfer to see a second	se Room 204, Conco	rd, NH 03301	

Type or Print Clearly				
Full Name Aria DiMezzo	Work Address	659 Marlboro	St. Keene, 1	VH 03431
Primary Occupation High Priestess e-mail aria@Fo	reetalklive, com		Work Phone	603-803-2428
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or discovered in the service of	y, and from which	any income in exce	ss of \$10,000 wa	s derived during the preceding
1. N/A				
2.				
If you have no qualifying income indicate by writing your initials next to the following	ng statement	My income of	loes not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adn discipline a licensee or permittee, or other decision by government affecting the lifinancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the Suprofession, occupation, or category of business:	ninistrative rule, a d isted business, profe	lecision whether or no ession, occupation, gr	ot to award a control oup, or matter w	tract, grant a license or permit, ould potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		anking or financial ces		e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. Resta System assessment program lodging	urants/	10. Sale and distr beverages	ibution of alcoho	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	g, or other legal for	14. Educati		Vater Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Ta		al: Specify any ot pecial interest —	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	rue and complete t ngly files a false sta	to the best of my know tement shall be guilty	vledge and belief of a misdemean	RSA 15-A:9 Penalty. Any or.
Date 6-10-22 Signatur	e of Filer	trop2		RECEIVED
6-10-aa	174			JUN 13 2022
Return to: Office of Secretary of State, 107 North Main	Street, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly
Full Name Linda Dishesto Work Address 803 E/m St. MANCher hu
Primary Occupation Realter e-mail / Hdc. disclosus Realty. con Work Phone 603 625-5556
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. HEPine LLC
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. PSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date July 1 2027 Signature of Filer NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name LAURENCE K. DISENHOF Work Address
Primary Occupation RETIRED e-mail LARRYD @ DISENHOF. COM Work Phone 408-943-1234
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partnerships the profession of the profession of the partnerships the profession of the profession o
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. CADENCE DESIGN SYSTEMS, INC. 2655 STELY ROAD, SAN JOSE, CA. 95134
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: BI ANY MEMBER 15 AND 58 HH HOUSING HOPE PROFIT
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, of municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—BUALD NLABLE 15 A LAND
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date TWE 9, 2022 Signature of Filer Jan K D MAN 13 1322 DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Katherine Doherty Work Address N/A	
Primary Occupation Refired Warian e-mail Katolicity 7/10 gmail. 10m Work Phone 603-7	123-876
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived du 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.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	0
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentia 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: Daughter works as Director of Museum of the White All Phynomia State University.	license or permit, ally have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hard services	-
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource	:es
16. Agriculture 17. N.H. Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which is special interest—	nich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-As person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date June 7,2022 Signature of Filer Katherine Dishuty	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE EPARTMENT OF STATE

Type or Print Clearly
Full Name Katherine Doherty Work Address N/A
Primary Occupation Refined Warian e-mail Kabheity 7110 gmail. com Work Phone 603-723-876
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NIA
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special Interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Daughter works as Director of Museum of the White Mantaus at Dlymouth State University
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of 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 Enterprise Tax Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 7,2022 Signature of Filer Katherine Dohuty



Type or Print Clearly
Full Name George Thomas Dalan III Work Address Retired
Primary Occupation Refired e-mail tomd 0610 agmail. com Work Phone NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS State Representative, Rochingham County
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. BAE Systems Retirement.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Business Enterprise Tax Business Business Enterprise Tax Business Business Business Business Business Dividends Tax Business Special interest and Special interest Special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6322 Signature of Filer

		2022 NEW HAMPSHIRE	STATEMEN	NT OF FINANCIA	AL INTE	RESTS - RSA	15-A		250 E
	Print Clearly				Г	74.0	- L D I N - L	NII I	是访
Full Nam	e Will	iam Dolan		Work Add	dress	71 Spitt	prook Rd Nash	nua, NH	Hand Hand
Primary (Occupation	Attorney	e-mail	wdolan@	wjdle	gal.com	Work Phone	978 483 0329	Property of the party of the pa
directors		on, board or commission, board of coloyment with state or county u. NO ACRONYMS		de de de la constantina della					Constitution of the state of th
proprieto	or, or employe year. Sources	e, address, and type of any profession e, or served in any other profession of retirement benefits other than federa	al or advisory	capacity, and fron	n which	any income in	excess of \$10,000 wa	as derived during the pr	partne recedin
	Law Of	fices of William J Dolan							
2.									
f you hav	ve no qualifyin	g income indicate by writing your init	ials next to the	following stateme	ent.	My inco	me does not qualify		
reportal disciplin	ole special inte le a licensee or	ther you or a family member has a spe rest in an item on this list if a change i permittee, or other decision by gove or a family member than it would on	n law, a chang rnment affectii	e in administrative ng the listed busine	rule, a de	ecision whether	or not to award a cor	ntract, grant a license or p	permit,
<u></u>	1. Any profe	ession, occupation, or business license	ed or certified l	oy the State of New	/ Hampsh	nire. List each su	ch		
X	profession, oc	cupation, or category of business:	Legal	Profession					
2.	Health Care	I IS INSTITATION II I	state, including evelopers, and		5. Ba	nking or financi es		te of New Hampshire, co ipal employment	unty, or
	N.H. Retirem stem	ent 8. Current use land assessment program		9. Restaurants/ odging		10. Sale and beverages	distribution of alcoh	olic X 11. Prac	tice of
	Any business r ties Commissi		13. Horse or do f gambling	og racing, or other	legal for	ns 14. Ed	ucation 15.	Water Resources	
16	5. Agriculture	17. N.H. Business taxes: XProfits Tax	Busine: Enterpr		rest and dends Ta		special interest	ther area in which you ha	ave a
		d hereby swear or affirm that the fore fails to comply with the provisions of							. Any
Date	06/01/2	22	5	ignature of Filer	n	Min	Bon		,

