Type or Print Clearly	
Full Name JOSEPH LACHANCE Work Address SO ASHLAND ST	
Primary Occupation Retires e-mail JR LACHANCE & COMCAST New Phone Go)	-370-1767
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	during the preceding
1. NONO	
2.  If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grandiscipline 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:	ntially have a greater
2. Health Care 3. Insurance agent, developers, and landlords services municipal emplo	
7. N.H. Retirement 8. Current use land ssystem 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 Utilities Commission  14. Education 15. Water Rescription	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in 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.	5-A:9 Penalty. Any
	RECEIVED
Date C/// 2 L Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Sara M Lachance	Work Address 157 Amory St. Well Man Chaste
Primary Occupation Cuctomer Service e-mail 5/00	Nance@ledger.ew.omvnantal.WorkPhone 603-591-1246
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
	r organization in which you or a family member was an officer, director, associate, partner, city, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.)
1. Ledgeview Commercial	Partners, LLC
2.	
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the l 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 S profession, occupation, or category of business:	of the Public-NH
2. Health Care  3. Insurance  4. Real Estate, including broke agent, developers, and landlo	
7. N.H. Retirement 8. Current use land 9. Resta	taurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racin of gambling	ing, 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 know	s true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any wingly files a false statement shall be guilty of a misdemeanor.
person with the transfer of th	RECEIVE
Date (g 10 dd Signatur	ure of Filer  JUN 13 2022
Return to: Office of Secretary of State, 107 North Main	n Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Roderick M. Ladd TV. Work Address 399 Dertwarth Colley that Howards !!
Primary Occupation Returned Sch Princepole-mail rick Laloe Log. state. nh. us Work Phone 603 989 3268
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. School Principal Tehr Betweenat System, Alaska 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/ 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 Business Interest and 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 Tune 1 2022 Signature of Filer Jahre Me Carelle

Type or Print Clearly	
Full Name Kara La Marche	Work Address 108 MCAllister Rd.
Primary Occupation Mental Health Advocate e-mail COOD	Stenny54 Chotmail Work Phone 781-454-7050
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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Date June 9, 2022 Signatur	ire of Filer

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

Type or Print Clearly	,
Full Name Kara La Marche Work Address 108 MCAllister	Rd.
Primary Occupation Mental Health Advocate e-mail Com Stenny54 Chotmail Work Phone	781-454-7050
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 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 reference to the state of the shall be included.)	derived during the preceding
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	e of New Hampshire, county, or val employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	ic 11. Practice of law
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16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Dividends Tax  18. Optional: Specify any oth special interest—	er area in which you have a
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Date June 9 2022 Signature of Filer	
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 3 2022

NEW HAMPSHIRE

Type or Print Clearly	
Full Name Googe A. Lambert JR. Work Address 3 Lydston Lune 1	Litch field NH 03
Primary Occupation Softwasz Architect e-mail Merchane amail. Com Work Phone	603-635-4910
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 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 ne	derived during the preceding
1. Stephica LLC 3Lydston Come Litchfield NH 0352	
2. VOTATE LLC ALY MY	
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 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:	ct, grant a license or permit,
4. Real Estate, including brokers, 5. Banking or financial 6. State of	of New Hampshire, county, or I 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. Wat	ter Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Interest and Dividends Tax Interest and Special interest Inte	r area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter of knowingly mes a faile statement shall be gainly of a misacine and	RECEIVED
Date June 6 2022 Signature of Filer 47 64	JUN 0 6 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly	
ull Name Jessica F. La Montagne Work Address 7 Trask Drive Dovern	08880 HU
rimary Occupation Construction e-mail finnlamontagne @gmail.com/Work Phone 919-3	57-2263
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived dualendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	r, associate, partner, uring the preceding
DVED, LLC 7 Trask Drive DovernH 03820 LLC for real estate	k development
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2022 NEW HAMPSHIRI	STATEMENT OF FINANCIAL INTERESTS - RSA 15-A	C400
Type or Print Clearly		
Full Name Conne Boyles Lan	e Work Address 455, Main	Stiloncord 03301
Primary Occupation A HOCNEY	e-mail Chance our - reno, com Work P	hone 603-223-9129
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	
proprietor, or employee, or served in any other profession	n, business, or other organization in which you or a family member wal or advisory capacity, and from which any income in excess of \$1 all retirement and/or disability benefits shall be included. (Use additional	0,000 was derived during the preceding
1. Orré Reno P.A. 455.	main st, 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
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 a license license special interest license in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in discipline a license or permittee, or other decision by government in the special interest license in the special interest lic	d or certified by the State of New Hampshire. List each such	ard a contract, grant a license or permit,
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7. N.H. Retirement System 8. Current use land assessment program	evelopers, and landlords services  9. Restaurants/ 10. Sale and distribution beverages	
	3. Horse or dog racing, or other legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Special in	ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to the best of my knowledge a this chapter or knowingly files a false statement shall be guilty of a mis	and belief. RSA 15-A:9 Penalty. Any RECEIVED
Date June 6, 2022	Signature of Filer Condie Bayle	Sauce JUN 0 6 2022  NEW MAMPSHIRE
	The second secon	DEPARTMENT OF ST

Type or Print Clearly	27/
Full Name Timothy P. Long Work Address 140 year Smith Tel, 5	Exporter 0306
Primary Occupation Regard IT Mg e-mail In O valetin lag. co 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, 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
1. Live Wastier	
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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	JX P
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 poter 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:	t a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Households agent, developers, and landlords	lampshire, 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 of gambling 14. Education 15. Water Reso	urces
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest—	which you have a
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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 6999 Signature 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
VECTILITY OF DECISION OF STATE OF MOUTH MAIN STREET STATE HOUSE INDIVIDUALITY CONCOUNTS AND ASSOCIATIONS	

Type or Print Clearly	
Full Name During m Langley Work Address retired	
Primary Occupation Heave of Representatives mail Dreine Langley legestate uh, gowork Phone 403-6	169-3626
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 durical 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. N/K	
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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. It 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 lid discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  4. Real Estate, including brokers,  5. Banking or financial  6. State of New Hampshire.	cense or permit, ly have a greater
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N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages	11. Practice of law
2. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource of gambling	25
17. N.H. Business Business Interest and Dividends Tax Interest and Specify any other area in which is profits Tax Interest and Dividends Tax Interest and Special interest —	ich 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:Sperson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Date  Output  District A 15-A:Sperson 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	RECEIVED
[ \( \frac{1}{2} \) \( \frac{1} \) \( \frac{1} \) \( \frac{1}{2} \) \( \frac{1}{2} \	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print Clearly
Full Name Judi L. Lanza Work Address   Ellist Way Manchester, NH
Primary Occupation Registered Nurse e-mail lanzfama Ramail.com Work Phone 603-663-258
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. Elliot Hospital 1 Elliot Way Manchester, NH 03/03
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
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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 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 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 misdemeator. RECEIVED
Date 6/7/22 Signature of Filer July 0 9 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name THOMAS EDWARD CAUZARA Work Address 70 EAST KOCKLIS STREET MASKULA 03060
Primary Occupation FIREFIGUTER e-mail tomlanzara egmail.com Work Phone 603-594-3645
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 prefeding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. DEPARTMENT
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:  FIRE FIGUTER
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 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. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/2/2022 Signature of Filer

