Type or Print Clearly	
Full Name Kimberry ABARE.	Work Address 96 MILK STREET METHEN MA 01844
Primary Occupation Business Owner e-mail KAL	creeNEDC.com Work Phone 978 DEDOG 686
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, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. MANUFAZNRING-NEW-ENGLAND DIE	Cutting True - 96 MILK STREET METINEN MA 01844
If you have no qualifying income indicate by writing your initials next to the followi	ng statement. My income does not qualify
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Restart assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 15. Water hesources
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 —
person who knowingly fails to comply with the provisions of this chapter or knowli	
Date 6/1/22 Signature	Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			
Full Name Dary) Abbas	Work Address	8/ Hartwell Ave	Scile 101 Lexington, MA 02421 kPhone (617) 600-7156
Primary Occupation Lawger	e-mail dabbas Buclaws	iroup. Cun Woo	k Phone (617) 600 - 7156
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 derived during the preceding
1. Upper Charles Law Group, LLC	81 Hartwell Ave Suite 10	1 Lexington, Mr	02421
2. Alanai Tech. 145 Broadway			
If you have no qualifying income indicate by writing your initi	als next to the following statement.	My income does	not qualify
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 administrative rule, a nument affecting the listed business, prothe general public:	decision whether or not to fession, occupation, group,	award a contract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hamp	shire. List each such	
I I / Health ( are II IS Insulrance II I	state, including brokers, evelopers, and landlords 5. E	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
	<ol><li>Horse or dog racing, or other legal for gambling</li></ol>	rms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Dividends T	11 1	pecify any other area in which you have a I interest
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			
Date 06/02/2022	Signature of Filer		JUN 0 2 2022
Return to: Office of Secretary of S	tate, 107 North Main Street, State House	Room 204, Concord, NH 0	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Michael D. Abbott Work Address
Primary Occupation Retired e-mail amsabba@outlook.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. State of New Hampshire 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:
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 Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Interest and Special interest —  18. Optional: 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 6/2/22 Signature of Filer Muchael D. abbott

Type or Print Clearly			_			
Full Name MARC	RONALD ABRA	R	Work Address			
Primary Occupation RE7	TRED	e-mail SEA1	MRA @GMAIC	L. COM W	ork Phone	603 - 707-6538
Name the office, position, boar directors, etc. or employmen government held by you.		REGISTRAC	OF PROBI	9TE B	ELKNAS	COUNTY
A. List below the name, addre proprietor, or employee, or se calendar year. Sources of retire	rved in any other profession	al or advisory capacity	, and from which ar	y income in excess of	of \$10,000 was	derived during the preceding
1.						
2.						
If you have no qualifying incom	e indicate by writing your init	ials next to the following	ng statement.	My income doe	s not qualify	
	ee, or other decision by gover	nment affecting the lis the general public:	ted business, profess	ion, occupation, grou		
2. Health Care 3. I	asilirance ii i	state, including brokers		ing or financial		of New Hampshire, county, or lemployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restau		10. Sale and distribution beverages		
12. Any business regulate Utilities Commission		3. Horse or dog racing gambling	, or other legal forms	14. Education	15. War	ter Resources
16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: spec	Specify any othe ial interest	r area in which you have a
I have read RSA 15-A and hereb person who knowingly fails to o						
Date 6/18/22		Signature	of Filer	Mr Kills	NEW HA	MPSHIRE NT OF STATE