Type or Print Clearly	
	Titton Rd, Canter-bury, Alters
Primary Occupation Retired e-mail summer dole agradica	Work Phone 603. 491, 2387
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	DISTRICT#4
A. List below the name, address, and type of any profession, business, or other organization in which you or a family me proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in except calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use ad	ess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income	does not qualify 5.4514
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or no discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, grand 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:	ot to award a contr <u>act,</u> grant a license or permit, roup, or matter would potentially have a greater
2. Health Care 3. In surance 4. Real Estate, including brokers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution System lodging beverages	ribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Option	al: Specify any other area in which you have a pecial interest
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my known berson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty. Date 6/6/2022 Signature of Filer	wledge and belief. RSA 15-A:9 Penalty. Any y of a misdemeanor. RECEIVED WIN 0 8 2022
Return to: Office of Secretary of States, 107 North Main Street, State House Room 204, Concord,	NEW PAMPSHIRE

Type or Print Clearly				
Full Name Tanya Donnelly	Work Address	2155. Broad	way Sal	em NH03079
Primary Occupation Business Consultant e-mail ta	nya@Cano	bie landing con Work		-482-7434
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacitalendar year. Sources of retirement benefits other than federal retirement and/or other retirement and/or other retirement and/or other retirement	city, and from whic	n any income in excess of \$	0,000 was derived	during the preceding
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2.				
f you have no qualifying income indicate by writing your initials next to the follow	wing statement.	My income does no	t qualify	
discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: 4. Real Estate, including broken.	State of New Hamp			Hampshire, county, or
2. Health Care		ces	municipal emplo	pyment
7. N.H. Retirement 8. Current use land 9. Res	taurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rac of gambling	ing, or other legal fo	rms 14. Education	15. Water Res	ources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends	d 18. Optional: Special in	ify any other area i terest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or known	s true and complete wingly files a false st	to the best of my knowledge atement shall be guilty of a mi	and belief. RSA 1 sdemeanor.	S-A:9 Penalty. Any RECEIVED
Date 4/1/222 Signate	ure of Filer	D>5 /7	9	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main		- LAULANN		NEW HAMPSHIRE DEPARTMENT OF ST

Type or Print Clearly			
Full Name PAUL C DOOL TILE	Work Address	SAME	
Primary Occupation RETIRED	e-mail	Work Phone	603 5052854
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	MONE		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from wh	ch any income in excess of \$10,000 w	as derived during the preceding
1. HEATE SOCIAL SEC	=URITY.		
ODD JoBs			
f you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	Pes
reportable special Interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business licenses profession, occupation, or category of business:	rnment affecting the listed business, p the general public: ed or certified by the State of New Ham	ofession, occupation, group, or matter w	
I / Health Lare II is insurance II I			ipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcohologous beverages	olic 11. Practice of law
	Horse or dog racing, or other legal f gambling	14. Education 13.	Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest a Enterprise Tax Dividend	II I am a sint interest	ther area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore	egoing information is true and complet f this chapter or knowingly files a false	e to the best of my knowledge and belie statement shall be guilty of a misdemear	f. RSA 15-A:9 Penalty. Any nor.
Date JUHF 10 2022	Signature of Filer	Paul Nortille	JUN 13 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State Hou	se Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name FRED DONCETTE	Work Address
Primary Occupation RETIRED FRE FIGHTER e-mail FRE	DOUCKTER OUTLOOK. COMWORK Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. STATE	REPRESENTATIVE
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the follow	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in addiscipline a licensee or permittee, or other decision by government affecting the life financial effect on you or a family member than it would on the general public:	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the Sprofession, occupation, or category of business:	state of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	
7. N.H. Retirement 8. Current use land 9. Resta	10. Sale and distribution of alcoholic law
12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission 13. Horse or dog racin	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or knowing the comply with the provisions.	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 of known	RECEIVED
Date 07 JUN 22 Signatur	re of Filer JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Martin R. Doughty	Work Address 156 main ST, Andover NH
Primary Occupation Tow Truck Operator e-mail me	50_2015@yaho.com Work Phone 603.252.0537
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the follow	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adr	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlo	
7. N.H. Retirement 8. Current use land ssessment program 9. Resta lodging	urants/ 10. Sale and distribution of alcoholic law 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date 6 10 · 2022 Signatur	e of Filer Marta Cought

