Type or Print Clearly			
Full Name WILLIAM JOHN IN	FANTINE Work A	Address 40 STARK	STREET Manchester V.
Primary Occupation Susuance	e-mail	Work	Phone (603)647-0800
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N. H. Electrican	Scard Congrusation advisor	<i>A</i> 0
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	n, business, or other organizational or advisory capacity, and fro	on in which you or a family member on which any income in excess of \$1	was an officer, director, associate, partner, 10,000 was derived during the preceding
1. aptisure Resk Partney	40 Stark ste	a manhester with	0310
2. Femdole acus Conpound	52 Wednesday	Hull Rd Lee, Not	
If you have no qualifying income indicate by writing your init	ials next to the following staten	nent. My income does no	t qualify
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	n law, a change in administrativ rnment affecting the listed busi	ve rule, a decision whether or not to aw	ard a contract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	N, H. Insurance		
Lange Cara II Rancuranca II	state, including brokers, evelopers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic 11. Practice of law
	Horse or dog racing, or othe f gambling	er legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business taxes:		terest and vidends Tax 18. Optional: Spec	ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and co f this chapter or knowingly files	omplete to the best of my knowledge a a false statement shall be guilty of a mi	sdemeanor.
Date 6, 22	Signature of Filer	was gu	JUN 0 2 2022 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 Paul C. Inglictson	Work Address home
Primary Occupation for TIST - TEXCHER e-mail Ingo	bretson_studio(d) yokoo; Werkshone 603 348-3056
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, ity, and from which any income in excess of \$10,000 was derived during the preceding isability 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	ving statement. My income does not qualify
financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	listed business, profession, occupation, group, or matter would potentially have a greater 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	aurants/ 10. Sale and distribution of alcoholic 11. Practice of 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 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 know	
Date 6/10/22 Signatu	re of Filer hy Files NEW HOMPSHIRE
,	DEPARTIMENT OF STATE

Type or Print Clearly			
Full Name Daniel E. Innis	Work Address	10 Garrison	Ave Durham
Primary Occupation Professor e-mail	daninnise	mac.can Work Pt	none (003-862-3313)
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, proprietor, or employee, or served in any other professional or adviso calendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which a	any income in excess of \$10	0,000 was derived during the preceding
1. University of New Haw	yshire		
2.			
If you have no qualifying income indicate by writing your initials next to	the following statement.	My income does not	qualify
reportable special interest in an item on this list if a change in law, a chardiscipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the genera 1. Any profession, occupation, or business licensed or certification, occupation, or category of business:	cting the listed business, profes I public:	sion, occupation, group, or r	
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, a		nking or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	 Sale and distribution of beverages 	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse o	r dog racing, or other legal form	14. Education	15. Water Resources
16. Agriculture taxes: Profits Tax Ente	ness Interest and Dividends Tax	special int	
I have read RSA 15-A and hereby swear or affirm that the foregoing infor person who knowingly fails to comply with the provisions of this chapte	mation is true and complete to r or knowingly files a false state	the best of my knowledge a ment shall be guilty of a mis	nd belief. RSA 15 A:9 Penalty. Any demeanor.
Date 69 2022	Signature of Filer	au (- ()
Poture to Office of Socretary of State 107 N	orth Main Street State House B	oom 204 Concord NH 0330	

Type or Print Clearly
Full Name VIR GINIA OBRIEN IRWIN Work Address POUTTIME: 58N MAINST, NEWPORT
Primary Occupation RETIRED e-mail SULLIVANCOUNTY MATTER SOGNAND WORK Phone U03-843-3040
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Madernation Town of Newport + SAU43
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N/A
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 system 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 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.
RECEIVE
Date Signature of Filer 7/16 1116 OBrief Fruit 1111 1 5 20