2. Health Care 3. Insurance agent, developers, and landlords services municipal employment  7. N.H. Retirement System 8. Current use land assessment program 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 Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  19. Restaurants/ 19. Restaurants/ 19. Sale and distribution of alcoholic law 11. Practic beverages  14. Education 15. Water Resources  16. Agriculture 17. N.H. taxes: Profits Tax Dividends Tax Dividends Tax Special interest —  18. Optional: Specify any other area in which you have special interest —  19. All the profits Tax Dividends Tax Special interest —  19. All the profits of a middle meanon.		
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, 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 pre 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 ha 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 per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grifinancial 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  7. N.H. Retirement  8. Current use land  9. Restaurants/  10. Sale and distribution of alcoholic law  11. Practic algorithms and profession. Specify any other area in which you have special interest —  12. Any business regulated by the Public agent profession.  13. Horse or dog racing, or other legal forms of gambling.  14. Education 15. Water Resources  15. Water Resources  16. Agriculture 7. Profits Tax Enterprise Tax In	Full Name Patrick Horani	Work Address Refree
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, 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 precalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)  1.	Primary Occupation Returned e-mail	atraniahrapagnal an Work Phone
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 precalendar 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 ha 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 pediscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant profession, occupation, or category of business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial form municipal employment  7. N.H. Retirement  8. Current use land assessment program  9. Restaurants/ odging  10. Sale and distribution of alcoholic law municipal employment  11. Practic 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. Laws:  Profits Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have special interest —  18. Profits Tax  19. Application of alcoholic law highly the public for ledmens of the feet demension of the feet demension of the feet dem	directors, etc. or employment with state or county	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify  B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has 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 per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant a license or permittee, or other legal forms and profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, and landlords  5. Banking or financial  6. State of New Hampshire, cour agent, developers, and landlords  7. N.H. Retirement  8. Current use land assessment program  9. Restaurants/  10. Sale and distribution of alcoholic law law in la	proprietor, or employee, or served in any other professional or advisory ca	capacity, and from which any income in excess of \$10,000 was derived during the preceding
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 reportable special Interest in an Item on this list if a change in law, a change in law and interest in any of the following businesses, professions, occupations, orcupations, or other legal forms in law in law in law and a complete to the best of my knowledge and belief.  B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, occupations, groups, or matters. A person has reportable special interest and public in a change in law in law and a complete to the best of my knowledge and belief.  B. Indicate below whether you or a family member has a special interest of the law in law and a complete to the best of my knowledge and belief.  B. Indicate below whether you or a family member has a special interest or the law and a complete to the best of my knowledge and belief.  B. Indicate below whether or not to award a complete to the best of my knowledge and belief.  B. Indicate below whether or not to award a complete to the law and complete in the formation in the group in the person in	1.	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has reportable special interest in 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 per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant 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  7. N.H. Retirement  8. Current use land assessment program  9. Restaurants/ 10. Sale and distribution of alcoholic law beverages  12. Any business regulated by the Public of gambling  13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources  16. Agriculture  17. N.H. Business of gambling  18. Optional: Specify any other area in which you have special interest means that the foregoing information is true and complete to the best of my knowledge and belief.  18. RSA 15-A:9 Penalty. As a profession of the profession of the particular of t	2.	
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 per discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant 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 10. Sale and distribution of alcoholic law 11. Practice beverages 12. Any business regulated by the Public of gambling 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 17. N.H. Education 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest — 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. As a profession whether or not to award a contract, grant a license or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipling and potentially have a grant alicense or per discipline and potentially have a grant alicense or per discipline and potentially have a grant alicense or pe	If you have no qualifying income indicate by writing your initials next to the fo	following statement. My income does not qualify
profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ odging  10. Sale and distribution of alcoholic law 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. Business Enterprise Tax  Business Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  19. Agriculture  19. Restaurants/ Business Business Enterprise Tax  19. Optional: Specify any other area in which you have special interest  10. Sale and distribution of alcoholic law  11. Practical services  12. Any business regulated by the Public law  13. Horse or dog racing, or other legal forms  14. Education  15. Water Resources  16. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest  18. Optional: Specify any other area in which you have special interest	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 financial effect on you or a family member than it would on the general published.	In administrative rule, a decision whether or not to award a contract, grant a license or permit, ig the listed business, profession, occupation, group, or matter would potentially have a greater blic:
2. Health Care 3. Insurance agent, developers, and landlords services municipal employment  7. N.H. Retirement System 8. Current use land assessment program lodging 10. Sale and distribution of alcoholic law 11. Practic beverages law  12. Any business regulated by the Public of gambling 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources  16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Optional: Specify any other area in which you have special interest —  18. Op		y the State of New Hampshire. List each such
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Utilities Commission  Of gambling  17. N.H.  taxes:  Profits Tax  Business  Enterprise Tax  Dividends Tax  I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. A		
16. Agriculture taxes: Profits Tax Enterprise Tax Dividends Tax special interest—  I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. A special interest—  RSA 15-A:9 Penalty	TELLIN DUBINGS TOGULATOR STATE	g racing, or other legal forms 14. Education 15. Water Resources
	Utilities Commission or gambling	
The state of the second could be a provided by the second of the second	16. Agriculture 17. N.H. Business Business Enterprise	se Tax Dividends Tax special interest —
RECEIV	16. Agriculture 17. N.H. Business Business Enterprise	se Tax Dividends Tax special interest— tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any
Date Signature of Filer JUN 0 3 2	16. Agriculture 17. N.H. Business Business Enterprise  There are a RSA 15. A and hereby swear or affirm that the foregoing information	se Tax Dividends Tax special interest —  tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPS DEPARTMENT C	16. Agriculture  17. N.H.  taxes:  Profits Tax  Business Enterprise  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 k	se Tax Dividends Tax special interest— tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED gnature of Filer  JUN 0 3 2022

Type or Print Clearly				
Full Name Abert: Abranson	Work Address	536 Lafa	yette Road, Se	abrook, 1
Primary Occupation Retail Sales Tech e-mail M	ax. Abramso	negmi.om Worl	Phone 603 - 47	74-851)
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 of the services of the service	city, and from which	any income in excess of	10,000 was derived during t	
1.				
2.				
If you have no qualifying income indicate by writing your initials next to the follo	wing statement.	My income does r	ot qualify AFA	
B. Indicate below whether you or a family member has a special interest in any or reportable special interest in an item on this list if a change in law, a change in acceptable 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:	dministrative rule, a c e listed business, prof	lecision whether or not to a ession, occupation, group, o	ward a contract, grant a license	e or permit,
4 Real Estate including brok	kers, 5. B	anking or financial	6. State of New Hampshir	e, county, or
agent, developers, and land	lords servi	ces   L   10. Sale and distribution	municipal employment	Practice of
System assessment program lodging	g L	beverages	law	
12. Any business regulated by the Public  Utilities Commission  13. Horse or dog rac	ing, or other legal for	ms 14. Education	15. Water Resources	
16. Agriculture 17. N.H. Business Business Enterprise Ta	Interest and Dividends To		ecify any other area in which yo interest —	ou have a
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 t wingly files a false sta	to the best of my knowledg tement shall be guilty of a r	e and belief. RSA 15-A:9 Pen nisdemeanor. RECEIV	
Date June 9, 2022 Signat	ure of Filer	0	JUN 132	022
Return to: Office of Secretary of State, 107 North Mai	n Street, State House	Room 204, Concord, NH 03	NEW HARPS	HIRE OF STATE