Type or Print Clearly
Full Name Eller Marie Douglas Work Address 100 Morrissey Bl vd, Boston, MA0212
Primary Occupation Professor e-mail ellen. douglas @work Address 100 Morrissey Bl vd, Boston, MA0212
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. University of Massachusetts Boston, 100 Morrissey Blud, Boston, MA 02125
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE NEW HAWPSHIRE NEW HAWPS

Type or Print Clearly				
Full Name Michael Drago	Work Address	135 R+	27 fc	ymond, NH 03077
Primary Occupation Business owner e-mail Mike	for raymond (a gmail.com	Work Phone	603-432-2974
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capaciticalendar year. Sources of retirement benefits other than federal retirement and/or discovered in the server of the ser	ity, and from which	any income in exce	ess of \$10,000 was	derived during the preceding
1. East Casst Outloors				
2. East Coast Property Management	ent.			
If you have no qualifying income indicate by writing your initials next to the following		My income	does not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the Standard profession, occupation, or category of business:	ministrative rule, a de listed business, profe	ecision whether or n sssion, occupation, g	ot to award a contra	act, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		nking or financial es	11 1	of New Hampshire, county, or I employment
7. N.H. Retirement 8. Current use land 9. Restar	aurants/	Sale and dist beverages	ribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	ng, or other legal forr	ns 14. Educat	ion 15. Wa	ter Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax		al: Specify any othe pecial interest —	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowle	true and complete to ingly files a false state	the best of my kno ement shall be guilt	wledge and belief. y of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 6-8-27 Signature	re of Filer			JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House R	loom 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print Clearly
Full Name Margaret M. Drye Work Address PO Box 3, 1136 Rt-12-A Plainfie
Primary Occupation home maker e-mail Drye NH @gmail. com Work Phone 603 443-2125
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Cemetery Trustee, Town of Plainfield
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business Enterprise Tax Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Type or Print Clearly
Full Name Virginia Rose Dige Work Address POBox 3 Plainfield, NH B781
Primary Occupation Self-employed e-mail Volge@gmail.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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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 lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 3, 2022 Signature of Filer

Type or Print Clearly
Full Name Donna M. Dube Work Address -
Primary Occupation Retired/Subst. e-mail donna dube 2022 at q Work Phone Com
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
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Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System Texche B 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-AB Penalty: Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date: Signature of Filer DEPARTMENT C.

Type or Print Clearly							
Full Name Christine Daniene Over Work Address 86 MAPIE AUE ATK	inson NH 0381						
Primary Occupation Retired e-mail CAILY2 CAILY2 COM COST LINES 603	489 8183						
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS							
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)							
1. None	JUN 1 4 2022						
2.	NEW HAMPSHIRE DEPARTMENT OF STATE						
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	CD						
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public:	license or permit,						
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:							
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Harmonicipal employments agent, developers, and landlords							
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 14. Education 15. Water Resource							
16. Agriculture 17. N.H. Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in w special interest —	hich you have a						
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a mixdemeanor.	:9 Penalty. Any						
Date U 10 7022 Signature of Filer MISTINE DIMEN	Duen						

Type or Print Clearly
Full Name Russell Dumais Work Address
Primary Occupation Return e-mail SUNDEC DUNKS @Maliner Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Retrical Becquation
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Interest and Special interest special interest special interest 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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 6, 2027 Signature of Filer Reyal New SHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Pierre M Dupont Work Address 71 Circuit St	- Manchester
Primary Occupation Contractor e-mail plads @ concestnet Work Phone 603	2892699
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you. NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, 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 necessary.)	during the preceding
Covenant Drywell + Remodeling	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would poten financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services municipal employ	ampshire, county, or ment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest —	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	-A:9 Penalty. Any
Signature of Filer $R M M$	JUN 13 2022
Determine the Office of Concepts of State 107 North Main Street State House Room 204 Concord NH 03301	NEW HAMPSHIRE

Return to: Office of Secretary of State, 107 North Main Street, State House Room 2

DEPARTMENT OF STATE

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Primary	Occupation	Ret	ired		e-mail	ecdrev32	amyt	airpoi	tine Work	Phone	Home: (60.	3)772-4140
director		employn		ssion, board of te or county ONYMS	Non-Ap	plicable						
propriet	or, or emplo	yee, or	served in any	other profession	al or advisory o	other organization capacity, and from d/or disability benefi	which any	income	in excess of \$	10,000 wa	s derived du	•
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1	6. Agricultur	e	17. N.H. taxes:	Business Profits Tax	Business Enterpris		st and nds Tax	18.	<i>Optional</i> : Spe special i	cify any oth nterest —	her area in wi	hich you have a
have re	ad RSA 15-A who knowing	and her	eby swear or a comply with	ffirm that the fore the provisions of	going informati this chapter or	ion is true and com knowingly files a fa	olete to the se stateme	best of nontraction	ny knowledge e guilty of a n	and belief	RSA 15-A	ED Any
Date	June	4,2	2022		Sig	nature of Filer	Edu	and (2. Duno	an	07 20	
				of Courses	tata 107 North	Main Street State	louse Room	n 204 Co	ncord NH 033	101	MPSI OI	HIRE FST E

Type or Print Clearly
Full Name Stanley Granot Duncan Work Address (Retired)
Full Name Stanley Giranot Duncan Work Address (Retired) Primary Occupation Retired e-mail Stan Duncan Post. HARVAR Work Phone 781-504-4876
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic 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 Business Interest and Dividends Tax Business Business Enterprise Tax Business 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. PSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15-A B C L L L L L L L L L L L L L L L L L L
Date OC/02/2022 Signature of Filer Signature of Filer NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Ron Dun	Work Address 12 Quiny Rd Londondery, NH
	bro99 @ gmail. 10m Work Phone 781-640-1006
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	y Budget committee
	organization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1. CUS Health Merrimack, NH	03054
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If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater tate 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 landlore	
7. N.H. Retirement 8. Current use land 9. Restaution assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 13. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr	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 knowing	ngly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/1/27 Signature	
	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly	
Full Name Thomas Dunne	Work Address 206 Bible Hill Road
Primary Occupation Retired e-mail	biblehillfarmayahacom 603-456-3504
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	te Senate
proprietor, or employee, or served in any other professional or advisory	other organization in which you or a family member was an officer, director, associate, partner, capacity, 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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reportable special interest in an item on this list if a change in law, a change	
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7. N.H. Retirement 8. Current use land	Iandlords
	og racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterpri	an a stall in tax and
I have read RSA 15-A and hereby swear or affirm that the foregoing informa person who knowingly fails to comply with the provisions of this chapter or	tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any representations of a misdemeanor.
person who knowingly tails to comply with the provisions of this chapter of	RECEIVED
Date June 9 2022	ignature of Filer June 1 June JUN 0 9 2022
Return to: Office of Secretary of State 107 North	h Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Carrie Duran Work Address 719 N. Main st. Lacon	10 NH 0324
Primary Occupation Legislative Licesare e-mail Carried vare Chrosop Work Phone 603-5	524-8811
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. No ACRONYMS Lakes Require Commont Developers, Secretary of Worthern Human Services Board, Member, Medicard Commission, board of Worthern Human Services Board, Member, Medicard Commission, board of Disabilities.	300-d d Expensive a Developmental
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 dur	
calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	RECEIVED
1.	JUN 13 2022
2.	NEW HAMPSHIRE DEPARTMENT OF STATE
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, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a lidiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public:	cense or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employme	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource of gambling	25
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in whose special interest—	ich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A: person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	Penalty. Any
Date 6/6/72 Signature of Filer	1

REC'D CITY CLERK DEPT

Type or Print Clearly Home
Full Name SHERRY COREEN DUTY Work-Address 18 Swart Derrace Nashua, NH030 Primary Occupation Volunteer e-mail saluty 2010 gnail comwork Phone 603-882-1274
Primary Occupation Volunteer e-mail saluty 2010 gnail comwork Phone 603-882-1274
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REPRESENTATIVE
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/8/2022 Signature of Filer Sherry Thuly

Type or Print Clearly
Full Name Allison Josephine Dyer Work Address 22 Cotton Road Nashua NH 03063
Primary Occupation Accountant e-mail Allie _Scott@comcost.net Work Phone 603-281-9406
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Solution Health
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. Solvtion Hezith, 22 Cotton Road Nashva NH 03063
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
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7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief RSA 15-A-9 Penalty May person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdepread to the best of my knowledge and belief RSA 15-A-9 Penalty May person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdepread to the best of my knowledge and belief RSA 15-A-9 Penalty May person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdepread to the best of my knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May person who knowledge and belief RSA 15-A-9 Penalty May pena
Date 06-01-2022 Signature of Filer Signature of Filer JUN 2'22