Type or Print Clearly							
Full Name Jeremy LaPlante		andere in the control of the development of the particle of the page of	Work Address	31 Vernon Street,	Keene, NH 0343	Market also report a significant a significant signifi	
Primary Occupation	Lieutenant/Training Officer	e-mail	nhjeremy@gmail.com	namen - Line, John John Johnson varietablemplomplobares - Advices -	Work Phone	603-724-7536	
	cion, board or commission, board of inployment with state or county ou. NO ACRONYMS	Register of F	Probate				
proprietor, or employ	ne, address, and type of any profession wee, or served in any other profession was of retirement benefits other than fede	nal or advisory	capacity, and from which	any income in exce	ess of \$10,000 w	as derived during the preceding	
1. City of	Keene						
2.						The state of the s	
lf you have no qualifyi	ng income indicate by writing your in	itials next to th	e following statement.	My income	does not qualify		
1. Any pro		sed or certified Licensed Estate, including	hy the State of New Hamps Advanced Emergency Me ag brokers, 5.8	shire. List each such dical Technician anking or financial	6. Sta	te of New Hampshire, county, or	
7. N.H. Retirer	agent,	1 1	d landlords servi		ribution of alcoh	ipal employment olic 11. Practice of law	
	regulated by the Public		log racing, or other legal fo	7	tion 15.	Water Resources	
16. Agriculture	17. N.H. Business profits Tax	Busine Enterp	ess Interest and Dividends T	1 1	nal: Specify any o special interest —	ther area in which you have a	
I have read RSA 15-A a person who knowingl	and hereby swear or affirm that the for y fails to comply with the provisions	regoing inform of this chapter	ation is true and complete or knowingly files a false st	to the best of my kno stement shall be guilt	wledge and belie ty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.	
Date June 15	The second secon		Signature of Filer	Jen Jale	NH 03301	JUN 1 5 2022	
	Return to: Office of Secretary of	State, 107 Nor	tn main Street, State House	ROOM 204, Concord	, 1111 03301	NEW HAMPSHIRE	

Type or Print Clearly					
Full Name TAYLOR LARGMANN		Work Address	2 WHITE ST	, concor	NH 03301
Primary Occupation CAW STUD ENT	e-mail TAY10	IR LARGMA	NNEGMALL. V	Vork Phone	03)2287541
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	NIA				
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	al or advisory capacity,	and from which	h any income in excess	of \$10,000 was de	rived during the preceding
1. NA					
2. N(A	•				
If you have no qualifying income indicate by writing your init	tials next to the following	g statement.	My income do	es not qualify	T
reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the list the general public:	ed business, pro	fession, occupation, grou		
I / Health ( are II IS Inclirance II I	state, including brokers, evelopers, and landlord		Banking or financial lices	6. State of Municipal en	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaur lodging	rants/	10. Sale and distrib beverages	ution of alcoholic	11. Practice of law
	13. Horse or dog racing, f gambling	or other legal fo	14. Coucation		Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends 1	d 18. Optional:	Specify any other a cial interest	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is tru this chapter or knowing	e and complete gly files a false st	to the best of my knowle stement shall be guilty o	edge and belief. R f a misdemeanor.	
Date 6/9/22	Signature	of Filer	Que -		JUN 1 3 2022
Return to: Office of Secretary of S	State 107 North Main St	reet. State House	Room 204, Concord, NI-	1 03301	NEW HAMPSHIRE

Type or Print Clearly							
Full Name R U	th La	rson		Work Address	PO Box	91, Alton	NH 03809
Primary Occupation	retired		e-mail rut	hlarson	msn-com	Work Phone	603-364-4003
Name the office, position directors, etc. or emp government held by you	oloyment with						
	e, or served in a	ny other profession	al or advisory capacit	y, and from which	any income in	excess of \$10,000 wa	icer, director, associate, partner s derived during the preceding necessary.)
The same and property of the same of the s	itial re	Firement					
If you have no qualifying	g income indicate	by writing your init	ials next to the follow	ing statement.	My inco	me does not qualify	
reportable special inter	rest in an item on permittee, or oth	this list if a change in decision by gove	in law, a change in adr rnment affecting the l	ministrative rule, a	decision whether	or not to award a con	rs, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
1	ession, occupation ccupation, or cate		ed or certified by the S	tate of New Hamp	shire. List each su	ch	
2. Health Care	3. Insurance		state, including broke levelopers, and landlo		Banking or financia ices		e of New Hampshire, county, or pal employment
7. N.H. Retirem System		Current use land sessment program	9. Resta	urants/	10. Sale and beverages	distribution of alcoho	lic 11. Practice of law
12. Any business r Utilities Commissi		11 1	13. Horse or dog racin f gambling	g, or other legal fo	rms 14. Edi	ucation 15. V	Vater Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		tional: Specify any ot special interest	her area in which you have a
I have read RSA 15-A an person who knowingly							f. RSA 15-A:9 Penalty. Any or.
Date June	10, 20	22	Signatu	re of Filer	Ruth L	aro	JUN 1 0 2022
	Return to: Of	fice of Secretary of	State, 107 North Main	Street, State House	Room 204, Conc	ord, NH 03301	NEW HAMPCHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name Donna J. La Rue	Work Address	47A Nashua R	d Bedford 1	OH OSHO	
Primary Occupation Russelor Counselor e-mail lar	ued @ sau 25.	ne+ W	ork Phone	603 310 91	00
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	any income in excess	of \$10,000 was	derived during the p	
1. Donna Larue + Associates 2 Wellm	an Ave # Z10	Nashua NH	03063 -	Counselor (N	MLADC)
2.					
If you have no qualifying income indicate by writing your initials next to the follo	owing statement.	My income doe	s not qualify		The second secon
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:  N. H. License	e listed business, profe e State of New Hampsh	ssion, occupation, group	, or matter woul	d potentially have a g	greater
2. Health Care 3. Insurance 4. Real Estate, including broagent, developers, and land	11 :	anking or financial		of New Hampshire, co	unty, or
7. N.H. Retirement System 8. Current use land assessment program 9. Re	estaurants/	10. Sale and distribute beverages	ition of alcoholic	11. Prac	tice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog ra	acing, or other legal for	ms 14. Education	15. Wat	ter Resources	
16. Agriculture 17. N.H. Business Enterprise T	ax Interest and Dividends Ta		Specify any othe ial interest —	r area in which you h	ave a
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 known	is true and complete to owingly files a false sta	o the best of my knowle tement shall be guilty of	dge and belief. a misdemeanor.	RSA 15-A:9 Penalty	
Date 6622 Signa	ature of Filer	ma Jal		JUN 0 9 2	
Return to: Office of Secretary of State, 107 North Ma	ain Street, State House	Room 204, Concord, NH	03301	DEPARTMENT	SHIRE OF STATE

Type or Print Clearly			
Full Name RICHARD W. LASCELLE	Work Address	236 CHARLE	S BANCROFT NWY
Primary Occupation RETIRED e-ma	RIASCELLES 40	ome a Work Ph	none 603 325-552
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	TE REPRES	SENTATIUE	
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirement	isory capacity, and from which	h any income in excess of \$10	0,000 was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next t	to the following statement.	My income does not	qualify RWL
B. Indicate below whether you or a family member has a special inter reportable special interest in an item on this list if a change in law, a c discipline a licensee or permittee, or other decision by government af financial effect on you or a family member than it would on the gene  1. Any profession, occupation, or business licensed or certific profession, occupation, or category of business:	hange in administrative rule, a fecting the listed business, pro ral public:	decision whether or not to awa fession, occupation, group, or n	rd a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, included agent, developers		Banking or financial cices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of beverages	
12. Any business regulated by the Public Utilities Commission  13. Horse of gamblin	or dog racing, or other legal fo g	14. Eddcation	15. Water Resources
1 16 Apriculture	siness Interest and terprise Tax Dividends T		y any other area in which you have a erest
I have read RSA 15-A and hereby swear or affirm that the foregoing inf person 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 are tement shall be guilty of a miss	nd belief. RSA 15 A:9 Penalty. Any demeanor. RECEIVED
Date 6/1/2022	Signature of Filer	Mille W. Used	JUN - 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Bev. Stacie-marie LabsSht Work Address 30 Elm Sy Uhit 1
Primary Occupation Broad Cas Ter e-mail SIIRadioNHOSAM air. com 603-718-80
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 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 15. Water Resources
16. Agriculture  17. N.H. Business Profits Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax Business Special 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. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $(6-3-1)$ Signature of Filer $(1, 5)$