Type or Print Clearly
Full Name Julian M Acciard Work Address 128 N Shoverd. Destry
Primary Occupation Business Owner e-mail Julian QJulian Work Phone 619-398-5197
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. A Very Good Cleaning Co.
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 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  Business  Business Business Business Business Business Business Business Busi
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 Julie 3, 2022 Signature of Filer

Type or Print Clearly
Full Name Dennis Acton Work Address 93 Ristovs Way
Primary Occupation Consultant e-mail Lemis don dennisation & Work Phone 603 496-6852
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Representative
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Amedisys Healthcare Baton Rouge, LA 70816 (wife-Karen)
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:  Actin Property Services LLC
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  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.  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 1 2022   Signature of Filer   June 1 2022   June 1 2022   June 1 2022   Signature of Filer   June 1 2022   June 1 2022   June 1 2022   Signature of Filer   June 1 2022   June 1 20
Date  Time 1 2022  Signature of Filer  Signature of Filer  NEW HAMPSHIRE NEW HAMP OF STA
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Jarvis M. Adams II Work Address 98 Sawmill RU Greenfield NH 03047
Primary Occupation Plumber e-mail jarvis 45@my fairp Work Phone 603-547-2706
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. Jarvis Adams Plumbing & Heating LLC
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business: Plumbing & Heating
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 Ent
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 Nany 0 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 HOTE STATE  DEPARTMENT OF STATE
Date 6/8/22 Signature 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 Joshua ale Adjutant Work Address One Medical Drive, Lebanon 1th, or
Primary Occupation Security Officer e-mail joshua. Ole. adiudant Dymail.com/Work Phone 603-266-8129
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.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business 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 6/01/1022 Signature of Filer

Type or Print Clearly
Full Name Omer C. Hhern, Jr. Work Address P.O. Box 293, Wentworth, NHO3282
Primary Occupation Attorney e-mail Oner ahern or the Work Phone 603-764-6024
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS  Grafton County Commission, board of County Commission, board of Grafton County Commission, board of County County Commission, board of County County Commission, board of County Co
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. Law Office of Omer C. Ahern, Jr., P.O. Box 293, Watworth, NH 03202
2. Graffon Compy Board of Commissioners, 385 Dartmouth College Huy, No. Haverhill, W.H.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ 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  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 9, 2022   Signature of Filer   Signature of
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly				
Full Name Britton Albiston	Work Addr	ess 8 Fern Te		ford, NH 03110
Primary Occupation Student	e-mail britton for	oed ford agmail.com wo	ork Phone 603 -	361-3990
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 any income in excess o	f \$10,000 was derived	during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initial	ls next to the following statemen	My income does	not qualify	7
B. Indicate below whether you or a family member has a speci reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by governifinancial effect on you or a family member than it would on the profession, occupation, or business licensed profession, occupation, or category of business:	law, a change in administrative rument affecting the listed business ne general public:	le, a decision whether or not to , profession, occupation, group	award a contract, gran	at a license or permit,
	ate, including brokers, velopers, and landlords	5. Banking or financial services	6. State of New I	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
127.117	. Horse or dog racing, or other leg	al forms 14. Education	15. Water Reso	ources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Intere Enterprise Tax Divide	st and 18. Optional: S ands Tax specia	pecify any other area ir al interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoners on who knowingly fails to comply with the provisions of the	oing information is true and comp nis chapter or knowingly files a fal Signature of Filer	olete to the best of my knowled se statement shall be guilty of a	ge and belief. RSA 1:	REC JUN 0 8 72
Return to: Office of Secretary of Sta	ite, 107 North Main Street, State H	ouse Room 204, Concord, NH 0	3301	NEW HAR BEART

Type or Print Clearly	
Full Name Robert Read Allright Work Address 17 Dows Lance Seal	
Primary Occupation writer e-mail calbright 33 @ (oncost.net Work Phone 603-	918-0468
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, a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived duri calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	•
1. Little Harbor School, Poitsmouth WH Cteach	wer .)
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	44 48 5 27
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 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 potentiall 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:	ense or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 6. State of New Hamphone municipal employments	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource	
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Dividends Tax  18. Optional: Specify any other area in white special interest —	ch 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:9 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	Penalty. Any
Date 6-10-22 Signature of Filer Sub all the	SIVED
Return to. Office of Secretary of State, 107 North Mann Street, 108 North Mann Mann Mann Mann Mann Mann Mann Man	1 3 2022
DEPARTMI	PSHIRE OF STATE