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

NEW HAMPSTURE DEPARTMENT DE STAT

Type or Print Clearly		
Full Name Heather Iworsky	Work Address 4 Fellows Rd. Windhar	n, NH 03087
Primary Occupation Attorney	Joo	13-965- 1226
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Town of Windham NH Police Department	
proprietor, or employee, or served in any other professions	n, business, or other organization in which you or a family member was an officer, dal or advisory capacity, and from which any income in excess of \$10,000 was derival retirement and/or disability benefits shall be included. (Use additional sheets as necess	red during the preceding
1. Attorney Heather Iworsky,	19 Ludlow Rd, Windham, NH 03087	
2. Sgt. Greg Iworsky, Windho	un Police Department, 4 Fellows Rd, Windham	NH 03087
If you have no qualifying income indicate by writing your initi		
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on		rant a license or permit,
profession, occupation, or category of business:	Attorney	
2. Health Care 3. Insurance agent, de	evelopers, and landlords services municipal em	w 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
	13. Horse or dog racing, or other legal forms 14. Education 15. Water R	esources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	a in which you have a
	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.	
		RECEIVED
Date 6/1/22	Signature of Filer	JUN 0 1 2022
Return to: Office of Secretary of S	State 107 North Main Street State House Room 204 Concord, NH 03301	NEW MANDENIRE DEPARTMENT OF STATE

Type or Print Clearly						
ull Name	in L. Jaul		Work Address	83 Calogan	Wan	
rimary Occupation	Actived	e-mail Mo	wtin. Jack (leg. state. al. 400	rk Phone	603-318.0457
	board or commission, board of yment with state or county NO ACRONYMS		eprezentahi			
oprietor, or employee,	ddress, and type of any profess or served in any other profession of the profession retirement benefits other than fed	onal or advisory capac	ity, and from which	any income in excess of	\$10,000 was d	erived during the preceding
				,		
ou have no qualifying ir	ncome indicate by writing your i	nitials next to the follow	wing statement.	My income does	not qualify	1
eportable special interest iscipline a licensee or pe	r you or a family member has a s t in an item on this list if a chang rmittee, or other decision by gov a family member than it would o	e in law, a change in advernment affecting the	lministrative rule, a d	ecision whether or not to	award a contrac	t, grant a license or permit,
	on, occupation, or business licer pation, or category of business:	sed or certified by the	State of New Hamps	hire. List each such		
2. Health Care	is insurance ii i	Estate, including broke developers, and landle		nking or financial es		New Hampshire, county, or employment
7. N.H. Retirement System	8. Current use land assessment program		aurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regu Utilities Commission	ulated by the Public	13. Horse or dog raci of gambling	ng, or other legal for	ms 14. Education	15. Wate	er Resources
16. Agriculture	17. N.H. Business taxes: Profits Ta		Interest and Dividends Ta	x 18. Optional: Specia	oecify any other I interest — 2, 4	area in which you have a
ave read RSA 15-A and h rson who knowingly fail	ereby swear or affirm that the fo s to comply with the provisions	regoing information is of this chapter or know	true and complete t vingly files a false sta	o the best of my knowledgement shall be guilty of a	ge and belief. I misdemeanor.	RSA 15-A:9 Penalty. Any
ate 01 Su	~ 2021	Signatu	ure of Filer	met L. O	1	

Type or Print Clearly	
Full Name Kristen Jackson Work Address 311 N. STATE ST Cond	COVD NH 03301
Primary Occupation Transportation-Driver e-mail Kristen, Photo@hotmail.com Work Phone 6	03 225 0849
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, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rived during the preceding
1. 7. Husband-works for Lincoln Financial	
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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of landlords	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	r Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax 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 true and complete to the best of my knowledge and belief. Reperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	REGEIVED
Date 6/7/22 Signature of Filer Kussun Jacksun	JUN 07 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
Full Name W144 1 AM G JALKSON Work Address 943 OCEAN BLUD 71	22 HAMPROX
Full Name W 144 / AM & JALKSON Work Address 943 OCEAN BLUD # Primary Occupation RETIRED e-mail W6JACKSON CONCANT Work Phone 978 Name the office, position, board or commission, board of directors, etc. or employment with state or county	337595
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.)	r, associate, partner, iring the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	W F
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters, reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	license or permit,
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 Harmonic 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	
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in w	hich you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	1:9 Penalty. Any
Date JUNE 10 2022 Signature of Filer	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