Type or Print Clearly	
Full Name Margaret Lavender	Work Address
Primary Occupation retired e-mail me	glaverderemsn.com WorkPhone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	County Register of Probate
	organization in which you or a family member was an officer, director, associate, partner, city, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.)
1.	5
2.	
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in a	of the following businesses, professions, occupations, groups, or matters. A person has a distinct distinct the following businesses, profession whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
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 brok agent, developers, and land	
7. N.H. Retirement 8. Current use land 9. Rest System lodging	taurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog rac Utilities Commission of gambling	ing, 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 known	
Date June 8, 2022 Signatu	ure of Filer Wargart Laver Sun 0 8 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Scott D Lawrence Work Address	
Primary Occupation retired software eng. e-mail xw/scott@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, 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
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	500
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:	nt a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New I services	Hampshire, county, or yment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resolution	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Interest and Dividends Tax  18. Optional: Specify any other area in special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 1 June 2022 . Signature of Filer Scotthauc	JUN 0 3 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STAT

Type or Print Clearly	
Full Name Evicalayon Work Address PO Box 1557 Derry NHO	3038
Primary Occupation State Representation e-mail evicator derry equail compone 603	470-9464
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,	during the preceding
1. Amgen 1 Amgen Centr Dr Thousand Oaks, CA 91320	
2. Verst 1 Lee Circle Derry NH 03088	
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 potential 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	a license or permit,
profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, and landlords  5. Banking or financial services  6. State of New H	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 of gambling 14. Education 15. Water Resource.	
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 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- 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 612022 Signature of Filer	JUN 0 2 2022  NEW HALTPSHIRE

Type or Print Clearly
Full Name ELIZA BETH JEAN LEADBEATER Work Address NA
Primary Occupation RETIRED (EcoHOMIC) e-mail eliza 4 belkmap@gmail. Work Phone 603-344-2364  DEVELOPER
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  EX. DIRECTOR (BELKHAP COUNTY ECOHOMIC DEVELOPMENT COUNCIL) — CONTRACTED EMPLOYEE
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. NH RETIREMENT SYSTEM
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 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 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and pividends 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.  RECEIVED  Date  Signature of Filer  Signature of Filer  NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Nicole Leapley Work Ad	dress 7 Valley West Way
Primary Occupation Free Lance e-mail Meaples	Ogwal. 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 proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits	which any income in excess of \$10,000 was derived during the preceding
1. West Side Cacti 7 Valley Wes	st Way Manchester NH 03102
2. Story First 11	u u 11
If you have no qualifying income indicate by writing your initials next to the following statements	nt. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administrative discipline a licensee or permittee, or other decision by government affecting the listed business financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New profession, occupation, or category of business:	rule, a decision whether or not to award a contract, grant a license or permit, ss, profession, occupation, group, or matter would potentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System lodging	10. Sale and distribution of alcoholic law 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other I	egal forms 14. Education 15. Water Resources
16 Aggleritues	rest and a late of the 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 corperson who knowingly fails to comply with the provisions of this chapter or knowingly files a f	alse statement shall be guilty of a misdemeanor.
Date 6 2 22 Signature of Filer  Return to: Office of Secretary of State, 107 North Main Street, State	House Room 204, Concord, NH 03301  JUN 0 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE
Return to, Office of Decretary of State, 107 Hotel Main Street, State	lon.

Type or Print Clearly	W		
Full Name JOHN A. LEAVITT	Work Address 199	8 HOOKSETT RI	D. HOOKSETT NA
Primary Occupation SMACC BESS OWN TRe-mail L	EDVITT BROTHE	Work Phone 60	15-612-6288
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS		n 2017	
A. List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory cap calendar year. Sources of retirement benefits other than federal retirement and/o	acity, and from which any inco	me in excess of \$10,000 was derive	ed during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next to the following	owing statement.	My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in 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 and the profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	administrative rule, a decision whe listed business, profession, occ ::	hether or not to award a contract, gr cupation, group, or matter would po each such	ant a license or permit, tentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including broaders, and land	dlords services	municipal emp	w Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Re System lodgi		le and distribution of alcoholic ages	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog regulated of gambling	acing, or other legal forms	14. Education 15. Water Re	
16. Agriculture 17. N.H. Business Business Enterprise 1	ax 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 person who knowingly fails to comply with the provisions of this chapter or kn	owingly files a false statement sha	of my knowledge and belief. RSA all be guilty of a misdemeanor.	RECEIVED
Date 6-7-2022 Signa	ature of Filer		JUN 0 9 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North M.	ain Street, State House Room 204	, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Daniel Lillar	Work Address	119 Old Turnp	The Rd Concord NH 033
Primary Occupation Sales e-	mail deleustornía	Igmail. com Wor	k Phone 605-852.8506
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, busing proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal retires.	dvisory capacity, and from which	any income in excess of	\$10,000 was derived during the preceding
1. <b>RECEIVED</b> JUN 0 2 2022			
NEW HAMPSHIRE  If you have no qualifying income ARGINATE DV WITING 400 initials nex	xt to the following statement.	My income does i	not qualify $\mathcal{D}$
B. Indicate below whether you or a family member has a special in reportable special interest in an item on this list if a change in law, discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ge	a change in administrative rule, a c t affecting the listed business, prof	decision whether or not to a	award a contract, grant a license or permit,
Any profession, occupation, or business licensed or corporession, occupation, or category of business:	ertified by the State of New Hamp	shire List each such	
	ncluding brokers, 5. B	lanking or financial ices	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	on of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. How	rse or dog racing, or other legal fo oling	V 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this ch	information is true and complete napter or knowingly files a false sta	to the best of my knowledg atement shall be guilty of a	e and belief. RSA 15-A:9 Penalty. Any misdemeanor.
Date (0/1/2022	Signature of Filer	auth	2.
• /			ASHLEY A. PATNODE

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

Type or Print Clearly
Full Name Danie Joseph LeCler Work Address 222 Central Ave Hadson, NH 03051
Primary Occupation Business Development Rep e-mail w-d.lectercegenexconstrates. comWork Phone (603) 883-9769
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or 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. 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 06/03/2022 Signature of Filer

Type or Print Clearly		_			
Full Name Wayne Lehman		Work Address	8 Durgin Dr,	Lee, NH 03861	
Primary Occupation Retired	e-mail waca	st_services@	comcast.net	Work Phone	603-817-4609
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS		sentative			
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professical endar year. Sources of retirement benefits other than fed	onal or advisory capacit	ty, and from which	any income in exc	ess of \$10,000 was	derived during the preceding
Daughter= Teacher-Great Bay, 30 Linden S	492 T				
Myself=CA Public Employees Retirement Sy accounts)	ystem, 400 Q St, Sacra	amento, CA / Mas	ss Mutual, 1295 St	ate St, Springfield,	MA (Both are my retiremen
If you have no qualifying income indicate by writing your i	nitials next to the follow	ing statement.	My income	does not qualify	
discipline a licensee or permittee, or other decision by gor financial effect on you or a family member than it would on the second of the sec	on the general public:	tate of New Hamps ensed Teacher an	hire List each such	armacist	of New Hampshire, county, or
	, developers, and landlor		_		l employment
7. N.H. Retirement 8. Current use land assessment program	1 1	urants/	10. Sale and dis beverages	tribution 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 for	14. Educa		ter Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta		Interest and Dividends Ta		nal: Specify any other special interest—	ar area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	oregoing information is to of this chapter or knowing	rue and complete t ngly files a false sta	o the best of my kno tement shall be guilt	wledge and belief. ty of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 06-09-2022	Signature	e of Filer	Wayre	lefour	JUN 13 2022
Return to: Office of Secretary o	f State, 107 North Main S	Street, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Peter R. Leishman Work Address 62 Elm St, Mil.	Ford, HU
Primary Occupation Business Owner e-mail pr/eishmanalaol.com Work Phone 60	33-365-0621
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 der 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. Milford-Bennington Railroad Co. Inc.	u 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 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	grant a license or permit,
profession, occupation, or category of business:  4. Real Estate, including brokers,  5. Banking or financial  6. State of N	New Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal en	
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Interest and Dividends Tax Interest and 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.	SA 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 6/1/22 Signature of Filer	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