Type or Print Clearly			
Full Name Glen Aldrich	Work Address	343 Old Lakeshore W	LoT 43 G. (ford 03249
Primary Occupation Construction e	-mail glenaldrich @	& Mail. Com Work Phone	603-832-8090
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, bus proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement	advisory capacity, and from which	ch any income in excess of \$10,000 v	vas derived during the preceding
1. Flen Aldrich handyman	Service		
If you have no qualifying income indicate by writing your initials ne	ext to the following statement.	My income does not qualify	
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 governmen financial effect on you or a family member than it would on the ge	a change in administrative rule, a t affecting the listed business, pro	decision whether or not to award a co	intract, grant a license or permit,
Any profession, occupation, or business licensed or coprofession, occupation, or category of business:	ertified by the State of New Ham	oshire. List each such	
			ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcol beverages	nolic 11. Practice of law
12. Any business regulated by the Public 13. Ho Utilities Commission of gamb	rse or dog racing, or other legal foling	orms 14. Education 15	Water Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest ar Enterprise Tax Dividends		other area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this cl	information is true and complete napter or knowingly files a false st	to the best of my knowledge and belicatement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any
Date 6-3-11	Signature of Filer	4 m Oldrich	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		,						
Full Name Joseph H Alexander Jr.	Work Add	ress 3 Dahwood	Cane Unit	1 Goffstown NH 03049				
Primary Occupation Bay tender	e-mail alexanderjr.	joseph (a) gmail.	Work Phone	(603) 856-5227				
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State Workforce Innovat	ion Board						
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. TGI Fridays Amharst, NH.								
2.								
If you have no qualifying income indicate by writing your initia	als next to the following statemer	t. My incom	e does not qualify					
B. Indicate below whether you or a family member has a spe 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	law, a change in administrative r nment affecting the listed busines	ule, a decision whether or	not to award a contra	act, grant a license or permit,				
Any profession, occupation, or business license profession, occupation, or category of business:	Lor certified by the State of New	lampshire. List each such						
	tate, including brokers, velopers, and landlords	5. Banking or financial services		of New Hampshire, county, or al employment				
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and dis	tribution of alcoholic	11. Practice of law				
	3. Horse or dog racing, or other le gambling	gal forms 14. Educa	ition 15. Wa	ater Resources				
16. Agriculture 17. N.H. taxes: Profits Tax	Enterprise Tax Divide	ends Tax	special interest —	er area in which you have a				
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of	going information is true and com this chapter or knowingly files a fa	plete to the best of my kn Ise statement shall be gui	owledge and belief. ity of a misdemeanor	JUN 07 2022				
Date 90 03 2022	Signature of Filer	Moe Oliv	V	NEW HAMPSHIRE DEPARTMENT OF STATE				

Type or Print Clearly	
Full Name Tames Contact Allard Work Address	
Primary Occupation Refixed e-mail jealland 1951 e 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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
1. None	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	SA
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 prinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial formunicipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging lodging 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	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other are special interest—	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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 1 June 2022 Signature of Filer Signature of Filer	JUN 0 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Doris Ann P. Allenson Work Address Retired
Primary Occupation Retired e-mail Dovisannallenson Work Phone retired
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Member of Board of Trustees, Ossipee Public Library
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. Employees' Retirement System of Rhode Island 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 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. taxes:  Business Business Enterprise Tax  Bus
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 3, 2022 Signature of Filer Abrushm 1. Allenson

Type or	Print Clear	у						
Full Na	me Mark	Alliegro	-	Work	Address	107 North N	flain St., Concord	, NH 03301
Primary	Occupation	NH State Representative	e-mail	mark.alliegro	@leg.sta	ate.nh.us	Work Phone	603-728-9421
director		ition, board or commission, board of employment with state or county you. NO ACRONYMS		ntative, New H	ampshir	e House of R	epresentatives	
propriet	tor, or emplo	me, address, and type of any profess oyee, or served in any other professi ces of retirement benefits other than fed	onal or adviso	ry capacity, and f	rom which	h any income in	excess of \$10,000 wa	as derived during the preceding
1.	Meadow	Pond Animal Hospital, 392 V	Vhittier Hwy	., Moultonboro	ough, Nh	H 03254; Vet	erinary Assistant	and Receptionist
2.								
If you ha	ave no qualify	ing income indicate by writing your i	nitials next to	the following state	ment.	My inc	ome does not qualify	MCA
discipli	ne a licensee al effect on you 1. Any pr	or permittee, or other decision by go ou or a family member than it would offession, occupation, or business licenoccupation, or category of business:	vernment affeon the general	cting the listed bus public: ad by the State of N	siness, pro	fession, occupati	ion, group, or matter w	
2	. Health Care	I IS INSTITATOR II	l Estate, includ	ing brokers,	5. E serv	Banking or financi		te of New Hampshire, county, or ipal employment
	7. N.H. Retire ystem	ement 8. Current use land assessment program		9. Restaurants/ lodging		10. Sale and beverages	d distribution of alcoho	olic 11. Practice of law
	. Any busines lities Commi	ss regulated by the Public	13. Horse or of gambling	dog racing, or oth	er legal fo	rms 14. Ed	ducation 15.	Water Resources
1	6. Agricultur	e 17. N.H. Business taxes: Profits Ta	1 1		nterest and Pividends 1		ptional: Specify any o special interest—	ther area in which you have a
		and hereby swear or affirm that the following fails to comply with the provisions						
					_	// /		RECEIVED
Date	June 3, 2	022		Signature of File		Mark	allieges	JUN 0 8 2022
		Return to: Office of Secretary	of State, 107 No	orth Main Street St			U	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly							
Full Name Susan W. Almy	Work Address 266 Poverty Ln 4B						
Primary Occupation retired e-mail sus	san, almy a concast, notwork Phone 603 448-4769						
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	spresentative						
	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. Anna S, Almy Trust, 40 266 Parenty Ln4B, L	Janon NH 03765						
2.							
If you have no qualifying income indicate by writing your initials next to the follo	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 dministrative rule, a decision whether or not to award a contract, grant a license or permit, e listed business, profession, occupation, group, or matter would potentially have a greater estate of New Hampshire. List each such						
2. Health Care  3. Insurance  4. Real Estate, including brokagent, developers, and land							
7. N.H. Retirement 8. Current use land 9. Res 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 of gambling	ring, or other legal forms 14. Education 15. Water Resources						
16. Agriculture  17. N.H.  Business Enterprise Tax  Business  Business Business Business Business Business Business Business Business Business Bus							
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 in the complex of the chapter of the	is 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 $6/7/27$ Signat	ture of Filer JUN 1 0 2002						
Return to: Office of Secretary of State, 107 North Mai	in Street, State House Room 204, Concord, NH 03301						