Type or Print Clearly
Full Name John Carl Janigian Work Address 25 Liberty St, Salem, NH 03079
Primary Occupation Self Employed e-mail John J88 Ccomcast net Work Phone 603-770-8230
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.)
John of Mary Ann Janigian, Proprietors, Residential Rentals, 25 Liberty St, Salem, NH or 394-398 Notre Dame LLC, 25 Liberty St, Salem, NH 03079 BHHS Verani Realfy, I verani Way, Londondern, NH 03053 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: Residential Rentals Real Estate Sales
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services for the services services
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 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.
Date June 2, 2022 Signature of Filer Jang

Type or Print Clearly
Full Name TASON A. JANVRIN Work Address 25/6 right WR, Gilmeron WH03837
Primary Occupation Camp STAFF e-mail ikebub@Gmail.com Work Phone 6089447449
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. NA
2. 1
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 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 OI TUN 22 Signature of Filer

Type or Print Clearly			4	1
Full Name JEAN JEUN	Work Address			
Primary Occupation Disable	e-mail jame judyo	rcloud-com Wor	k 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, but proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement.	r advisory capacity, and from which	ch any income in excess of	\$10,000 was deri	ved during the preceding
2.				
f you have no qualifying income indicate by writing your initials n	next to the following statement.	My income does r	not qualify	
reportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the control of the special profession, occupation, or category of business:	ent affecting the listed business, pro general public:	ofession, occupation, group,		
		Banking or financial vices	6. State of Normal municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. H Utilities Commission 13. H	lorse or dog racing, or other legal fo nbling	14. Eddcation	15. Water F	
16. Agriculture 17. N.H. Business Profits Tax	Business Interest an Enterprise Tax Dividends	11 1	ecify any other are interest —	ea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoin	g information is true and complete	to the best of my knowledg	e and belief. RS	A 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this	chapter or knowingly files a false st	atement shall be guilty of a	misdemeanor.	RECEIVED
Date 6-1-22	Signature of Filer	O HOLLO		JUN 0 2 2022
	107 North Main Street State Hous	A Consord AILLOS	301	NEW HAMPSHIRE DEPARTMENT OF STA
Deturm to Office of Secretary of State	THE MORTH MAIN STREET STATE HOUS	EMBOOTH 204. CONCORD, NO U.S	JULI	Della Control

Type or Print Clearly
Full Name Dawn M Johnson Work Address 199 Country Club Rd Laconia
Primary Occupation Bookkeeper / Wait ress e-mail Staterep@dawnjohnson4nh. Work Phone 603-305-84160
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Laconia School board Ward 4
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.
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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 Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. PSA 15-RECEIVED 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 Signature of Filer Signature of Filer DEPARTMENT OF STATE

Type or Print Clearly
Full Name Judi'm Gaynor Johnson Work Address 117 Paige Hill Rd, Goffstow Nit
Primary Occupation Self employed - JP e-mail judygjohnson egmail. Comwork Phone 603-703-4101
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. State of NH refirement - teacher
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 municipal employment 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. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date June 9, 2022 Signature of Filer June 9, 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

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

A Type or Print Clearly	2022 NEW HAMPSHIRE STA		,	4	
Full Name Paul	u Johnson	Work Add	iress 265 Suth	Rivered Uni	tc-Bedford M
Primary Occupation	cultur	e-mail PIJ530	aol.com	Work Phone	03-966-6794
	noard or commission, board of ment with state or county NO ACRONYMS	pard of Educa	tun		
proprietor, or employee, or	dress, and type of any profession, bus r served in any other professional or ettrement benefits other than federal reti	advisory capacity, and from	which any income in ex	cess of \$10,000 was	derived during the prece
1. Realti	One Group West	level			
2. 2655	Kivek Rd Bos	Leed, NH-			
B. Indicate below whether	you or a family member has a special i	interest in any of the followir	ng businesses, professions,	e does not qualify occupations, groups,	or matters. A person has a
B. Indicate below whether reportable special interest discipline a licensee or pen financial effect on you or a	you or a family member has a special in an Item on this list if a change in law nittee, or other decision by governmentally member than it would on the governmentally member than it would not be governmentally member than it would not be governmentally member than it would not be governmentally member has a special in the governmentally member has a special in the governmentally member than it would not be governmentally member that we governmentally member that we governmentally member that we governm	interest in any of the followir	ng businesses, professions, rule, a decision whether or ess, profession, occupation,	occupations, groups, or not to award a contra group, or matter wou	ct, grant a license or perm
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Type or Print Clearly	
Full Name Tames P JoHuston	Work Address 1715 Broadway Saugus, MA 01901
Primary Occupation PEER SUSPORT Spar. e-mail 13	HISTOL/ EliSTCHS. OR & Work Phone 78/3925405
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, 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.	
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 adr	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative 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
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2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	
7. N.H. Retirement 8. Current use land 9. Resta system 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	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 to person who knowingly fails to comply with the provisions of this chapter or knowing the comply with the provisions.	
Date U - 4 - 2022 Signatur	e of Filer RECEIVED
Return to: Office of Secretary of State, 107 North Main	Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE

Type or Print Clearly				
Full Name PHILIP JONES	Work Address	HOA STONE	HOUSE LN KERNE!	VH 0343
Primary Occupation INDEPENDENT MANUFACTURERS REP	Philjones \$18e	gneil.com wo	rk Phone 603 491 3°	367
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, proprietor, or employee, or served in any other professional or adviso calendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which	any income in excess of	\$10,000 was derived during the	
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 reportable special interest in an item on this list if a change in law, a characteristic discipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the general	inge in administrative rule, a d cting the listed business, profe	ecision whether or not to	award a contract, grant a license	or permit,
Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	ed by the State of New Hampsl	hire. List each such		
2. Health Care 3. Insurance 4. Real Estate, include agent, developers, a		anking or financial es	6. State of New Hampshire municipal employment	, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribut beverages	ion of alcoholic 11. P	Practice of
12. Any business regulated by the Public 13. Horse of Utilities Commission of gambling	r dog racing, or other legal for	ms 14. Education	15. Water Resources	
16 Agriculture	ness Interest and prise Tax Dividends Ta		pecify any other area in which you I interest —	u have a
I have read RSA 15-A and hereby swear or affirm that the foregoing infor person who knowingly fails to comply with the provisions of this chapte	mation is true and complete to r or knowingly files a false stat	o the best of my knowled tement shall be guilty of a	misdemeanor	AED
Date JUNE 1, 2022	Signature of Filer	then no	NEW HAMP DEPARTMENT	PSHIRE
Return to: Office of Secretary of State, 107 No	orth Main Street, State House	Room 204, Concord, NH (3301	

Type or Print Clearly	
Full Name Wendy Stanley Jones Work Address PO Box 204, Green	land
Primary Occupation Nurse Consultant e-mail widne 13@ mac. com Work Phone 60	03-770-9447
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Board of Nursing	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derical calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as neces bethe Island Lakey Funcily Produce Sear brook	ived during the preceding
3 Side 6 RT, po Box 204 Greenland	
3 Stde le RT, po Box 204 Greenland 2. 3 Brook 5 RT, PO Box 204 Greenland	
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, of discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would profession in the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of Normalization of the services services	ew Hampshire, county, or oployment
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 15. Water F	Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and 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.	A 15-A:9 Penalty. Any
	RECEIVED
Date 7 Jun. 2022 Signature of Filer Whalffor	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 Louis C. Juris	Work Address	
Primary Occupation LANDLORD	e-mail LOUTURISC CUMCAST. net Work Phone 617 293-2083 ())
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, DISTRICT 34, HILLSBOROVEH	
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, associate, partner, and or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding and retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
MBIA RETIREMENT FL	JND - PENSION	
PENTAL INCOME		
f you have no qualifying income indicate by writing your in	tials next to the following statement. My income does not qualify	
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	Estate, including brokers, developers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, country or municipal employment	2022 SHIRE
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages law	MPS MPS
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling	NEW HAMPSHIRE
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Interest and Specify any other area in which you have special interest —	N N
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	Send Service Control of the Control
Date 6/2/2022	Signature of Filer	