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ype or Print Clearly					
ull Name Alicia Lekas	W	ork Address	30 Barretts Hi	I Rd, Hudson,	NH 03051
Primary Occupation Retired	e-mail Rep.Alicia	.Lekas@gn	nail.com	Work Phone	603-881-8960
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS					
<ul> <li>List below the name, address, and type of any profession roprietor, or employee, or served in any other profession alendar year. Sources of retirement benefits other than feder</li> </ul>	nal or advisory capacity, a	nd from which	any income in ex	cess of \$10,000 w	as derived during the preceding
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you have no qualifying income indicate by writing your init	tials next to the following :	statement.	My incom	e does not qualify	11
eportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove inancial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the listed the general public:	business, prof	ession, occupation,	group, or matter v	
	state, including brokers, developers, and landlords	5. B servi	anking or financial ces		ite of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restauran	nts/	10. Sale and di beverages	stribution of alcoh	olic 11. Practice of law
	13. Horse or dog racing, o If gambling	r other legal fo	14. Educ		Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T		onal: Specify any o special interest	ther area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	egoing information is true f this chapter or knowingly	and complete files a false sta	to the best of my kr stement shall be gu	nowledge and belie ilty of a misdemear	RECEIVED
Date 6/1/2022	Signature of	Filer	fish.	Tekas	JUN 03 2022
			0 201 5	- L NII 02224	NEW HAMPSHIE

Type or Print Clearly			,	,	
Full Name TOM LEHAS		Vork Address	30 BARRET		- RO
Primary Occupation RETIKED	e-mail REP. T	ONY. LEA	A3 CGMAR-OK	Work Phone	603-305-5726
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, ar	nd from which	any income in excess	of \$10,000 was	derived during the preceding
1.					
2.	•				
If you have no qualifying income indicate by writing your in	itials next to the following s	statement.	My income de	oes not qualify	TP
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would or  1. Any profession, occupation, or business licenses.	e in law, a change in adminis ernment affecting the listed n the general public:	strative rule, a c d business, prof	ecision whether or not ession, occupation, gro	to award a contra	act, grant a license or permit,
profession, occupation, or category of business:	Estate, including brokers,	5 R	nking or financial	G State	of New Hampshire, county, or
I / Hoalth (aro II is insurance II 49)	developers, and landlords	servi			l employment
7. N.H. Retirement System 8. Current use land assessment program		nts/	<ol><li>Sale and distribete</li><li>beverages</li></ol>	oution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or of gambling	r other legal for	14. Educatio		ter Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		: Specify any othe ecial interest —	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true	and complete t	o the best of my know tement shall be guilty	ledge and belief. of a misdemeanor	
person who knowingly land to comply war are provided in	,		1		RECEIVED
Date 6/1/2022	Signature of	Filer	1 gr hus	Section 1988 to the control open decades, update 5 flater 5 hours, 2015 personner and 60	JUN 0 3 2022
Return to: Office of Secretary of	f State, 107 North Main Stree	et, State House	Room 204, Concord, N	H 03301	NEW HAMPSHIRE DEPARTMENT OF STATI

Type or Print Clearly				
Full Name Brandon Lemay	Work Address	36 lynx Vo	y	
Primary Occupation Organizer	e-mail lemay brandon;			1-1178
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS				
<ul> <li>List below the name, address, and type of any profession, roprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than federal</li> </ul>	or advisory capacity, and from whic	h any income in excess o	f \$10,000 was derived du	associate, partner, ring the preceding
				****
you have no qualifying income indicate by writing your initia	ils next to the following statement.	My income does	not qualify	<b>20</b> 3
1. Indicate below whether you or a family member has a speceportable special interest in an item on this list if a change in liscipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the specific or the speci	law, a change in administrative rule, a ment affecting the listed business, pro he general public:	decision whether or not to fession, occupation, group	award a contract, grant a	icense or permit,
I / Hoalth (are II II Inclirance II I	ate, including brokers, 5. velopers, and landlords serv	Banking or financial ices	6. State of New Han municipal employment	
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribut beverages	tion of alcoholic	11. Practice of law
	<ol> <li>Horse or dog racing, or other legal for gambling</li> </ol>	14. Eddcadon	15. Water Resource	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends	d 18. Optional: S specie	pecify any other area in wi al interest —	nich you have a
nave read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowled atement shall be guilty of a	lge and belief. RSA 15-A misdemeanor.	9 Penalty. Any
G · 9 · 23	Signature of Filer	MA		JUN 13 2022
Return to: Office of Secretary of Sta	ate, 107 North Main Street, State House	Room 204, Concord, NH (	03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly					
Primary Occupation Student		Work Address			
Primary Occupation Student	e-mail		Work	Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity	, and from which	any income in excess of	10,000 was de	rived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your initi	als next to the followin	ng statement.	My income does n	ot qualify	de
B. Indicate below whether you or a family member has a spereportable 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	n law, a change in adm nment affecting the lis	inistrative rule, a de	cision whether or not to a	ward a contract,	, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the Sta	ate of New Hampsh	ire List each such		
I / Meanth Care II is insurance II I	tate, including brokers		nking or financial	6. State of I	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land assessment program	9. Restau lodging	rants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	<ol><li>Horse or dog racing gambling</li></ol>	, or other legal for	14. Education		Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		cify any other a nterest —	rea in which you have a
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 tr this chapter or knowin	ue and complete to gly files a false stat	the best of my knowledge ement shall be guilty of a n		RECEIVED
Date 6-1-22	Signature	of Filer	Justime Suggest	u	JUN - 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

ype or Print Clearly		
ull Name   Thelanie Ann Levesqu	Work Address Z Mc Do	nuls Deire Brookline WH
imary Occupation Consultant	mail melanelevesque d'tesoganone	Work Phone 888 423 7820
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, bus prietor, or employee, or served in any other professional or endar year. Sources of retirement benefits other than federal retir	advisory capacity, and from which any income in excess	is of \$10,000 was derived during the preceding
TCS of Momenta Ent	LC	
	-	
ou have no qualifying income indicate by writing your initials n	ext to the following statement. My income of	loes not qualify
portable special interest in an item on this list if a change in law cipline a licensee or permittee, or other decision by government ancial effect on you or a family member than it would on the good of the profession, occupation, or business licensed or a profession, occupation, or category of business:	nt affecting the listed business, profession, occupation, graneral public:	
	including brokers, 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	ibution of alcoholic 11. Practice of law
Utilities Commission of gam	-	
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional Sp	nl: Specify any other area in which you have a special interest —
we read RSA 15-A and hereby swear or affirm that the foregoing som who knowingly fails to comply with the provisions of this c		
Tune 10, 2022	Signature of Filer Melance	NEW HAND SHIPE DEPARTMENT OF

Type or Print Clearly	
Full Name John A Likwi CKE Work Address	
Primary Occupation LEGI'SLATOR e-mail LEW   CALES YAHOO. CONWORK Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment 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, doroprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derivated and the capacity of the capacity	ved during the preceding
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	LAL
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or meportable 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, go discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	grant a 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 municipal em	ew 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 Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water R	lesources
16. Agriculture  17. N.H.  Business Business Business Enterprise Tax Business Busine	a in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA error 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
Pate 1 JUNE 2622 Signature of Filer And	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIR

PRI:28	355	IN	J.C.
EKK DEL	A CI	CIL	KECLD

Type or Print Clearly	
Full Name Ayacon LEWIS	Work Address 22 King St., NASHVA NH 03060
Primary Occupation REHRED/MOBILE DI-PL. e-mail DIAY	ALONNIA JAHOO COM Work Phone 603-682-5351
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, city, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.)
1. MARIANN (OWIS WIFE) TEACHER	
reportable special interest in an item on this list if a change in law, a change in ac	of the following businesses, professions, occupations, groups, or matters. A person has a deministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
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 brok agent, developers, and landle	
7. N.H. Retirement 8. Current use land 9. Rest assessment program lodging	taurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog rac	ing, 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 known	s true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any wingly files a false statement shall be guilty of a misdemeanor.
Date $0-1-2022$ Signate	ure of Filer

Type or Print Clearly						
Full Name TAY LEWIS		Work Address	P.O BOX 17	NEW	Hampton	U, NH 0325
Primary Occupation	e-mail			k Phone		
Name the office, position, board or commission, boar directors, etc. or employment with state or cogovernment held by you.  NO ACRONYMS				AND A STATE AND A STATE AND	THE CONTRACT OF THE CONTRACT O	
A. List below the name, address, and type of any proprietor, or employee, or served in any other procalendar year. Sources of retirement benefits other than	fessional or advisory capaci	ty, and from which ar	y income in excess of	\$10,000 wa	s derived durin	
1.						
2.						
If you have no qualifying income indicate by writing y	our initials next to the follow	ving statement.	My income does	not qualify	CONTY OF the northeaded absolute 1.1.1 hours delicated annual controlled annual cont	
B. Indicate below whether you or a family member h reportable special interest in an item on this list if a clidiscipline a licensee or permittee, or other decision b financial effect on you or a family member than it wo	hange in law, a change in adi y government affecting the l uld on the general public:	ministrative rule, a deci listed business, profess	ision whether or not to ion, occupation, group,	award a cont	tract, grant a lic	ense or permit,
	. Real Estate, including broke gent, developers, and landlo		ring or financial		e of New Hamp oal employmen	shire, county, or t
7. N.H. Retirement 8. Current use assessment pro		aurants/	10. Sale and distributi beverages	on of alcoho	- 1	11. Practice of aw
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racir of gambling	ng, or other legal forms	14. Education	15. V	Vater Resources	
I I to Adriculture	iness Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Specia	ecify any ot l interest	her area in whic	th you have a
I have read RSA 15-A and hereby swear or affirm that to person who knowingly fails to comply with the provis	the foregoing information is ions of this chapter or know	true and complete to t ingly files a false staten	he best of my knowledg nent shall be guilty of a	ge and belief misdemean	RSA 15-A:9	IVED
Date 6-7-22	Signatu	re of Filer	m		JUN 0	
•					NEW HAN	

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

Type or Print Clearly
Full Name SEAN MCBRIDE (FWIS Work Address N/A
Primary Occupation N/A e-mail Sean Mc bride lewis a gwall prk Phone N/A.
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
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. ROCKING HAM COUNTY DEMOCRATIC PARTY - TREASURER
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and special interest —  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing 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.  JUN 1 0 2022
Signature of Filer  Signat

Type or Print Clearly				
Full Name Glenn Libby	Work Address	379 French	Bond Rd. No	orth Haverhill, NH 03779
Primary Occupation Rehred	e-mail glib17@live. Co	)M	Work Phone	(603) 481-1312
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	NH Retirement System	n-Retirec	e	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from which	ch any income in exc	cess of \$10,000 wa	as derived during the preceding
1. Part-time Assistant to the F	Farm Manager-Grafton	n County Fr	am	
2. Spause - County Administrato				,
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My incom	e does not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would or  1. Any profession, occupation, or business licens profession, occupation, or category of business:	e in law, a change in administrative rule, a ernment affecting the listed business, pro n the general public:	decision whether or ofession, occupation,	not to award a cor group, or matter w	ntract, grant a license or permit,
I I Z. Dealth Care a 15 Insurance a 1		Banking or financial		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and dis	stribution of alcoho	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal fo of gambling	orms 14. Educa	ation 15. \	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends		onal: Specify any ot special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of				or
		11	91	RECEIVED
Date   June 1, 2022	Signature of Filer	ju of	X	JUN 0 1 2022
Return to: Office of Secretary of	State, 107 North Main Street, State House	e Room 204, Concord	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Robert (R.J.) LINCOLA Work Address WA	
Primary Occupation Retired e-mail plincoln Coot look com Work Phone 160	3)380-6911
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was dericalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessarily shall be included.)	ved 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	FAR
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, of discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would prinancial effect on you or a family member than it would on the general public:	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, and landlords  5. Banking or financial services  6. State of No services	ew Hampshire, county, or aployment
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 F	
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: 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. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/7/2022 Signature of Filer De Acutour	JUN 13 2022
Date 6/7/2022 Signature of Filer Dy Hullow	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 LORRAINE M LINDENBO	=72G W	ork Address			
Primary Occupation RETIRED	e-mail lorrain	elmoembe	vg 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					
List below the name, address, and type of any profession roprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than federal	nal or advisory capacity, ar	nd from which ar	y income in excess of	\$10,000 was derive	ed during the preceding
·					
	•				
you have no qualifying income indicate by writing your in	itials next to the following st	tatement.	My income does	not qualify	21
3. Indicate below whether you or a family member has a speportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in administ ernment affecting the listed the general public:	trative rule, a deci business, profess	sion whether or not to a on, occupation, group,	award a contract, gr	ant a license or permit,
	Estate, including brokers, developers, and landlords	5. Bank services	ing or financial	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land assessment program	9. Restauran	ts/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or of gambling	other legal forms	14. Education	15. Water Re	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	special	interest —	in which you have a
nave read RSA 15-A and hereby swear or affirm that the for erson who knowingly fails to comply with the provisions	egoing information is true a of this chapter or knowingly	and complete to the files a false staten	ne best of my knowledg nent shall be guilty of a	ge and belief. RSA misdemeanor.	RECEIVED
ate June 12022	Signature of F	Filer	orraine M	Lindenber	9 NEW HANDSHIRE DEPARTMENT OF ST

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

Type or Print Clearly	
Full Name Christopher Lines Work Address 10 Rand Road Bu	NH OBO
Primary Occupation Sales e-mail chize chize lins. com Work Phone 603.	361-4509
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	during the preceding
1. Powerbox USA, Inc. 793 Routo 3A SE AS, Bow, NH 0	3304
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, grand discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentian and effect on you or a family member than it would on the general public:	t 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 Foundation of State of New Foundat	lampshire, county, or ment
7. N.H. Retirement System 8. Current use land lodging 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 Reso	
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and 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.	RECEIVED
Date GIO 2022 Signature of Filer	JUN 13 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name Charlotte Lister		Work Address			
Primary Occupation retired	e-mail		Work	Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacit	y, and from which	any income in excess of	\$10,000 was derived during the pre	
1.					
2.	,				
If you have no qualifying income indicate by writing your init	ials next to the followi	ng statement.	My Income does n	ot qualify C L	
B. Indicate below whether you or a family member has a spereportable 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	n law, a change in adm rnment affecting the lis	inistrative rule, a de	cision whether or not to a	ward a contract, grant a license or pe	ermit,
Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the St	ate of New Hampsh	ire. List each such		
I I / Hoalth ( are II IX Inclirance II )	state, including broker evelopers, and landlor		nking or financial	6. State of New Hampshire, cour municipal employment	nty, or
7. N.H. Retirement System 8. Current use land assessment program	9. Restai	urants/	<ol><li>Sale and distribution</li><li>beverages</li></ol>	n of alcoholic 11. Practic	e of
	<ol><li>Horse or dog racing gambling</li></ol>		14, Education	15. Water Resources	
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area in which you have interest —	e 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 to this chapter or knowir	rue and complete to ngly files a false state	the best of my knowledge ement shall be guilty of a n	and belief. RSA 15-A:9 Penalty Anisdemeanor. RECEIVED	lny
Date gune 6, 2022	Signature	e of Filer Cha	ulotte Litu	JUN 0 8 2022  NEW HAMPSHIRE DEPARTMENT OF STA	ATE

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

Type or Print Clearly
Full Name Melissa A. LitchField Work Address 107 n. main St. Concord, nH03302
Primary Occupation State Representational melissalitabilda comastyorghone 603-271-2154
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS of New Hampshire
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.)
Brad LitchFild, General Liners LLC, employee
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 lodging 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 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax Special Interest and special Interest — 18. Optional: Specify any other area in which you have a special Interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing 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 9, 2000 Signature of Filer Dule 11 JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Richard littlefield Work Address 57 Blueberry Care	#21
the second secon	03-366-8568
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 decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	erived during the preceding
· · · · · · · · · · · · · · · · · · ·	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	RL
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:	t, 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:	
	New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission of gambling	er Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax Special interest — special interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Deerson who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/2020 Signature of Filer	JUN - 3 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 Andrew Livernois		ess 64 Court St., Lac	
Primary Occupation Attorney	e-mail alivernois@	belknap county. org Work Phone	603-527-5440
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Belknap Count	Attorney	
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from	which any income in excess of \$10,000	was derived during the preceding
1. Belknap County			
2.			
If you have no qualifying income indicate by writing your in	iitials next to the following statemen	My income does not quali	fy
B. Indicate below whether you or a family member has a same reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the same section.	e in law, a change in administrative rulernment affecting the listed business in the general public:	le, a decision whether or not to award a c , profession, occupation, group, or matte	contract, grant a license or permit,
Any profession, occupation, or business licen profession, occupation, or category of business:	Attorney	ampsnite. Tist each such	
I / Health Care II IS INSTITATION II I	Estate, including brokers, developers, and landlords		state of New Hampshire, county, or nicipal employment
7. N.H. Retirement System  8. Current use land assessment program		10. Sale and distribution of alco	oholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other le of gambling	14. Education	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest Civide	st and 18. Optional: Specify any special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fopers on who knowingly fails to comply with the provisions			
			REMANE
Date 6/3/2022	Signature of Filer		JUN 0 3 2022
			NEW HAMPSHIRE

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

DEPARTMENT OF STATE

# 100 3 355 948:33 BECD CILL CLERK DEPT

Type or Print Clearly
Full Name Christal Rae Lloyd Work Address 10 Brookline Place, 4th Alox Brookline, MA 024
Primary Occupation Assist-Payroll Manager e-mail Christalraelloyd@gmail.com Work Phone 617-632-3489
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 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Dana Forber Concer Institute
The Community Group, Inc.
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 agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages
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. Business Business Interest and special interest —  18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $10/3/32$ Signature of Filer

Type or Print C	learly					,				
Full Name	Joel	Lloyd	менденарма мендеф проторого ден от ментера и се ментера и с техне de editable		Work Address	1425	Lake	Shore R	d. Gilt	ad NH
Primary Occupa	ation Store	Monager	e-	-mail JLLOY	D@ Hann	atord. com	Work F	Phone 60	3-524-	-4629
	or employmen	or commission, b t with state or NO ACRONYM	county	rate Re	County	New	Hany	oshire_		
proprietor, or e	employee, or ser	ved in any other	professional or a	ness, or other organisms, and organisms, and organisms, and or disable ment and/or dis	and from which	any income i	n excess of \$1	10,000 was deri	ived during t	
1.				w ap 10 11					~ .	
2.										
lf you have no q	ualifying income	indicate by writir	ng your initials ne	xt to the following	statement.	My in	come does no	t qualify	90	
reportable spediscipline a lice financial effect	cial interest in an ensee or permitte on you or a fami ny profession, oc	item on this list if ee, or other decision ly member than it	a change in law, on by government would on the ge	ertified by the State	istrative rule, a ced business, prof	lecision whethersion, occupation	er or not to aw tion, group, or	ard a contract,	grant a licenso potentially ha	se or permit,
2. Health	Care 3. In	surance		ncluding brokers, pers, and landlords		anking or finan ces	cial	6. State of N municipal em		re, county, or
7. N.H. F System	Retirement	8. Current assessment		9. Restaura	ents/	10. Sale ar beverages	nd distribution	of alcoholic	11. law	. Practice of
	usiness regulated	by the Public	13. Ho of gamb	rse or dog racing, o	or other legal for	ms 14. E	ducation	15. Water I	Resources	
16. Agric			Business Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		Optional: Spec special in	ify any other are terest —		1
I have read RSA person who known Date	15-A and hereby owingly fails to $\frac{1}{2}$	swear or affirm the pro	nat the foregoing ovisions of this ch	information is true hapter or knowingl Signature o	ly files a false sta	to the best of metement shall be	ny knowledge a e guilty of a mi	and belief. RS	A 15-A:9 Per	NEW HAMPSHIRE NEW HAMPSHIRE NEW HAMPSHIRE
	Reti	urn to: Office of Se	cretary of State, 1	107 North Main Stre	eet, State House	Room 204, Cor	ncord, NH 0330	01		NEWTMEN

Type or Print Clearly
Full Name Richard A. Lobban, JR. Work Address Fetired
Primary Occupation Retired professor e-mail rlobban@ rie, edu Work Phone WONE
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.)
TIAA-CREF Teacher's Pension Less than \$10,000/year
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:  No Licenses OR No Certification.
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 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 — 2 LC? Summer Rem
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  Signature of Filer  JUN 0 8 2022
Date 6 June 2022 Signature of Filer Webs (US) US NEW HAMPSHIRE DEPARTMENT OF STA

Type or	Print Clearly	<i>r</i>					_						
Full Nam	ne Sara	Locke					Work Addre	ss	3 Executive	Park Dr S	uite 28	34, Bedfor	d, NH 03110
Primary	Occupation	Travel (	Consultar	nt	e-mail	sara@	vacationis	ms.c	com	Work Ph	one	603-672-	-9449
directors		mployment		ion, board of or county									
proprieto	or, or emplo	yee, or serv	ed in any o		al or adviso	ry capacit	y, and from w	hich	any income in	excess of \$10	),000 wa	s derived du	, associate, partner ring the preceding
Ţ.,	Vacation	isms Tra	vel Servi	ces									
2. f you ha	ve no qualify	ing income	indicate by	writing your init	ials next to t	the followi	ng statement.		My inco	ome does not	qualify		
reportal disciplin	ble special in ne a licensee Il effect on yo	terest in an or permitte ou or a fami	item on this e, or other d ly member t	list if a change i ecision by gove han it would on	n law, a char rnment affec the general	nge in adn cting the li public:	ninistrative rulested business,	e, a d profe	ecision whether ession, occupati	r or not to awa on, group, or r	rd a cont	tract, grant a	A person has a license or permit, ally have a greater
				business license of business:	ed or certifle	d by the S	tate of New Ha	amps	hire List each s	uch			
2.	Health Care	3. In:	surance	11 1	state, includ evelopers, a	_		5. Ba	anking or financ	ial		e of New Han pal employm	npshire, county, or ent
	. N.H. Retire	ment	i I	rrent use land ment program		9. Resta lodging	urants/		10. Sale and beverages	d distribution	of alcoho	olic	11. Practice of law
	Any busine		by the Publ	N I	13. Horse or f gambling	dog racin	g, or other leg	al for	14.00	ducation		Vater Resourc	
1	6. Agricultur	e	17. N.H. taxes:	Business Profits Tax		ness rprise Tax	Interes Divider			optional: Speci special int	fy any ot erest	her area in w	hich you have a
l have re person v	ad RSA 15-A vho knowing	and hereby yly fails to co	swear or aff omply with t	irm that the fore	egoing infor f this chapte	mation is t r or knowi	rue and comp ngly files a fals	lete t se sta	o the best of my tement shall be	y knowledge a guilty of a mis	nd belie demean	f. RSA 15-A or.	:9 Penalty. Any
Date	June 3,	2022				Signatur	e of Filer		Que (	Ya-			

Type or Print Clearly			
Full Name PATRICK LONG	Work Address	NA	
		oucust wet Work Phone	N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Ate Rednese	stative	
A. List below the name, address, and type of any profession, business or oprietor, or employee, or served in any other professional or advicalendar year. Sources of retirement benefits other than federal retirement	isory capacity, and from which	any income in excess of \$10,000 wa	s derived during the preceding
IRON WORKERS LOCAL	INTON & INt	erwational As	spociation.
f you have no qualifying income indicate by writing your initials next t	o the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a special interreportable special interest in an item on this list if a change in law, a classification a licensee or permittee, or other decision by government affinancial effect on you or a family member than it would on the gene  1. Any profession, occupation, or business licensed or certiprofession, occupation, or category of business:	hange in administrative rule, a d fecting the listed business, profer ral public: fied by the State of New Hamps	lecision whether or not to award a con ession, occupation, group, or matter w hire. List each such	tract, grant a license or permit, ould potentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including agent, developers	-		e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse of gambling	or dog racing, or other legal for g	ms 14. Education 15. V	Vater Resources
16 Agricultura	rsiness Interest and terprise Tax Dividends Ta		her area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information of this chappers on who knowingly fails to comply with the provisions of this chap	ormation is true and complete to ter or knowingly files a false stat	o the best of my knowledge and belief tement shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any
Date June 2, 2027	Signature of Filer	hate To	JUN 0 3 2022
Return to: Office of Secretary of State, 107	North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly		,	
Full Name Donna Loranger	Work Address	Retired	
Primary Occupation	e-mail duloranger Du	omeart. net Wo	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, 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
1.			
2.			
If you have no qualifying income indicate by writing your initia	ls next to the following statement.	My income does	not qualify
B. Indicate below whether you or a family member has a spec reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special or profession, occupation, or business licensed profession, occupation, or category of business:	law, a change in administrative rule, a ment affecting the listed business, pro he general public:	decision whether or not to fession, occupation, group,	award a contract, grant a license or permit,
I / Mealth Lare II is insurance II i	ate, including brokers, 5. E velopers, and landlords serv	Banking or financial ices	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 distributi beverages	on of alcoholic 11. Practice of law
	. Horse or dog racing, or other legal fogambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends 1		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of th	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowledgatement shall be guilty of a	ge and belief. RSA 15-A:9 Penalty. Any misdemeanor.
Date Swe 8, 2072	Signature of Filer	Quely	JUN 1 0 2022
Return to: Office of Secretary of Sta	ate, 107 North Main Street, State House	Room 204, Concord, NH 0	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				
Full Name DIANE LOTHROP	Work Address	10 ALTHEA L	ANE, NAS	HUA NH 03062
Primary Occupation RETIRED	e-mail di lothrapaya	reo.com	Vork Phone	603-864-9287
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 profess proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than feet	ional or advisory capacity, and from whi	ch any income in excess	of \$10,000 was d	erived during the preceding
NASHUA REPUBLICAN CITY	COMMITTEE VICE CHA	HR		
f you have no qualifying income indicate by writing your	initials next to the following statement.	My income do	es not qualify	DL
B. Indicate below whether you or a family member has a reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by go financial effect on you or a family member than it would a like it would be a like it would be profession, occupation, or business lice profession, occupation, or category of business:	ge in law, a change in administrative rule, a overnment affecting the listed business, pro on the general public:	decision whether or not ofession, occupation, gro	to award a contract	t, grant a license or permit,
I / Health (are II is insurance II I		Banking or financial vices	11 1	f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use lan assessment progra	d 9. Restaurants/	10. Sale and distrib	oution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal ( of gambling	orms 14. Education	n 15. Wate	er Resources
16. Ag riculture 17. N.H. taxes: Busines			: Specify any other ecial interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foreson who knowingly fails to comply with the provisions	• •			RSA 15-A:9 Penalty. Any RECEIVED
Date 6/1:5/22	Signature of Filer	Diane Le	throw	JUN 1 5 2022  NEW H MPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			-	•
Full Name David C. Love	Work Address	+ Maple S	F3 ENB	ER RD FILM
Primary Occupation Chaufer e-mail (A	1 fo@ LIN LIM	10 - CM Wo	rk Phone	88931424
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 profession.				
proprietor, or employee, or served in any other professional or advisory cap calendar year. Sources of retirement benefits other than federal retirement and/o				
1. Nous				
2.				
If you have no qualifying income indicate by writing your initials next to the fol	lowing statement.	My income does	not qualify	DCL
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting t financial effect on you or a family member than it would on the general public profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	administrative rule, a d he listed business, profe c:	ecision whether or not to ession, occupation, group,	award a contract, gi	ant a license or permit,
— 4 Peal Estate including by	okers. 5. Bi	anking or financial	6. State of Ne	w Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and lan		-	municipal emp	
7. N.H. Retirement 8. Current use land 9. R System lodgi	estaurants/ ng	<ol> <li>Sale and distribution</li> <li>beverages</li> </ol>	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog regulated by the Public of gambling	acing, or other legal for	ms 14. Education	15. Water Re	esources
16. Agriculture 17. N.H. Business Business Enterprise	Tax Interest and Dividends Ta	18. Optional: Specia	pecify any other area l interest —	a 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 kn	n is true and complete to owingly files a false stat	o the best of my knowledge tement shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
	ature of Filer	lande for		JUN 13 2022
Return to: Office of Secretary of State, 107 North M	ain Street, State House	Room 204, Concord, NH 0	3301	NEW HAMPSHIRE

Type or Print Clearly
Full Name Clarlene Morcoffe Lovett Work Address 28 Highland Ave, Chremont JH 03743
Primary Occupation refined e-mail charlene love 42000 2 gmad. com Work Phone 693-504-6273
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Claremont Housing Authority Board of Commissioners
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. Robert Lovett Sr - VP at USI (Universal Solutions, Inc.) 11827 Canon Blod Suite 203, Heapport )
2. Rental Condo at Isle of Polms, 50 (Monaged by VACASA) - (Condo Address - 5F Mariners
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 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 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-A:9 Penalty Apro 2022  person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  NEW HAMPSHIRE  DEPARTMENT OF STATE
Date 6/10/2022 Signature of Filer Clarking Marcotte Joveth

Type or Print Clearly
Full Name Peter A. Lovett Work Address 4 Highland Street, Meredith, NH 0325
Primary Occupation Clergy e-mail Peteralovette gmail.com Work Phone (603) 279 627/
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, partne 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. Peter Lovett Pastor 1st Cong. Church Meredith, NH 03253 2. Kim Looffrey Lovett, Spouse Exec. Dr. Performance Brief Standards, Braintree, MA
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 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.
Date June 3, 2022 Signature of Filer Policy Tours

Type or Print Clearly	
Full Name Robert Alan Loveff Jr. Work Address 21 Water Street, Ste 500, Claren	nont, NH 037913
Primary Occupation MS Sales Coordinator e-mail rob. lovett @redriver. com Work Phone 561-312	2-2113
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 during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	associate, partner, ing 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	C. L.
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:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	cense 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 Ham	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resource	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus	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:5 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
	RECEIVED
Date 6/1/2022 Signature of Filer	JUN 1 5 2022
	NEW HAMPSHIRE

Type or Print Clearly		_			
Full Name JOSUE LUGO		Work Address	N/A ·		
Primary Occupation DISABILA	e-mail NA			Work Phone	N/A.
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State repr	resentativ	e.		
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other professio calendar year. Sources of retirement benefits other than federal	onal or advisory capacit	ty, and from which	any income in exc	ess of \$10,000 w	as derived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your in	nitials next to the follow	ing statement.	My income	e does not qualify	UL
B. Indicate below whether you or a family member has a s reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would on the second of the sec	e in law, a change in adr vernment affecting the li n the general public:	ministrative rule, a c isted business, prof	lecision whether or ession, occupation,	not to award a cor group, or matter v	ntract, grant a license or permit,
I / Health ( are II IS Inclirance II I	Estate, including broken developers, and landlo		anking or financial		te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land assessment program		aurants/	10. Sale and dis	stribution of alcoh	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racin of gambling	ng, or other legal for	ms 14. Educa	ation 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	1 1	Interest and Dividends T		nal: Specify any o special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	oregoing information is to of this chapter or knowi	true and complete singly files a false sta	to the best of my kno tement shall be guil	owledge and belied ty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor. RECEIVED
Date 6-8-22	Signatur	re of Filer	John	Lipe	JUN 0 8 2022 NEW HAMPSHIRE
Return to: Office of Secretary of	f State, 107 North Main	Street, State House	Room 204, Concord	i, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly	
Full Name DNDC. WND6Ren Work Address 50 WAS JUD WS	Jul 101
Primary Occupation Chapter e-mail QhpNK& Aol. Can Work Phone 6	034321800
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, d 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 necessions)	ved during the preceding
1. Lungeller C/traspusche	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, g discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, and landlords  5. Banking of financial services  6. State of New Hampshire. List each such profession, occupation, or category of business:	ew Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program lodging 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 R	esources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest —	a 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.  PROPERTY OF THE P	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	DEPARTMENT OF STATE

Type or Print Clearly					
Full Name DAV 10	LUNEAU	Work Address	ZII PUTNEY	Hu Bo	HOPKINTON
Primary Occupation ENGINE	e-mail X	UNEAUNHI	@ GMALL. (cm Wor		36610990
Name the office, position, board or condirectors, etc. or employment with government held by you.	1 1/11/	E REPRESE	ENTATIVE		
A. List below the name, address, and t proprietor, or employee, or served in a calendar year. Sources of retirement ber	any other professional or advisory cap	acity, and from which	any income in excess of	\$10,000 was deriv	red during the preceding
1. STATE OF N	rt+				
2.					
If you have no qualifying income indicat	e by writing your initials next to the fol	lowing statement.	My income does i	not qualify	
	n this list if a change in law, a change in	administrative rule, a			rant a license or permit,
discipline a licensee or permittee, or ot financial effect on you or a family mem  1. Any profession, occupation profession, occupation, or cate	this list if a change in law, a change in her decision by government affecting the berthan it would on the general public, or business licensed or certified by the gory of business:	administrative rule, a c he listed business, prof c: he State of New Hamps	decision whether or not to a fession, occupation, group, shire List each such	or matter would p	rant a license or permit,
discipline a licensee or permittee, or ot financial effect on you or a family mem  1. Any profession, occupation profession, occupation, or cate  2. Health Care  3. Insurance	this list if a change in law, a change in her decision by government affecting the ber than it would on the general public on, or business licensed or certified by the gory of business:  4. Real Estate, including bragent, developers, and land	administrative rule, a che listed business, profess.  be State of New Hamps okers, 5. B servi	decision whether or not to a fession, occupation, group, shire. List each such sanking or financial fees	or matter would po 6. State of Ne municipal em	rant a license or permit, otentially have a greater ew Hampshire, county, or ployment
discipline a licensee or permittee, or ot financial effect on you or a family mem  1. Any profession, occupation profession, occupation, or cate  2. Health Care  3. Insurance  7. N.H. Retirement	this list if a change in law, a change in her decision by government affecting the ber than it would on the general public on, or business licensed or certified by the gory of business:  4. Real Estate, including bragent, developers, and land	administrative rule, a che listed business, profess.  be State of New Hamps okers, 5. Badlords servi	decision whether or not to a fession, occupation, group, shire. List each such ganking or financial	or matter would po 6. State of Ne municipal em	rant a license or permit, otentially have a greater ew Hampshire, county, or
discipline a licensee or permittee, or ot financial effect on you or a family mem  1. Any profession, occupation profession, occupation, or cate  2. Health Care  3. Insurance  7. N.H. Retirement	this list if a change in law, a change in her decision by government affecting the ber than it would on the general publication, or business licensed or certified by the egory of business:  4. Real Estate, including bragent, developers, and law seessment program  9. Resessment program	administrative rule, a che listed business, profess.  be State of New Hamps okers, 5. Badlords servi	decision whether or not to a fession, occupation, group, shire. List each such sanking or financial ices  10. Sale and distribution beverages  14. Education	6. State of Nemunicipal emon of alcoholic	ew Hampshire, county, or ployment  11. Practice of law esources
1. Any profession, occupation profession, occupation profession, occupation profession, occupation profession, occupation profession, occupation, or cate 2. Health Care 3. Insurance 7. N.H. Retirement System at 12. Any business regulated by the	this list if a change in law, a change in her decision by government affecting the ber than it would on the general public on, or business licensed or certified by the gory of business:  4. Real Estate, including bragent, developers, and land seessment program  Public 13. Horse or dog rof gambling  Business Business	administrative rule, a che listed business, profess.  he State of New Hamps okers, 5. Bodlords servicestaurants/ ng Interest and	decision whether or not to a fession, occupation, group, shire. List each such sanking or financial fees.  10. Sale and distribution beverages  14. Education  18. Optional: Sp	6. State of Nemunicipal emon of alcoholic	ew Hampshire, county, or ployment  11. Practice of law esources a in which you have a

Type or Print Clearly
Full Name Horold Vernon Lynde Jr Work Address N/a
Primary Occupation retired engineer e-mail hale rocketmail. com Work Phone Mg
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. Raythen Co retirement 2. Social Sc carity
2. Social Security
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  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 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.
Date 6-1-22 Signature of Filer DEPARTMENT OF STREET
DEPARTITION

Type or Print Clearly
Full Name Robert J. Lynn Work Address Lame: 6 Dublin Rd., Windham, NHD3087
Primary Occupation retired e-mail rym 4@ gmail. com Work Phone 603-235-7952
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  Condidate for 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.)
1. NH Judicial Retirement Plan, BPAS Pension Struicks, 706 N. Cliaton St. Syracuse, NY 13209  2. Arbitrator, American Arbitration Assoc, 120 Broadway, New York, NY 10271  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:  Legal Profession
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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 Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax Dividends 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.  RSA 15-A:9 Penalty. And E VED person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 06(01/2022 Signature of Filer RAPSHIRE DEPARTMENT OF STA