Type or Print Clearly				
Full Name DEBRA ALTSCHILLER	Work Address	20 INTERN	IATTONAL :	DRIVE, PORTSMOUTH A
Primary Occupation Community Liaison e-mail de	bra@ haven	nhorg	Work Phone	(603) 686 -1234
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	REPRESENTA	TIVE		
A. List below the name, address, and type of any profession, business, or othe 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 exce	ess of \$10,000 wa	as derived during the preceding
1. Howard Attschiller, Seacoast Media, 2.	III NEW Hamp	shire ave,	Portsmou	th NH
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 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 publication.  1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	administrative rule, a c ne listed business, prof ::	decision whether or n fession, occupation, g	ot to award a con	tract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broagent, developers, and land		anking or financial ces		te of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. Re system lodgin	estaurants/	10. Sale and dist beverages	ribution of alcoho	olic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog ra Utilities Commission of gambling	cing, or other legal for	rms 14. Educat	ion 15.\	Water Resources
16. Agriculture 17. N.H. Business Business Enterprise To	ax Interest and Dividends T	11 1	al: Specify any of pecial interest	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or known				
Date June 10, 2022 Signa	ature of Filer	Dabia Al	Behille	JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Ma	ain Street State House	Room 204 Concord	NH 03301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name RICHARS AMES	Work Address	12 BLAC	MBERRY	LN JAFAREY NH 0345
Primary Occupation RETIRED e-mail	HEINDARFREY (	MAIL. COM	Work Phone	603-532-6781
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	ENTATIVE		
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement a	capacity, and from whice	h any income in exces	ss of \$10,000 was	derived during the preceding
1. MASSACHUSETTS STATE RETIRET	ENT BP. 1	WINTERST.	BOSTON	MA 02108
2.  If you have no qualifying income indicate by writing your initials next to the	e following statement.	My income d	loes not qualify	
B. Indicate below whether you or a family member has a special interest in reportable special interest in an item on this list if a change in law, a chang discipline a licensee or permittee, or other decision by government affectifinancial effect on you or a family member than it would on the general p  1. Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	ge in administrative rule, a ng the listed business, pro ublic:	decision whether or no fession, occupation, gr	t to award a contr	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, includin agent, developers, and		Banking or financial ices	11 1	of New Hampshire, county, or all employment
7. N.H. Retirement 8. Current use land	9. Restaurants/	10. Sale and distribeverages	ibution of alcoholi	11. Practice of law
12. Any business regulated by the Public 13. Horse or d Utilities Commission of gambling	og racing, or other legal fo	14. Eddcati		ater Resources
16. Agriculture 17. N.H. Business Busines Enterprint taxes: Profits Tax	rise Tax Interest an Dividends	- 1	il: Specify any oth pecial interest —	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information who knowingly fails to comply with the provisions of this chapter of	ation is true and complete or knowingly files a false st	to the best of my know atement shall be guilty	vledge and belief. of a misdemeano	RSA 15-A:9 Penalty. Any r.
Date 6/1/ 2012	Signature of Filer	Rub 1	Am	RECEIVED
	Vanarea		V	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 STATE

Type or Print Clearly
Full Name Keith Michael Ammon Work Address 175 Ammon Dr., Stez17, Manchester N HOZOS
Primary Occupation Software Developer e-mail Keith.ammon@protonmail.com WorkPhone 603-325-0083
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. N/A
2. N/A
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  4. Real Estate, including brokers, agent, developers, and landlords services  5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  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.  PSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED
Date 6/1/2022 Signature of Filer Figh JUN - 3 2022  NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or I	Print Clearly						
Full Nam	e Aaron	Anderson		Work Address	21 Con	gress st	Pottsmouth, WHO:
Primary (	Occupation Sec	urity	e-mail			Work Phone	603-427-8649
directors		d or commission, board of nt with state or county NO ACRONYMS					
proprieto	or, or employee, or se	ss, and type of any profession rved in any other profession ment benefits other than feder	al or advisory capa	acity, and from which	h any income in ex	cess of \$10,000 wa	ficer, director, associate, partner, is derived during the preceding necessary.)
1.	Catherine	Anderson	State of	FWHI	0 R+ 125	Brent u	wood, WH 03833
2.							
If you have	ve no qualifying incom	e indicate by writing your ini	tials next to the follo	owing statement.	My incon	ne does not qualify	
discipline financial	e a licensee or permitte effect on you or a fami 1. Any profession, oc		nment affecting the the general public:	e listed business, pro	ession, occupation,	group, or matter wo	ract, grant a license or permit, ould potentially have a greater
<b>—</b> 2.	Health Care 3. In		state, Including bro developers, and land	11	Banking or financial		e of New Hampshire, county, or pal employment
1	N.H. Retirement stem	8. Current use land assessment program	9. Re lodgin	estaurants/	10. Sale and o	listribution of alcoho	lic 11. Practice of law
	Any business regulate ties Commission	- 11 :	13. Horse or dog ra of gambling	cing, or other legal fo	orms 14. Edu	cation 15, V	Vater Resources
16	i. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Ta	ax Interest ar		lonal: Specify any ot special interest —	her area in which you have a
		by swear or affirm that the for comply with the provisions o					
Date	613122		-	fre	harture of Perofising	Individual	JUN 0 8 2022
	Ret	turn to: Office of Secretary of	State 107 North Ma				NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Prin														
Full Name	Sher	41	Anders	on		Wo	rk Address							
Primary Occi	upation	Ret,	red		e-mail	sheryln	realog	mail.	com	Work Pl	none			
	c. or emp	loyment	or commission with state of NO ACRONY	or county									.,	
proprietor, o	r employee	, or serv	ed in any othe	er professional	l or advisor	or other organi ry capacity, and and/or disability	d from whi	ch any ind	come in e	xcess of \$10	0,000 wa	s derived	during the p	
1.							velicity of a				***************************************			
2.		***************************************	**************************************	9989-14-1-19-55-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				986148AA448A448A <b>***************</b>	***************************************	***************************************		***************************************		**************************************
If you have n	o qualifying	income	indicate by wri	ting your initia	als next to t	he following st	atement.		My incon	ne does not	qualify	Personal	sa	A. T.
reportable s discipline a l	pecial intere licensee or p	est in an permitte	item on this list	if a change in sion by govern	law, a char nment affec	in any of the fo age in administ ting the listed l public:	rative rule, a	decision	whether o	r not to awa	ird a con	tract, grar	it a license or	permit,
			cupation, or bu or category of	1	or certified	d by the State o	of New Ham	pshire. Lis	st each suc	h	eesse Alian Massaulassa ah ka	***************************************		***************************************
	Ith Care		urance	1	tate, includi velopers, ar	ng brokers, nd landlords		Banking o	or financial		1	e of New l pal emplo	Hampshire, co yment	ounty, or
7. N.H Syster	. Retireme n	nt [	1	nt use land nt program		9. Restaurant lodging	s/	1	Sale and o erages	listribution	of alcoho	olic	] 11. Pra law	ctice of
	business re Commissio		by the Public	41 1	3. Horse or gambling	dog racing, or o	other legal f	orms	] 14. Edu	cation	15. V	Vater Reso	ources	
1	riculture	t	7. N.H. axes:	Business Profits Tax	Busin Enter	orise Tax	Interest a Dividends	Tax	1 '	special int	érest		n which you h	
have read RS person who k	SA 15-A and (nowingly fa	hereby	swear or affirm mply with the p	that the foregorovisions of t	joing inforn his chapter	nation is true a	nd complet iles a false s	e to the be	est of my k shall be gu	nowledge a uilty of a mis	nd belie demean	RSA 1	ECEIV	<b>ÉD</b> y
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Date	6/14	1200	22			Signature of F	iler	She	ayl c	under	son.	NE PAF	W HAMPSH	

Type o	Print Clearly			
Full Na	Phlip N. Andrews III	Work Address	PO Box 417 New Ips	swich, NH. 03071
Primary	Occupation VP of Customer Success	e-mail nhrep-phil@proton.n	ne Worl	(Phone 6038314826
director	ne office, position, board or commission, board or s, etc. or employment with state or count nent held by you. NO ACRONYMS	I		
proprie	pelow the name, address, and type of any profector, or employee, or served in any other profestryear. Sources of retirement benefits other than for	sional or advisory capacity, and from which	ch any income in excess of	\$10,000 was derived during the precedir
1.	Greenville Laundromat LLC - Busine	ess Owner - 79 Main St. Greenville	, NH	
2.	CAST AI - VP of Customer Success	- Miami, FL		
if you ha	eve no qualifying income indicate by writing you	r initials next to the following statement.	My income does	not qualify
reporta discipli	cate below whether you or a family member has ble special interest in an item on this list if a char ne a licensee or permittee, or other decision by g al effect on you or a family member than it would	nge in law, a change in administrative rule, a government affecting the listed business, pro	decision whether or not to	award a contract, grant a license or permit,
	Any profession, occupation, or business lic profession, occupation, or category of business		oshire. List each such	
2	Health Care II is insurance II I		Banking or financial vices	6. State of New Hampshire, county, o municipal employment
S	. N.H. Retirement system 8. Current use land assessment programmer assessment programmer.		10. Sale and distribution beverages	on of alcoholic 11. Practice of law
	. Any business regulated by the Public ities Commission	13. Horse or dog racing, or other legal f of gambling	orms 14. Education	15. Water Resources
1	6. Agriculture 17. N.H. taxes: Busine			ecify any other area in which you have a interest
l have ire person v	ad R:SA 15-A and hereby swear or affirm that the who knowingly fails to comply with the provision	foregoing information is true and complete s of this chapter or knowingly files a false s	e to the best of my knowledg tatement shall be guilty of a	e and belief. <b>REA 15 A A Penalty</b> . Ar y misdemeano.
		-	AAN	JUN 07 2022
Date	06/06/2022	Signature of Filer	olher to	NEW MAMPSHIRE DEPARTMENT OF STATE

#### 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A JUN 02 2022 **Type or Print Clearly** NAW HAMPSHIRE None Full Name **Work Address** Andrus 00:50 DEPARTMENT OF STATE Ret: red **Primary Occupation** None 100 seandrus DO @ small COM Name the office, position, board or commission, board of None 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.) Theodore Andrishhusband System, 54 Regiona 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: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 7. N.H. Retirement 10. Sale and distribution of alcoholic 8. Current use land 11. Practice of

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.

Interest and

**Dividends Tax** 

9. Restaurants/

13. Horse or dog racing, or other legal forms

lodaina

Business

**Enterprise Tax** 

of gambling

Date

System

**Utilities Commission** 

16. Agriculture

17. N.H.

taxes:

12. Any business regulated by the Public

assessment program

**Business** 

Profits Tax

Signature of Filer

special intérest ---

beverages

14. Education

law

15. Water Resources

18. Optional: Specify any other area in which you have a

Type or Print Clearly
Full Name Michaela O'hourhe Andruzzi Work Address 95 Water Village Rd. 088 i pee, NH 038
Primary Occupation attorney e-mail Mandruzzi @ Carroll County Nork Phone 603 339:7769
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. County Attorney (Carroll)
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 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest RECEIVED
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 C. 2 202 Signature of Filer Signature of Filer
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Type or Print Clearly	
Full Name Jesus R. Duarte Apan Work Address 78 Dame Rd. Newmarks	et, NH. 03957
Primary Occupation Direct Support Associate e-mail Fakundo 60 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, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	d during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My Income does not qualify	JD
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grad 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 services 6. State of New municipal employers	Hampshire, county, or byment
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 Res	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax Special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 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.	S-A:9 Penalty. Any RECEIVED
Date 6/7/22 Signature of Filer Jesus Duarte Apan	JUN 0 9 2022
	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly							
Full Name JORDAN APPLEWHITE	V	Work Address	2982	NORTHEAS.	T PKW	, BROOKSU	TUK, FL 3460
Primary Occupation programmer	e-mail jordan	applewh,	tagne	Work P	hone []	52-403	eac -
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	l or advisory capacity, a	and from which	any income	in excess of \$1	0,000 was de	rived during tl	
1. MYSELF - TRIANGLE HOUSE L	LC, 3285 NO	RTHEAST	PKUY,	BROOKSUIU	E, FL.	74604-	DUME
2.							
f you have no qualifying income indicate by writing your initia	als next to the following	statement.	Му	income does no	qualify		
B. Indicate below whether you or a family member has a specific 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 specific formula.  1. Any profession, occupation, or business licensed profession, occupation, or category of business:	law, a change in admin ment affecting the liste he general public:	istrative rule, a d d business, profe	lecision whet ession, occup	ther or not to aw pation, group, or	ard a contract,	grant a license	or permit,
I / Hoalth (are II is inclirance II i	ate, including brokers, velopers, and landlords	5. Ba	anking or fina	ancial	6. State of I municipal e	New Hampshire mployment	e, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaura lodging		beverage	and distribution	of alcoholic	11. law	Practice of
	<ol> <li>Horse or dog racing, og gambling</li> </ol>		·-	. Education		Resources	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Enterprise Tax	Interest and Dividends Ta	ax L	8. Optional: Spec special in	terest		
have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t	oing information is true his chapter or knowingl	and complete t y files a false sta	o the best of tement shall	my knowledge a be guilty of a mi	and belief. R sdemeanor.	REC	FIAED
Date 6/6/2022	Signature o	f Filer	M	}		JUN NEW DEPART	0 9 2022 MAMPSHIRE SENT 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 Michael Anthony Appolo 111 Work Address 49 Lawrence RJ, Derry NH 03038
Primary Occupation Wine maker Bissides own e-mail MAPPOLD @ ME, Com Work Phone 603 289 5200
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  BOAD Member - Greater Design Community Hoolth Services
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. Appolo Vineyards, LLC
2. Forth (wife) - On Coll later notional (Solem)
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: Winerry, Off-Site Caterer - Both NH/goor Commission
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 Utilities Commission 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Business Enterprise Tax  Business Dividends Tax  Business Enterprise Tax  Busi
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 TUNZZ Signature of Filer UN NEW HARLESINE DEPARTMENT OF STA
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly				
Full Name Arden Ankelburg	Work Address 3	328 Workington St	Bochusta N	H 03839
Primary Occupation 52/ Employed Courses e-mail Add	1201 Dyaho	-com Work	Phone 603-	770-1795
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	State	φ		
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	, and from which any	y income in excess of \$	10,000 was derived d	
1. Kaitlin Dukaben Vacoln Francia	ŧ (			
2.				
If you have no qualifying income indicate by writing your initials next to the following	ig statement.	My income does no	ot qualify	AKA
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	inistrative rule, a decis	slon whether or not to av	vard a contract, grant a	license or permit,
Any profession, occupation, or business licensed or certified by the Str. profession, occupation, or category of business:	ate of New Hampshire	List each such		
2. Health Care  3. Insurance  4. Real Estate, including brokers agent, developers, and landlord		ing or financial	6. State of New Ha municipal employn	mpshire, county, or nent
7. N.H. Retirement 8. Current use land 9. Restau system lodging		<ol><li>Sale and distribution beverages</li></ol>	n of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing of gambling	, or other legal forms	14. Education	15. Water Resour	
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special i	cify any other area in v	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is troperson who knowingly fails to comply with the provisions of this chapter or knowing	ue and complete to th gly files a false statem	ne best of my knowledge nent shall be guilty of a m		JUN 0 8 2022
Date $6/6/2022$ Signature	of Filer	Tell (1	19	PARTMENT 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 PAMelA J. Arneld	Work Address 259 County Farm RH, DoveRNH
Primary Occupation County + Reas e-mail pja	- rueld 9 metro castinet Work Phone 603-742-1458
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.)
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the follow	ring statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adr	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater state of New Hampshire. List each such
2. Health Care 3. Insurance agent, developers, and landlo	
	aurants/ 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	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest
have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or knowing	
Date ( -2-2022 Signatur	re of Filer Panel 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 STATE

Type or Print Clearly	Home
Full Name Judy Aron	Work Address ZUG FORST Road, South Acrosth, NH 03607  @ aren 4NH. Com Work Phone 6:3-843-5908
Primary Occupation NH State Representative e-mail Judy	@aren4NH.CM WorkPhone 603-843-5908
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	rise State Representature
	ganization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Ni√E	
2.	
If you have no qualifying income indicate by writing your initials next to the followin	g statement. My income does not qualify
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Any profession, occupation, or business licensed or certified by the Star profession, occupation, or category of business:	ate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau System lodging	rants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	, 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 truperson who knowingly fails to comply with the provisions of this chapter or knowing	ue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any gly files a false statement shall be guilty of a misdemeanor.
Date 6122 Signature	of Filer Judy Anon

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	541 5200
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, dire 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 necessar	during the preceding
1. NA	
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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	ca
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, 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:	nt 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 municipal employers	Hampshire, county, or syment
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16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area I special interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and 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.	5-A:9 Penalty. Any
Date June 10, 2022 Signature of Filer J. Michelas Quires	JUN 13 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 Kevin A Avard	Work Address	57 Sherri	Ann Ave	
Primary Occupation Se F Employed	e-mail Aardvork 603 e	Gmail. Com	Work Phone	603-318-4031
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	e-mail Agraduark 603 e  Sole Proprietor / Clean	ing Co.		
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	n any income in exc	ess of \$10,000 wa	s derived during the preceding
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Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Hamp	shire. List each such		
I / Health Care II Is Institrance II I	Estate, including brokers, developers, and landlords 5. I	Banking or financial ices		e of New Hampshire, county, or oal employment
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I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions o	regoing information is true and complete of this chapter or knowingly files a false st	to the best of my kno atement shall be guil	owledge and belief ty of a misdemeand	DEVELOPMENT OF STATE  THE STATE OF STATE  OF STATE OF STATE  OF STATE OF STATE OF STATE  OF STATE OF S
Date 6/6/2022	Signature of Filer	R. C	700	700 <b>9 0</b> NOC
Return to: Office of Secretary of	State, 107 North Main Street, State House	e Room 204, Concord	, NH 03301	RECEIVED

Type or Print Clearly
Full Name Land M. Ruch Rome Work Address 3 NIUN 9th MET SAN BON UYE NINGS
Primary Occupation Gell - Omployus e-mail Lacoby 50 ADL COM Work Phone (003-520-8498)
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. Ruellanz Peistaumant Fait lle 3 migne samot sambunule NHO3 872
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Residual and Report of State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Ent
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 faise statement shall be guilty of a misdemeanor.
Date (1/2/2022 Signature of Filer

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Full Name Deberah 4 1 Wasz	Work Address	NIA	
Primary Occupation Retised	e-mail DAELWORD @	6MAIL CON WORK Phor	ne NTA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	N/A		
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	any income in excess of \$10,00	00 was derived during the preceding
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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 d ment affecting the listed business, profe ne general public:	lecision whether or not to award ession, occupation, group, or mat	a contract, grant a license or permit,
2 Health Care B Insurance 4. Real Esta	ate, including brokers, velopers, and landlords  5. Baseline Service		. State of New Hampshire, county, or unicipal employment
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	. Horse or dog racing, or other legal for gambling	14. Eddcation	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta	18. Optional: Specify a special interes	ny other area in which you have a st —
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the second	oing information is true and complete t nis chapter or knowingly files a false sta	to the best of my knowledge and tement shall be guilty of a misder	belief. RSA 15-A:9 Penalty. Any
Date 6/9/27	Signature of Filer	>tth	JUN 1 3 2022
Patturn to Office of Secretary of Str	ate 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE