Type or Full Nan	Print CLEARLY ne DAVID	J.HA6-E)	V		Work Address:	SHS, 289 L	atta Late	RD Haupien
Primary	Occupation REIII	ZED,	work P/1	E-mail	dehage	o ComcastiN	Work Phone 60	RD Haupien 3-921-3254
directors	e office, position, board of, etc. or employment with NO ACRONYMS.	or commission, a state or count	committee, board y government held	of				
	List below the name, add proprietor, or employee, calendar year. Sources of	or served in an	v other profession	al or advisory capacity	y, and from which a	ny income in excess of \$	10,000 was derived of	luring the preceding
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Γ	7. N.H. Retirement System	13	rent use land ent program	9. Restaur	rants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
1	2. Any business regulated b	y the Public	1 f	Horse or dog racing, or bling	r other legal forms o	f 14. Education	15. Water Re	sources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		ecify any other area in l interest	which you have a
I have Penal	read RSA 15-A and he ty. Any person who kn	reby swear or lowingly fails	affirm that the f	oregoing information	on is true and com s chapter or know	plete to the best of my ingly files a false state	knowledge and bel nent shall be guilty	ief. RSA 15-A:9
	6-4-20	- -		· .	(Paul 1	1/9	RECEIVED
,,					Si	gnature of Reporting Indi	vidual /	JUN 0 8 2020

Type or Print CLEARLY Full Name Mary Allison Hakken-Phillips	Work Address: Tarbell & Brodich, P.A., 45 Centre St.
un rume nary militable received	Concord, NH 03301
Primary Occupation <u>Attorney</u> E-	-mail mhphillips@tarbellbrodich.com Work Phone (603) 226-3900
Name the office, position, board or commission, committee, board of Appointed directors, etc. or employment with state or county government held by you. NO ACRONYMS.	ed Member of the Town of Hanover Finance Committee
proprietor, or employee, or served in any other professional or advisory ca	er organization in which you or a family member was an officer, director, associate, partner, pacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Tarbell & Brodich, P.A., 45 Centre St. Concord, N	NH 03301; law practice/employer
2. DHMC, 1 Medical Center Drive, Lebanon, NH 03756;	physician/employer (spouse)
If you have no qualifying income indicate by writing your initials next to the follow	ving statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a chan 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 put. 1. Any profession, occupation, or business licensed or certified by the State.	
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Utilities Commission 12. Any business regulated by the Public gambling 13. Horse or dog racing gambling	ing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax	ax
Penalty. Any person who knowingly fails to comply with the provisions of RECEIVED	mation is true and complete to the best of my knowledge and belief. RSA 15-A:9 of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Reporting Individual
JUN - 8 2020	Signature of Reporting Individual JUN - 3 2020

Re DERAFTMENT SQF ate, 107 North Main Street, State House Room 204, Concord, NH 03301

TOWN OF HANOVER

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				or affirm t	hat the fore	going infor	mation is tr	ue and conter or kno	nplete t	o the best of m	ement sha				
Date	June	4,2	220					Mer	ignature	e of Reporting In) dividual				



Primary Occupation Attorney Boul Halvorsen Work Address: 28 Commercial Street Shife 6 E-mail attorney halvorsen @gmail.com Work Phone 6	Concord Nito3301
Primary Occupation Attorney halversen agmail com Work Phone 6	32304990
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no shall be included).	uring the preceding
1. City of Concord 28 Commercial St Snite & Concord NH 03301, Attorney 2. Manchester School District 20 Hecker St Manchester NH 03102, Teacher	
2. Manchester School District 20 Hecker St Manchester NH 03102, Teacher	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify _	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mat reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perform the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit, otentially have a greater
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16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and believe and person who knowingly fails to comply with the provisions of this chapter or knowingly fixes a false statement shall be guilty	
Date June 3, 2020	RECEIVED
Signature of Reporting Individual	JUN 03 2020
Paturn to: Office of Secretary of State 107 North Main Street State House Poom 204 Concord, NH 03301	NEW HAMPSHIRE

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 S	nie Ham	Work Address:	Late a	of NH-	
Primary Occupation Om b	udsman Er	mail Bonnie. Ha	mpd	Work Phone 271-	428
Name the office, position, board or commi directors, etc. or employment with state or by you. NO ACRONYMS.		\rightarrow \sim	ein C	are Ombuds	man
proprietor, or employee, or served	type of any profession, business, or other in any other professional or advisory capa int benefits other than federal retirement a	acity, and from which any incom	ne in excess of \$1	0,000 was derived during the preced	
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Type or Full Na	r Print CLEARL me GEOR	y ve wesc	Ey Hambles	<u> </u>	Vork Address:	5 corrona	DOD PL	AISTOW NH 03P
	Occupation	TCONSULT		E-mail 0	eorge hav	mbene yahoo	_ Work Phone _ 9	49-424-923
director		, board or commission, nent with state or count S.						
A,	proprietor, or em	ployee, or served in ar	y other professional or	advisory capacity, as	nd from which an	ou or a family member very income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
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I have	e read RSA 15-A	and hereby swear o	r affirm that the foreg	going information is provisions of this cl	s true and comp	lete to the best of my	knowledge and be ment shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	6/1	-b0	•			7		RECEIVED
200				•	Sign	nature of Reporting Indi	vidual	JUN 2 3 2020
		Return to:	Office of Secretary of S	State, 107 North Mair	Street, State Ho	use Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEAD Full Name	an Livin	aston H	amblet	-	Work Address: _		agin and a surface sur	
Primary Occupation				E-mail _	joan ham	bletnh@g/	<u>رنمس</u> Work Phon	ne
Name the office, positi directors, etc. or employ by you. NO ACRONY	yment with state					<u> </u>		
proprietor, or	employee, or serv	ed in any other p	rofessional or ac	lvisory capacity,	and from which a	ou or a family mem ny income in excess s shall be included.	of \$10,000 was de	, director, associate, partner, erived during the preceding eets as necessary)
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reportable spe discipline a li financial effe	ecial interest in an censee or permitte ct on you or a fam	y item on this list be, or other decisi ily member than , or business licens	if a change in le on by government it would on the	aw, a change in a ent affecting the general public:	administrative rule listed business, pro	a decision whether	or not to award a	s or matters. A person has a contract, grant a license or permit would potentially have a greater
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					chapter or know		statement shall b	and belief. RSA 15-A:9 e guilty of a misdemeanor. RECEIVED JUN 0 4 2020 NEW HAMPSHIRE

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

Type or Print CLEARLY. Full Name <u>Head Margarel</u>	Hamer	Work Address:	NA		
Full Name 17 EARLY. Primary Occupation NH State Rep	Presentative E-mail	hhamer:	59@ pol.um	Home Le	03.6254895
Name the office, position, board or commission, commis	nittee, board of				
A. List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits	er professional or advisory capacit	y, and from which an	y income in excess of \$10	0,000 was derived d	uring the preceding
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I have read RSA 15-A and hereby swear or affin Penalty. Any person who knowingly fails to co	m that the foregoing information may be made in the many in the ma	on is true and comp s chapter or knowir	lete to the best of my kingly files a false statem	nowledge and beli ent shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date June 3, 2020		1de		ner	
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					UN: 0 5 0000

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

JUN 0 5 2020

MEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print CLEARLY LYDD Shvik Hamilton Work Address: 72 Modison Way Menchester, NH 0310 Primary Occupation Retired E-mail Christy Slavik & Yaho. Work Phone (857)221-2414
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. <u>Federal government-husband</u> 2. <u>Mass. State Teachers Retirement System</u>
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date Signature of Reporting Individual Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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 employment with state or county government held you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permitte, 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 obusiness: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire. List each such profession, occupation of allowhere assessment program 10. Sale and distribution of alcoholic 11. Practice of System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources 16. Agriculture 17. N.H. Retirement 18. Optional: Specify any other area in which you have a special interest and plividends Tax 18. Optional: Specify any other area in which you have a special interest and plividends Tax 18. Optional: Specify any other area in which you have a special interest and plividends Tax 19. REGELIVED Signature 6# Reforting individual RECELIVED Signature of Reforting individual	Sype or Print CLEARLY Sull Name DUANE HAMNIOND	Work Address: 184 River Rd. Alton, NH 03809
Directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Primary Occupation Artist - retired Graphic Des E-mail	
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. 6 Fyou have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	lirectors, etc. or employment with state or county government held	ONE
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a license 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 municipal employment 7. N.H. Retirement System 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of 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 a special interest I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature #Reforting Individual	2.	
reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, 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, 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 category of business: 1. Sanking or financial 1. Sale and distribution of alcoholic municipal employment 1. Practice of beverages 1. Any business regulated by the Public gambling 1. Any business regulated by	f you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify DAH
2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging beverages 11. Practice of law 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of Utilities Commission 15. Water Resources 16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax Dividends Tax Specify any other area in which you have a special interest 15. Water Resources 15. Water Resources 16. Agriculture Special interest 16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax Dividends Tax Resources 17. N.H. Specify any other area in which you have a special interest 16. Agriculture 17. N.H. 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. 17. N.H. Business Profits Tax Resources 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have a special interest 18. Optional: Specify any other area in which you have	reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New	administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date 6/3/20 RECEIVED		other legal forms of 14. Education 15. Water Resources
Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date 6/3/20 RECEIVED (Signature of Reporting Individual)	I la Agricultura	
Signature of Reporting Individual		
	Date $\frac{6/3/20}{}$	Signature of Reporting Individual

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

JUN 08 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Fall Name		11 La Bonte Farm Rd,	•
Primary Occupation DOG TRAINER	E-mail ahan ley !	Ri Oicloud. Com Work Pho	one 603 387 3429
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	•	re effectiveness of the	current statutes relax
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional o calendar year. Sources of retirement benefits other than feder	siness, or other organization in which yor advisory capacity, and from which a	you or a family member was an office only income in excess of \$10,000 was of	er, director, associate, partner, derived during the preceding
1. Michael Dowe, 71 LiBorte Far	n Rd, Physician		
2.	***************************************	4.00.0.000	
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income does not	qualify DSH
 B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change is discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special sp	in law, a change in administrative rule nment affecting the listed business, pro the general public:	, a decision whether or not to award a fession, occupation, group, or matter	contract, grant a license or permit,
Wala Z. Dealin Care ii i insurance ii	icluding brokers, ers, and landlords 5. Bar service	· 11	te of New Hampshire, county, or ipal employment
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Date June 6 2020	- ja Si	gnature of Reporting Individual	PECEWED
			JUN 0 5 2020
Return to: Office of Secretary of	f State, 107 North Main Street, State H	ouse Room 204, Concord, NH 03301	NEW PASSESSINE DEPARTMENT OF SVAYE

Full Nam	Print CLEARLY	Abi	cham	Har	man			Vork Addr	ess:	Thora	ton La	Lee	NH	73861	
Primary (Occupation	tired	podiatric	Suze	برمه	Volunteer	E-mail	ochan	Mon	4ahe	gnailea	Work I	Phone <u>603</u>	-418-5531	
Name the	e office, position, , etc. or employm NO ACRONYMS	board or cent with s	commission	, commi	ttee, board	d of									
1	List below the na proprietor, or em calendar year. So	ployee, or	served in a	ny other	professio	nal or advisor	y capacity, a	nd from wl	hich any	income in	excess of \$1	0,000 wa	as derived du	, associate, partner, ring the preceding cessary)	
1.	ON CALL	INTERN	ATTUNAL	11 1	navur 1	PARKWAY	SALEMINA	1 030	79	- TRA	VEL ADO	TANCE	COMPAN	/	
2.	USACS ME	EDICAL	GROUP L	TD	4535	DRESSLOR	RDMU	CANTON	LOH.	4448	- BMER	GENCY	PHYSICIAN	STAFFING COMPAN	Y
If you ha	we no qualifying	income in	dicate by w	riting yo	our initials	next to the fo	ollowing state	ement.			My incon	ne does n	ot qualify _		
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□	2. Health Care	3. Ins	surance	Г		ate, including		F	5. Banki services	ng or finan	cial		State of New i	Hampshire, county, or yment	-
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														of a misdemeanor.	
Date	Jane	12,0	2010				_	-4	Sign	ature of Re	eporting Indi	/ vidual	=[RECEIVED	

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

JUN 2 3 2020

Type or Print CLEARLY Full Name Danie C. Hansherny	Work Address: 20 Shelley Dr. Naghia, Nill 03.
Primary Occupation Refixed E-mail	dcharehorn Qaol con Work Phone 888-5634
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	orough County Commission
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	anization 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 or disability benefits shall be included. (Use additional sheets as necessary)
1. Social Socyvity	
2.	
If you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura	beverages law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax Interest and Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date	
Date W . , //	Signature of Reporting Individual

Type or Pr Full Name	rint CLEAL	RLY CZ 7	· HAN	SEN/			Work Ad	dress:	NA		
Primary Oc	ccupation _	RETII	RED			E-mail	1 NHH IK	ERC	COMCAST. Ne.	Work Phone	VA
directors, e		yment wit	or commission h state or coun			YONE					
pr	roprietor, or	employee,	or served in a	ny other prof	essional or a	dvisory capacit	y, and from	which an	ou or a family member vy income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
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l Sy	N.H. Retirer stem		assessm	rrent use land nent program	· ·	9. Restaur lodging		Г	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	Any business ties Commi		y the Public		13. Horse gambling	or dog racing, or	r other legal f	orms of	14. Education	15. Water R	esources
16.	. Agriculture	e .	17. N.H. taxes:	Busines		Business nterprise Tax	Interes Divider		- 18. Optional: Special	ecify any other area in interest	which you have a
I have re Penalty.	ad RSA 15	i-A and he	ereby swear o	r affirm that to comply	t the forego	oing information	on is true and s chapter or	d compl knowin	lete to the best of my largly files a false staten	mowledge and be ment shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	6/3/	20			·		120	Sign	ature of Reporting Indiv	idual	RECEIVED

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

JUN 0 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Ype or Print CLEARLY ull Name Clinton A. Hanson, Jr.	Work Address: 101 Broadway,	Pembroke, NH 03275
rimary Occupation Retired	E-mail cahansonjr@comcast.net	Work Phone (603) 485-3863
ame the office, position, board or commission, committee, board of nectors, etc. or employment with state or county government held y you. NO ACRONYMS.	ne	
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal research.	lvisory capacity, and from which any income in exce	ess of \$10,000 was derived during the preceding
1. None		
2.		
you have no qualifying income indicate by writing your initials next to	the following statement.	ly income does not qualify
1. Any profession, occupation, or business licensed or certified by occupation, or category of business: 2. Health Care	ding brokers, 5. Banking or financial	6. State of New Hampshire, county, or
agent, developers, a 7. N.H. Retirement	9. Restaurants/ 10. Sale and dist	municipal employment tribution of alcoholic 11. Practice of
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16 Agriculture	usiness Interest and I.8. Option Interprise Tax Dividends Tax	onal: Specify any other area in which you have a special interest
have read RSA 15-A and hereby swear or affirm that the foregoing enalty. Any person who knowingly fails to comply with the property of the pro		
	Signature of Reporting	ng Individual RECEIVE

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

JUN 08 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Katherine Harake	Work Address:		l Ct Hamptoi 03842	n NH
Primary Occupation	Homemaker	_{E-mai} Katherinehara	ke@gmail.com	_ Work Phone	6034185411
	ooard or commission, committee, board of nt with state or county government held	none			
proprietor, or emp	ne, address, and type of any profession, business loyee, or served in any other professional or advrces of retirement benefits other than federal ret	isory capacity, and from which any	y income in excess of \$1	0,000 was derived	during the preceding
ı. <u>Eurosa</u>	Inc. 703 Ocean Blvd C5 Hampt	ton NH 03842			
_{2.} Jima Co	ffee Company 703 Ocean Blvd	C5 Hampton NH 0384	2		
f you have no qualifying in	ncome indicate by writing your initials next to th	e following statement.	My incom	ne does not qualify	KI
1. Any profession occupation, or car	you or a family member than it would on the ge on, occupation, or business licensed or certified by t tegory of business: 4. Real Estate, including	he State of New Hampshire. List eac	h such profession,	6. State of Ne	w Hampshire, county, or
	agent, developers, an	d landlords services		municipal em	
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	Sale and distribution beverages	of alcoholic	I1. Practice of law
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	and hereby swear or affirm that the foregoin	-	-	-	
	tho knowingly fails to comply with the prov 3, 2020	risions of this chapter or knowing	ligiy files a false staten	nent shall be guilt	RECEIVE
<u> </u>		Sign	ature of Reporting Indiv	idual	JUN - 4 2020
					NFW HAMDQUIE

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

NEW HAMPSHIRE DEPARTMENT OF STATE

	r Print CLEARL me <u>Robert</u> I						_ Work A	ddress: 17	West	Street, H	averhill,	MA 01830)
Primary	Occupation	Attorne	y At Law			E-mail	bobhai	rb@aol.c	om		_ Work Phone _	978 – 373-	-5611
director	he office, position s, etc. or employn NO ACRONYM	nent with st				NH State	Represe	ntative	and I	Rockingham	County Del	legation	Member
A.	proprietor, or en	nployee, or	served in an	y other pi	rofessional o	siness, or other orgor advisory capacit	ty, and from	which any	income	in excess of \$1	0,000 was deriv	ed during t	the preceding
1.	Robert D.	Harb-At	torney A	t Law,	Practice	of Law, 17	West St	., Have	rhill	, MA 01830			
2.	Foy Insura	nce, In	surance	Busine	ss, 64 F	ortsmouth A	ve., Exe	ter, NH	0383	3			
lf you l	nave no qualifying	income inc	dicate by wr	ting your	initials nex	t to the following	statement.			My incom	ne does not qual	ify	
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Pena	lty. Any person	who knov				egoing informati e provisions of th		or knowin	igly file				
Date	, June 3,	2020								Reporting Indiv	ridual	RE	CEIVEL

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

JUN 0 8 ZUZU

Type o Full Na	or Print CLEARL	Y	arley	, Real E	cl-la	· w	ork Address:	38 R	liver St	reet, Se	abrook, NI	Н
	y Occupation <u>\$</u>	fitr	less' ind	d inves	stor	E-mail <u>+</u>	ianalhæ	hotm	ail.com	Work Phone	78-457-300	4
directo	the office, position ors, etc. or employn . NO ACRONYM	nent with				ţh_				•		
Α,	List below the no proprietor, or en calendar year. So	iployee, c	or served in any	other professio	nal or advisory	capacity, and	l from which as	ny income	in excess of \$10.	000 was derived	ctor, associate, partner, during the preceding necessary)	
1.	Preside	nt \$	Board	Member	Beverly	j's Con	dominium	ns, f	tampton	Beach,	NH (volum	
2.	Treasur	zer i	Seaco	ist Rep	ublican	Wom	en (i	to in	come, V	olunteer	only)	
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	financial effect of	on you or sion, occu	a family memb	er than it would	rtified by the State	public: te of New Har	mpshire. List ea		fession,		potentially have a great	er ·
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Date	June	3.	2020		-		Jira	ature of R	Harle eporting Individual	iji	JUN 1 0 2020	
									•		NEW HAMPSHIR DEPARTMENT OF S	TATE

Type or Full Nar	Print CLEARL	YAEL ,	4 ARRINGTON	/ w	ork Address:	NA		
Primary	Occupation	RETIRED		E-mail			Work Phone	
directors		nent with state or cou	n, committee, board of nty government held	STATE K	EP			
A.	proprietor, or en calendar year. So	ployee, or served in a	e of any profession, busing any other professional or enefits other than federal	advisory capacity, an I retirement and/or di	d from which ar sability benefits	y income in excess of \$ shall be included. (Use	10,000 was derived duradditional sheets as nee	ing the preceding
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Γ	16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	ecify any other area in w interest	hich you have a
		-	or affirm that the foreg			_	_	
Date		~/			Sign	nature of Reporting Indiv	vidual	KECLIVE
		Return to:	Office of Secretary of St	ate, 107 North Main	Street, State Ho	use Room 204, Concord	, NH 03301	JUN 0 5 2020

Type or Print CLEARLY Full Name	Linda Ha	rrioH-Ga	thright wo	rk Address:			
Primary Occupation	Petired		E-mail			Work Phone	
Name the office, position, directors, etc. or employme by you. NO ACRONYMS	board or commission ent with state or coun	, committee, board of aty government held	State Depre:	segtation L'ount	a, Nashna C a Evecutive	oard of all Committee	dermen,
A. List below the nar proprietor, or emp	me, address, and type bloyee, or served in a	e of any profession, bus ny other professional o	siness, or other organization advisory capacity, and a cal retirement and/or disa	on in which you from which any	v u or a family member w v income in excess of \$1	as an officer, direc 0,000 was derived	tor, associate, partner, during the preceding
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2. If you have no qualifying i	ncome indicate by w	riting your initials next	to the following stateme	nt.	My incom	e does not qualify	HG
reportable special discipline a licens financial effect on	interest in any item of see or permittee, or of a you or a family men	on this list if a change in the decision by government than it would on the	ment affecting the listed	nistrative rule, a business, profe	decision whether or not ssion, occupation, group	to award a contrac	ct, grant a license or permit,
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I have read RSA 15-A Penalty. Any person y Date				oter or knowin		nent shall be auth	JUN - 8 2020
	Return to:	Office of Secretary of	State, 107 North Main S	treet, State Hou	ise Room 204, Concord.	NH 03301 DI	NEW HAMPSHIRE EPARTMENT OF STATE

or Print CLEARLY Phillip Harris	Work Address: 228 Maple	est. munchester, NH 631
or Print CLEARLY Phillip Harris Ary Occupation Accounts Receivable E-mail	Phillip Carter harris & gu	est. Merchester, NH 63, wif Work Phone 800-347-9623
the office, position, board or commission, committee, board of thors, etc. or employment with state or county government held by. NO ACRONYMS.		
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacitation calendar year. Sources of retirement benefits other than federal retirement and	ty, and from which any income in excess of	\$10,000 was derived during the preceding
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7. N.H. Retirement System 8. Current use land assessment program 9. Restaution lodging	urants/ 10. Sale and distribut	
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ate 6-4-2020	MIC.70	
	\$ignature of Reporting In	dividual JUN 0 5 2020
Return to: Office of Secretary of State. 107 North	Main Street, State House Room 204. Conco	

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Nar	Print CLEARLY	homas	Joe Harris	. W	ork Address:	1 Broad St	Hollis VH C	3049
Primary	Occupation relies	Q		W E-mail to	mbarris. L	allis e amail. com	≤ Work Phone 60	3 521-0828
Name th	e office, position, board s, etc. or employment wi NO ACRONYMS.	or commission,	committee, board o			<u> </u>		
A.	proprietor, or employee	, or served in ar	y other professional	usiness, or other organiza or advisory capacity, and eral retirement and/or di	l from which an	y income in excess of \$	0,000 was derived d	uring the preceding
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				oregoing information is the provisions of this ch				
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directors	e office, position, board of s, etc. or employment with NO ACRONYMS.	or commission, h state or count	committee, boar y government he	IN OF THE PIESEVI	ative Ch	eshire 1	/com		
A,	List below the name, add proprietor, or employee, calendar year. Sources of	or served in an fretirement ber	y other professionefits other than	onal or advisory capac federal retirement and	ity, and from v d/or disability	hich any inc	ome in excess of \$1	0,000 was derived	during the preceding
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2.	Federated	Church	of Mar	1borough	NH				
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Date	y. Any person who kno June 3 20		to comply with	i the provisions of th	us chapter or	try)	$\alpha \alpha l$	rivey	y of a misdemeanor.

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

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

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Full Name / 1 ch ard M. Hasola	Work Address: 35 914.	4- 42
Primary Occupation Fed Support Cry/15) E-mail	Michaed Haga & Progress 2.	Work Phone 775-237-0909
Name the office, position, board or commission, committee, board of		
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	y, and from which any income in excess of \$10 or disability benefits shall be included. (Use a	0,000 was derived during the preceding dditional sheets as necessary)
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f you have no qualifying income indicate by writing your initials next to the following st	tatement. My incom	e does not qualify
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not listed business, profession, occupation, group	to award a contract, grant a license or permit,
2. Health Care 73. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaur	beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax		cify any other area in which you have a nterest
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio Penalty . Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my kis chapter or knowingly files a false statem	nowledge and belief. RSA 15-A:9 ent shall be guilty of a misdemeanor.
Date	Signature of Reporting Indivi	dual

Full Name Lawing Davis Hastings	Work Address:
Primary Occupation Letwich E-ma	il hastygiv 55 C gwail work Phone
Name the office, position, board or commission, committee, board of	COP /
	rganization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding dor disability benefits shall be included. (Use additional sheets as necessary)
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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
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I have read RSA 15-A and hereby swear or affirm that the foregoing informa Penalty . Any person who knowingly fails to comply with the provisions of t	tion is true and complete to the best of my knowledge and belief. RSA 15-A:9 his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/3/2020	Signature of Reporting Individual RECEIVED
	JUN 0 5 2020
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 Manc Hatter	Work Address: 14 HAID Street, Newport, WH
Primary Occupation Solling Conty Alterna E-mail	MHATHANDACOUNTY Work Phone 603-838-755
Name the office, position, board or commission, committee, board of	FPKE OF Sollion Conty Allerna
A. List below the name, address, and type of any profession, business, or other organization, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/of	anization 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 or disability benefits shall be included. (Use additional sheets as necessary)
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I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	
Date Jone 12, 2020	Signature of Reporting Individual RECEIVED
	IUN 1 2 2020

Type or Print CLEARLY Full Name Tracy Lee Hayes	Work Address: 259 County Farm Rd Sait	e 105, Dover, NH 03
Primary Occupation Deputy Sheriff E-mail	Work Address: 259 County Farm Rd. Sait Thayes @ co. strafford. nl. us Work Phone 60	03-534-0048
Name the office, position, board or commission, committee, board of Sheriff 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, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	y, and from which any income in excess of \$10,000 was derived of	during the preceding
1. Strafford County Sheriff's Office, 259 County	by Farm Rd. Suite 105, Dover, NH 03820,	Law Enforcement
1. Strafford County Sheriff's Office, 259 County. 2. Rontal Property, 122 Bay St. Wolfeboro, NH 0389.	4. personally owned property	
If you have no qualifying income indicate by writing your initials next to the following st		
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 Netoccupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent developers and landlords	w Hampshire. List each such profession, 5. Banking or financial 6. State of New	w Hampshire, county, or
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I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	on is true and complete to the best of my knowledge and be is chapter or knowingly files a false statement shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date 6/12/20	Jacy Hayes	RECEIVED
	Signature of Reporting Individual	JUN 1 2 2020
D. A. H. A. C.	Afric Street State House Boom 204 Concord NIH 02201	NEW HAMPSHIRE

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Thomas Haynes	Work Address: Home 4 Engles Nest Ridge Salem, NH
rimary Occupation Retired from Raythean Co. E-mail	XINYING@comcast.comWork Phone 603 952 0250 Ce
Name the office, position, board or commission, committee, board of	
proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	
1. Raytheon Company Benefits Cent	Ter (Pension) P.O. Box 5243, Cherry Hill, NJ 08034
2.	
f you have no qualifying income indicate by writing your initials next to the following st	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
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Date June 3, 2020	Thomas R. Raynes Signature of Reporting Individual RECEIVED

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

JUN 08 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nat	Print CLEARLY ne NRC (Y	A TEAN	HAYWAR	♡ ₩	ork Address: <u>9</u>	Wildwood	Rd L	Aconin 1	111
Primary	Occupation Re-	tuned		E-mail mi	aaciyad	d 131 @ gma	Work Phone L	63 524 25	88
	ne office, position, bo s, etc. or employmen NO ACRONYMS.	oard or commission, t with state or count	committee, board of y government held	State Re	bropen	Wildwood distression	Ly Les	Men WING	
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Type or Print CLEARLY Peter T. Hayward	Work Address: & Ranger Drue Kittery ME
Primary Occupation driver	E-mail Potert, hayward ogmail wowork Phone 207 439 9300
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	New Hampshire House of Representatives Straffond County District
proprietor, or employee, or served in any other professional	siness, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding real retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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Date 17 June 2020	leto Thomward

ype or Print CLEARLY	P. Hea	th	Wo	rk Address:	6 Island	Pond Rd	٠	
rimary Occupation	Retired		E-mail	.heath(concast, net	Work Phone		
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Date	2/20			Mar Sign	ature of Reporting Indiv	f vidual		— JED

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

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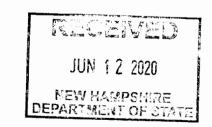
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Γ	7. N.H. Ret System	irement	r		nrent us			9. Resta	urants/		11	10. Sale beverag		tribution	of alcoho	lic		11. Practice of law
Γ,	12. Any busii Utilities Cor			ne Public			3. Horamblin	se or dog racing,	or othe	r legal fo	rms of	Γ	14. Educ	cation	r 15	. Water I	Resource	es
٢	16. Agricu	lture	1	v. N.H. xes:		Business rofits Tax	Γ	Business Enterprise Tax	Г	Interest Dividen		Г	18. Opti	onal: Sp specia	ecify any of	her area	in which	you have a
Pena	alty. Any p			•				going informa provisions of			•			-	~		ilty of a	misdemeanor.
Dat	te	W/I	45	<u> </u>					-		Sign	ature of	Report	ting Indi	dual		 	RECEIVE

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

JUN 16 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Pull Name MARY R Heath Work Address: 41 Heasy 146 Rd Work Address: 52USBURY NA 03268
Primary Occupation Retired E-mail Mheath @ tds. Net Work Phone 603-344-2424
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. MERRIMACIC COUNTY TREASURER.
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. Employee Mearinick County Nucsing Home Busenwer NH 03303
2. DWNCE-BLAFSARGE CONCURE LLC PO DUX 208 SAUSBURY NH 03268
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession.
occupation, or category of business: OCCUPATION, or category of business: OUVER - Klassage Concrete LLC
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 current deput
7. N.H. Retirement System 8. Current use land fand lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of Treasurants/ beverages
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 9/15/2020 Mary R Heath

Primary Occupation CEO Work Address: 4/0 Amherst St Ste 349 Nashva, NH 03/0 E-mail danielegkmgmt.com Work Phone 623-428-0402	6
Primary Occupation CEO E-mail daniel@gkmgmt.com Work Phone 623-428-0402	
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
1. Greek Kitchen Management Inc	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession,	
occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law	
To 12. Any business regulated by the Public Utilities Commission To 13. Horse or dog racing, or other legal forms of gambling To 14. Education To 15. Water Resources	
16. Agriculture Business Enterprise Tax Interest and Dividends Tax 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 6-5-2020	
Signature of Reporting Individual	



Hendricks 2020 New Hampshire Statement of Financial Interests - RSA 15-A

Primary Occupation Community Manager E-mail nnhendricks agrail com Work Phone G	in Suite 100 1
rimary Occupation Community manager E-mail nnhendricks agmail com Work Phone 6	03-232-8463 14
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a	ed during the preceding
1. Specialty Kitchens, 4 Hudson Par Drive, Hudson, 11H 03051	
2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualifying income indicate by writing your initials next to the following statement.	ĵy
 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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Normal municipal er	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission 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 Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guident.	
Date 6-9-2020 Signature of Reporting Individual	2000 A 2 2000
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020 MEW HAMPSHIRE

Type or Print CLEARLY Full Name DAVID Hehnessey	Work Address: Coldwell Banker	4 NAShuz Rd Landonderry 03053
Primary Occupation <u>Qe2/10</u> E-1	nail <u>NAVE55tar Q G MA:1.10 M</u>	Work Phone <u>603635 4902</u>
Name the office, position, board or commission, committee, board of Directors directors, etc. or employment with state or county government held by you. NO ACRONYMS.	- NASHUA Regional Planning C R Peldam NH Zoning Boa	
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 cap calendar year. Sources of retirement benefits other than federal retirement	acity, and from which any income in excess of \$1	0,000 was derived during the preceding
1. Rezitor Coldnell Banker 4 NASduz Bd	London durry NH 03053	
2. MASSACHUS etts Terubers Retirement Sy	stem 500 Rutherford Aven	ve Charlestonn, MA 02/29
If you have no qualifying income indicate by writing your initials next to the follow	ing statement. My incom	e does not qualify
B. Indicate below whether you or a family member has a special interest in an reportable special interest in any item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general public to the second of the	ge in administrative rule, a decision whether or not gethe listed business, profession, occupation, group blic:	to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State occupation, or category of business: $\frac{\beta e z / \xi s}{\beta}$	to the Broner	
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	rs, 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. Retirement	staurants/ 10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog raci	ng, or other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	1 11	ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of		
Date	Signature of Reporting Indiv	resp
	Signature of Reporting Indiv	JUN 0 9 2020
Return to: Office of Secretary of State, 107 No.	orth Main Street, State House Room 204, Concord,	i D

Full Name	Print CLEARLY	Hennesse	4		_ Work Addres	ss: NH S	State He	use, Co	ncord, NH	
	Occupation 5to		· ·	E-mail	enee	cohenno	sey. w	Work Phone 100	03-991-7572	>
Name the directors,	office, position, bo	ard or commission, comm with state or county gove	nittee, board ofernment held	,						
p	oroprietor, or employ calendar year. Source	address, and type of any yee, or served in any othe es of retirement benefits of	er professional or a other than federal	ndvisory capacit retirement and	y, and from whi or disability ber	ch any income inefits shall be in	in excess of \$10 acluded. (Use ac	0,000 was derived dditional sheets as	during the preceding necessary)	
1.	Littleton	Coin Co,	1309	M.E.	15H5 R	d, Little	eten	NH 035	6)	
2.		·				•				
if you hav	ve no qualifying inco	ome indicate by writing y	our initials next to	the following s	statement.		My income	e does not qualify		
		ou or a family member in	an it would on the	general public:						
Г — 2	Any profession, occupation, or category		censed or certified b	by the State of Ne	ew Hampshire. Li	. Banking or fina			w Hampshire, county, or	
	Any profession, occupation, or category. Health Care	occupation, or business lice gory of business:	eensed or certified be determined by 4. Real Estate, incluagent, developers,	by the State of Ne uding brokers, and landlords	ew Hampshire. Li	Banking or final	ncial	municipal emp	ployment	
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☐ 7 S: ☐ 12.	Any profession occupation, or category. Health Care N.H. Retirement	occupation, or business lice ory of business: 3. Insurance 8. Current us assessment pro	4. Real Estate, incluagent, developers, se land	uding brokers, and landlords 9. Restaur	ew Hampshire. Li	Banking or final rvices 10. Sale a beverages	ncial I	municipal emp	oloyment 11. Practice of law	
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7 5 S	1. Any profession occupation, or category. Health Care N.H. Retirement ystem Any business regulate lities Commission 6. Agriculture read RSA 15-A and Any person who	3. Insurance 8. Current us assessment proceed by the Public 17. N.H. Braxes: Pr	4. Real Estate, incluagent, developers, se land ogram 13. Horse gambling susiness offits Tax The total Estate inclusion of the second of the	uding brokers, and landlords 9. Restaur lodging e or dog racing, or Business interprise Tax bing information	rother legal form Interest an Dividends on is true and construction is true and construction is true and construction is chapter or known and construction is true and co	Banking or final rvices 10. Sale a beverages as of 14 18 Tax complete to the action of 15 18 18 18 18 18 18 18 18 18 18 18 18 18	ncial Ind distribution S. Education S. Optional: Special in the	municipal empof alcoholic 15. Water Recify any other area interest — Color who will be guilty	esources i which you have a lief. RSA 15-A:9	
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	and A. Henry	Work Address: 85	A Parker St. Winc	hester NA 03
Primary Occupation <u>CUSAN</u>	ess Admin.	E-mail Mheny &	A Parker St. Winc	603-239-80b
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.	or commission, committee, board of Househ state or county government held			
proprietor, or employee,	dress, and type of any profession, business, or or served in any other professional or advisor fretirement benefits other than federal retirement	y capacity, and from which any inc	come in excess of \$10,000 was derived	d during the preceding
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If you have no qualifying income	indicate by writing your initials next to the fo	ollowing statement.	My income does not qualify	y P
reportable special interediscipline a licensee or prefinancial effect on you of	you or a family member has a special interest st in any item on this list if a change in law, a permittee, or other decision by government affor a family member than it would on the general cupation, or business licensed or certified by the State of business:	change in administrative rule, a dec fecting the listed business, professional al public: State of New Hampshire. List each such	cision whether or not to award a contron, occupation, group, or matter would	act, grant a license or permit, I potentially have a greater
	Insurance 4. Real Estate, including t		or financial 6. State of N	ew Hampshire, county, or
7. N.H. Retirement System	agent, developers, and la	9. Restaurants/	I municipal er 3. Sale and distribution of alcoholic verages	nployment 11. Practice of law
12. Any business regulated Utilities Commission	by the Public 13. Horse or dog gambling	g racing, or other legal forms of	X 14. Education 15. Water	Resources
16. Agriculture	17. N.H. taxes: Business Frofits Tax Busine	1	18. Optional: Specify any other area special interest	in which you have a
I have read RSA 15-A and h Penalty. Any person who k	ereby swear or affirm that the foregoing in nowingly fails to comply with the provision	nformation is true and complete ons of this chapter or knowingly	to the best of my knowledge and to	BECEIVED By or a misdemeanor.
Date (e/12/20		Mich		JUN 17 2020
		Signatur	re of Reporting Individual	NEW HAMPSHIRE

Type o Full Na	or Print CLEARI	11 mg 510	Oher	Stephe	127	Worl	k Address: _{e}	SI Extrem		901
Primar	y Occupation	Zetip	of _]	E-mail <u>// Ga</u>	ber Oli	PISUSION	Work Phone	03 567-4711
directo	the office, position rs, etc. or employi . NO ACRONYM	nent with sta	ommission, ate or coun	committee, board by government hel	l of <u>S</u>	Rep.	Dist 4	13 Hulshos	ough (Hy)	7.H. exercise
A,	proprietor, or en	nployee, or s	served in an	y other profession	ial or advisory c	apacity, and fi	om which any	u or a family member income in excess of chall be included. (Use	\$10,000 was derived	during the preceding
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[f you l	have no qualifying	income ind	icate by wr	iting your initials	next to the follo	wing statemen	t.	My inco	me does not qualify	
В.	reportable speci discipline a lice financial effect o	al interest in usee or perm on you or a f ssion, occupa	any item on ittee, or other items of the ite	n this list if a char ner decision by go iber than it would ness licensed or cer	nge in law, a chavernment affection the general p	inge in admining the listed bublic:	strative rule, a pusiness, professhire. List each	ssion, occupation, gro	ot to award a contractup, or matter would p	t, grant a license or permit, potentially have a greater
Γ	2. Health Care	3. Insu	rance		e, including brok lopers, and landl		5. Bankii services	ng or financial	6. State of New municipal emp	v Hampshire, county, or Ployment
Γ	7. N.H. Retireme System	ent [rent use land ent program	9. F	Restaurants/ ing		10. Sale and distribution beverages	on of alcoholic	11. Practice of law
Γ ,	12. Any business re Utilities Commiss		ne Public	11	. Horse or dog rad abling	cing, or other le	gal forms of	14. Education	15. Water Ro	esources
Γ	16. Agriculture	1	V. N.H. xes:	Business Profits Tax	Business Enterprise T		terest and vidends Tax	18. Optional: S speci	pecify any other area in al interest	which you have a
I hav Pena	re read RSA 15-A	A and hereb who know	y swear or ringly fails	r affirm that the to comply with	foregoing infor	rmation is tru of this chapt	e and comple or or knowing	ete to the best of my gly files a false state	knowledge and bel ment shall be guilty	lief. RSA 15-A:9 y of a misdemeanor.
Date	•	10/4/	DD .		•		Vin (Herlie &	7	RECEIVED
Duk		47					Signa	ture of Reporting Ind	vidual	JUN 0 5 2020
		I	Return to:	Office of Secretary	of State, 107 N	lorth Main Str	ect, State Hous	se Room 204, Concord	d, NH 03301	NEW HAMPSHIRE

Type or Print CLEARLY Full NameAmanda	D. Higgins		Work Address:	17 Reed St	both, manc	hester, NH 03/02
Primary Occupation Homemak	Con/Man to 5 Kids	E-mail _	higginsmat	+200 yahoo sa	M Work Phone 60	hester, NH 03/02 03-494-0158
Name the office, position, board or directors, etc. or employment with s by you. NO ACRONYMS.	commission, committee, board of	Mone		*		
proprietor, or employee, or	ess, and type of any profession, busing r served in any other professional or a retirement benefits other than federal	advisory capacity,	and from which any	income in excess of \$	10,000 was derived	during the preceding
1. None						***
2. None						1 //
If you have no qualifying income in	ndicate by writing your initials next to	o the following sta	tement.	My incor	ne does not qualify	14/11
reportable special interest discipline a licensee or per financial effect on you or a	ou or a family member has a special in any item on this list if a change in mittee, or other decision by government family member than it would on the pation, or business licensed or certified business:	law, a change in a nent affecting the l e general public:	dministrative rule, a isted business, profe	decision whether or no ession, occupation, grou	t to award a contra	ct, grant a license or permit,
2. Health Care 3. Ins	urance 4. Real Estate, incl agent, developers	•	5. Banki services	ng or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaura	nts/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
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16 Agriculture	1 1	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: Sp specia	ecify any other area i interest	n which you have a
	eby swear or affirm that the foregoingly fails to comply with the property with the property with the property with the property of the property with the property of the prop		chapter or knowin	gly files a false state	nent shall be guil	
			Sign	ature of Reporting Indiv	vidual	KECEIVED
						UIM 0 9 2020

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

JUN 09 2020 MEW MAMPEMIRE DEPARTMENT OF STATE

	Work Address: 64 Proup St. Roches Occupation VETIVED E-mail Variable Work Phone	ster. Utt
Primary	Occupation vetired E-man avanthigans Work Phone	,
Name th	the office, position, board or commission, committee, board of which is, etc. or employment with state or county government held	
	NO ACRONYMS.	
Α.	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, association and type of any professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessar	ne preceding
1.		
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	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	,
В.	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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potential financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	a license or permit, ly have a greater
Γ	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamps municipal employment	
戍	7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
$\Gamma_{\rm U}$	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	
Г	16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which y special interest	ou have a
I have	e 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	SA 15-A:9
	Ity. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a new contraction.	RECEIVE
Date	Signature of Reporting Individual	JUN - 8 2020

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

NEW HAMPSHIRE PEPARTMENT OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Type or Print CLEARLY Full Name Primary Occupation Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other 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) If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession I MSULANCE occupation, or category of business: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial 3. Insurance 2. Health Care agent, developers, and landlords services municipal employment 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land 9. Restaurants/ 7. N.H. Retirement beverages law System assessment program lodging 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 15. Water Resources 14 Education Utilities Commission gambling 17. N.H. Business Interest and 18. Optional: Specify any other area in which you have a 16. Agriculture Profits Tax taxes: 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 ballowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter of thowingly files a false statement shall be guilty of a misdemeanor.

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

RECEIVED

JUN 15 2020

NEW HAMPSHIRE EPARTMENT OF STATE

Гуре or P Full Name	rint CLEARL	* Karen	List Hill	Wo	ork Address:	8 Bank	Stree	f, Lebana NH 103.252.2542 0376
Primary O	ccupation	avalegal		E-mail (venliath	ullegmanl.co	∽ Work Phone <u>(</u>	03.252.2542 0376
lirectors, e		nent with state or co	on, committee, board of unty government held		Con		surer	
pı	roprietor, or em	ployee, or served in	any other professional	usiness, or other organization advisory capacity, and eral retirement and/or dis	from which any	y income in excess of S	10,000 was deriv	ed during the preceding
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2.	Myers	Associa	tes, Puc	=		•	1	al estate transacti
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di fi	scipline a licer nancial effect of 1. Any profes	nsee or permittee, or on you or a family m	other decision by gover tember than it would on ousiness licensed or certifi	rnment affecting the lister the general public: ed by the State of New Har	business, profe	ession, occupation, gro	up, or matter woul	ract, grant a license or permit, d potentially have a greater
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<u> </u>	. Agriculture	17. N.H. taxes:	Business Profits Tax		Interest and Dividends Tax	18. Optional: Specia	pecify any other are d interest	a in which you have a
		•		egoing information is t provisions of this chap				
Date _	6/10	12020				/Ic/		RECEIVED
					Kind	TIMPLAT REPORTING AND	widnal lembix	- ILLUCIA
					- Cign	nture of Reporting Indi	vidual .	JUN 1 1 2020

	Type or Print CLEARLY SICHAZO W. Hinch Work Address: 14 TchAbod DE. MERRYLACK MEN OF
	Primary Occupation Beokse Ounse Est Estable-mail Sickynchia (mail.comwork Phone 603 261-6317
	Name the office, position, board or commission, committee, board of State DSDESENTAINS
	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)
114	Hinch-Czowiey Rendy Assoc. LIC 14 Tchaboo De. MEDE, MADE NH 03054
æ	2. State of NH-Subjectively Concess NH
	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
	B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampahire. 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 Business Interest and taxes: Profits Tax 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 Ob/04/2020 Signature of Reporting Individual

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

	Hobbs			Vork Address:	19 Danis PK	Rd Goffsk	03-785-1075
Primary OccupationS	ales Ma	nager	E-mail	Frank. W	bbs@qmail-6	Work Phone 60	03-785-1075
Name the office, position, board of directors, etc. or employment with you. NO ACRONYMS.	or commission, h state or count	committee, board of _ y government held					
A. List below the name, add proprietor, or employee, calendar year. Sources of	or served in an of retirement ber	y other professional o nefits other than feder	r advisory capacity, ar al retirement and/or d	nd from which any isability benefits s	y income in excess of \$1 shall be included. (Use a	0,000 was derived of additional sheets as	during the preceding
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B. Indicate below whether reportable special interediscipline a licensee or pfinancial effect on you of	est in any item or permittee, or oth	n this list if a change i ter decision by govern	in law, a change in adr nment affecting the list	ninistrative rule, a	ı decision whether or no	t to award a contrac	et, grant a license or permit, potentially have a greater
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Type or Print CLEARLY Full Name	borah LH	bsm	Work Address:	3 Wold V	idge L	ane
Primary Occupation	NA	E-ma	ail		Work Phone	
	board or commission, commit ent with state or county govern S.		Kingstor	r Public.	Library	- Alt truste
proprietor, or emp	me, address, and type of any poloyee, or served in any other purces of retirement benefits of	professional or advisory capac	city, and from which an	y income in excess of \$	10,000 was derived o	luring the preceding
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12. Any business regu Utilities Commission		13. Horse or dog racing, gambling	or other legal forms of	14. Education	15. Water Re	sources
16. Agriculture		iness Business ts Tax Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area in interest	which you have a
	and hereby swear or affirm who knowingly fails to com		his chapter or knowing Debout		nent shall be guilty	of a misdemeanor.
			Sign	iature of Keporting Mary	iduai	RECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE

Type or Print CLEARLY Full Name Primary Occupation COPSOLTANT ATTOLNEY E-mail G-7 Flate Daol. com Work Phone G03 - + 16 - 2 Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, pa 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 precedent or calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1.	artner, eding
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, pa 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 precedent of the professional or advisory capacity and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedent of the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the prof	artner, eding
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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	
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, courselved agent, developers, and landlords	unty, or
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The second of the Public Utilities Commission The second of the se	
16. Agriculture 17. N.H. taxes: Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have special interest LEVENABLE Continued.	ea Entreby
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-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 misdement of Reporting Individual Signature of Reporting Individual	-A:9

Primary Occupation Insurance Sales E-mail Thoughout Some Work Address: 28 W they Mercinal NH 03 E-mail Thoughout Some Work Phone 63-429-200 Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	8_
directors, etc. or employment with state or county government held	———
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	
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12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of Utilities Commission 14. Education 15. Water Resources	
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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 precipilate.	
Date	:020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	SHIRE OF STATE

Type or Print CLEA Full Name Samue	RLY David	Hoehn			Work Address: Samuel hashn	56	Washington	Street Louis	onia NH	03246
Primary Occupation _	Sales			E-mail	Samuel horhn	603 Q	gmail. com	_ Work Phone	715 - 444	6852
Name the office, posit directors, etc. or employ by you. NO ACRON	oyment wi								:	
proprietor, or	employee	e, or served in an	y other profession	business, or other organical or advisory capacity bederal retirement and/o	, and from which	any inco	me in excess of \$1	0,000 was deriv	ved during the	preceding
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		Datum to	Office of Secretar	v of State 107 North M					J	UN 0 5 2020

Type or Print CLEARI Full Name	Y 62.48	ans H	oraw	W	ork Address:	N/A		
Primary Occupation	retired		9	E-mail	NR		Work Phone	NA
Name the office, position lirectors, etc. or employs you. NO ACRONYM	nent with state or							
proprietor, or er	nployee, or served	l in any other pro	fessional or advisory	capacity, an	d from which an	ou or a family membe y income in excess of shall be included. (Us	\$10,000 was derive	ector, associate, partner, d during the preceding as necessary)
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16. Agriculture	17. N.H taxes:	Busine Profits			Interest and Dividends Tax	18. Optional: spec	Specify any other area ial interest	in which you have a
I have read RSA 15-A Penalty. Any person								pelief. RSA 15-A:9 lty of a misdemeanor.
Date June	W, Z020				<u>الم</u> ع Sign	ature of Reporting Inc	lividual	RECEIV
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN U 5 ZUZU

NEW HAMPSHIRE DEPARTMENT OF STATE

Type o Full Na	or Print CLEARI	Y DORIS HOH	ENSEE	w	ork Address:	15 Swart	Terace	, Nashua NA
		homemaker		E-mail C	lons. h	opensee @	Work Phone	, Nashua Nf net 603 305-
directo		nent with state or coun	t, committee, board of					
. A.	proprietor, or en	aployee, or served in a	of any profession, busing ny other professional or a cenefits other than federal	advisory capacity, and	from which any	y income in excess of \$	10,000 was derived	during the preceding
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	12. Any business re	gulated by the Public	13. Horse gambling	or dog racing, or othe	r legal forms of	14. Education	15. Water Re	sources
Г	16. Agriculture	17. N.H. taxes:		Business Interprise Tax	Interest and Dividends Tax		ecify any other area in interest	which you have a
Pena	Ity. Any person	and hereby swear of who knowingly fails	r affirm that the foregon to comply with the pro	oing information is to ovisions of this cha	pter or knowing	ete to the best of my legly files a false staten	knowledge and bel	ief. RSA 15-A:9 of a misdemeanor.
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		Return to:	Office of Secretary of Sta	ate, 107 North Main S	Street, State Hou	se Room 204, Concord,	NH 03301	JUN 1 2 2820

Type or Print CLEARLY Full Name Joshua Robert Holmes	Work Address: 157 Amory St. Marchester NH 03102
Primary Occupation Maintenance Technician E-mail	Work Address: 157 Amory St. Marchester NH 03102 Joshua. Holmes 5 (agmail. com Work Phone (603) 591-1246
Name the office, position, board or commission, committee, board of	
calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding r disability benefits shall be included. (Use additional sheets as necessary)
1. Ledzeview Commercial Partners, LC 157 Amoyst Minel 2. Wallace Building Products, 40 Wallace Ln, Danbury, NH	rester, NH 03102
2. Wallace Building Products, 40 Wallace Ln, Danbury, NH	03730
If you have no qualifying income indicate by writing your initials next to the following sta	My income does not qualify
	dministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
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12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or ogambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 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 Penalty . Any person who knowingly fails to comply with the provisions of this	
Date 6/3/20	Signature of Reporting Individual RECEIVED
	JUN 0 \$ 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name SUSAN	Elizabeth	Homola		Work Address: _	15 Mendelss	iohn Dr. +	follos NHO	3049
Primary Occupation HAZand	Mitrgation	Planner	E-mail	Suchomodo	@icloud.com	Work Phone 9	07 360 11	542
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.	or commission, commi	ttee, board of		N/A				
A. List below the name, add proprietor, or employee, calendar year. Sources of	or served in any other	professional or adv	isory capacity	, and from which a	my income in excess of \$	10,000 was derived	during the preceding	
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16. Agriculture	1 1 1		iness rprise Tax	Interest and Dividends Tax		pecify any other area in al interest	n which you have a	
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Date 12 gun 20	0			Sig	gnature of Reporting Ind	ividual	RECE	
							1. IIIN 22	2020 -

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

Type or Print CLEARLY Full Name Sary S. Hopper	Wor	rk Address: Ret	ised	
Primary Occupation	E-mail fo	ur pickles us	Nork Phone	
Name the office, position, board or commission, committee, board of	State Pro	ocesentitives	5	•
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and the retirement and/or disa	from which any income in bility benefits shall be incl	excess of \$10,000 was derived	during the preceding
1. Memorial High School	- 1 K (VI	cuchate	NH	· .
2.				
If you have no qualifying income indicate by writing your initials next to	the following statemen	nt.	My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the occupation, or category of business:	law, a change in admin ent affecting the listed general public:	istrative rule, a decision w business, profession, occu	hether or not to award a contract pation, group, or matter would p	et, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, included agent, developers		5. Banking or finance services	6. State of New municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	beverages	l distribution of alcoholic	11. Practice of law
Utilities Commission gambling	or dog racing, or other l] 14. f	Education 15. Water R	
16 A comi a valtanea		nterest and ividends Tax	Optional: Specify any other area in special interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregore Penalty. Any person who knowingly fails to comply with the property of the p	oing information is tro	ue and complete to the better or knowingly files	est of my knowledge and be false statement shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
	~	Signature of Rep	orting Individual	RECLIVED

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

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STAT

	r Print CLEARLY me 5 C (CLANDE HOP	Wo Wo	rk Address:	45 MAST	RD March	125 NH 031
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directo		r commission, committee, boar state or county government he	rd of CONY	Cami	NISSIONE	<u> </u>	
Α.	proprietor, or employee.	ress, and type of any profession or served in any other profession of retirement benefits other than	onal or advisory capacity, and	from which any	income in excess of \$	\$10,000 was derived	during the preceding
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f you	nave no qualifying income	indicate by writing your initials	s next to the following statement	ent.	My inco	ome does not qualify	
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Γ	16. Agriculture	17. N.H. Business Profits Tax		Interest and Dividends Tax	18. Optional: S	specify any other area al interest	in which you have a
	e read RSA 15-A and he	reby swear or affirm that th	e foregoing information is	rue and comple	ete to the best of my	knowledge and b	elief. RSA 15-A:9
I hav	ltv. Any person who kn	nowingly fails to comply wit	h the provisions of this cha	pter or knowin	gly files a false state	ement shall be gui	ty of a misdemeanor.

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

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JUN 1 0 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print GLEARLY Full Name	Work Address: 67 NH 87 11 FARMINGTOWNH
	RENTALE PIPIRENTAL (M) Work Phone 603-332-0911
Name the office, position, board or commission, committee, board of Since directors, etc. or employment with state or county government held by you. NO ACRONYMS.	REPRESENTATIVE
	anization 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 for disability benefits shall be included. (Use additional sheets as necessary)
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reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaur lodging	rants/ 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 gambling	rother legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date Date 3000000000000000000000000000000000000	Signature of Reporting Individual Signature of Reporting Individual JUN 0 4 2020
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARI Full Name	·Y MARTHA	MN HORNICK	·	Work Address:	3785 Dartner -@co.graft- wh.	n Clleg- +	t, gling
Primary Occupation			E-mail	nhomick	-@ co. graft- wh.	Work Phone 6	03 7676968
Name the office, position directors, etc. or employr by you. NO ACRONYM	, board or commission nent with state or coun	, committee, board of	COUNTY	ATTORNÓ			
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		r affirm that the foregon to comply with the pr		napter or knowin	gly files a false statem	ent shall be guilty	RECEIVED
				Sign	ature of Reporting Indiv	idual	JUN 0 9 2020
	Return to:	Office of Secretary of Sta	ate, 107 North Mair	n Street, State Hou	se Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY TIMOTHY OWEN HORRIGM WORK Address TA FACOUTH REPRINT OCCUPATION WORK Address TA FACOUTH REPRINT OF THE PRINT OF T	CO, DURHAM. NH 03829
Primary Occupation WRITER E-mail MOTHER HORRIGANO OCLOR	Work Phone 6038683342
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. WH House of Representation	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member v proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$1 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use	10,000 was derived during the preceding
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	pecify any other area in which you have a
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Signature of Reporting Indi	Vidual JUN 0 4 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Grage Robert Hough Work Address: 169 Highland St. LY	CONIA, NH.
Primary Occupation Self employed E-mail Gregg Hwgh 2020 & GWAL Work Phone (A	13-455-4474
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	during the preceding
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B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or ma reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would profession financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	t, grant a license or permit,
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and be Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilt Date JUNE 3, 2020	lief. RSA 15-A:9 y of a misdemeanor.
Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 5 2320

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mary Occupation	volunteer		E-ma	il house 4 belon	ent, state	e, repæ ail, com	_ Work Phone _	+ NH 03110 508-344-4611
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

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rimary Occupation	Student E-mail	Heath Jose & Howald agmail. Co	Work Phone
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 8 2020

NEW HAMPSHIRE

Type or Print (Full Name	CLEARLY	Michae	1 Hudei	ĸ	_ Work Address: _	279 Main ST	LEENE, NH OZHZ	6
					teaganh	udzi Kegmaii K	Work Phone	
Name the office directors, etc. or by you. NO AC	e, position, board of remployment with CRONYMS.	r commission, state or count	committee, boar by government he	d of N/A				
proprie	tor, or employee,	or served in ar	y other professio	nal or advisory capacit	y, and from which a	my income in excess of \$1	vas an officer, director, associate, par 10,000 was derived during the preceduditional sheets as necessary)	tner, ling
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Primary	Occupation	RealTOR		E-mail	Kenda	11 @ Hus	LOS REGNO	Work Phone	6039	683112
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		Return to:	Office of Secretary of	of State, 107 North	Main Street, S	State House Ro	om 204, Concord,		NEW HAN	IPSHIRE TOFSTATE

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

JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STO

Type or Print CLEAR! Full Name	LY David	6. Hust		rk Address:	N/A		
Primary Occupation	Ret	-ived	E-mail C	lhuot	03246874	Ork Phone	m/A
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NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY / Pene P. Hurst	·	Work Address:
Primary Occupation Artist	E-mail _	Sharloenehurstacomco-work Phone 603.926.3795
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	none	
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Penal	e read RSA 15-1 Ity. Any persor	n who knowing	wear or af	firm that the fore comply with the	egoing information provisions of this	s chapter or knowin	ete to the best of my gly files a false states ature of Reporting Indi	ment shall be guilt	y of a misdemeanor.
		Reti	urn to: Off	ice of Secretary of	State, 107 North M	Iain Street, State Hou	ise Room 204, Concord	i, NH 03301	JUN 0 5 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Primary Occupation Von Driver E-mail Physical Primary Occupation Work Phone Branch to office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other 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. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensec or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance agent, developers, and landlords services 3. Insurance agent, developers, and landlords services 4. Real Estate, including brokers, agent, developers, and landlords services 12. Any business regulated by the Public agent, developers, and landlords services 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources 14. Education 15. Water Resources 15. Mark Bausiness 16. Agriculture 17. NH. Bausiness Bausiness Divideds Tax Divideds Tax Divideds Tax Septicity any other area in which y	Type or Print CLEA Full Name	ARLY f	aul Hu	itsteine	21	Work Address:	HEARTS	PS	
directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) 1. 2. 1. 2. 1. 3. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial forms of municipal employment 12. Any business regulated by the Public gampling 12. Any business regulated by the Public gampling 13. Horse or dog racing, or other legal forms of late Education late of the verti	Primary Occupation				E-mail _	phuts7	tein ero hotmail.co.	<u>~</u> Work Phone _	
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Utilities Commission Gambling 14. Education 15. Water Resources		ement	11			ants/		n of alcoholic	11
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 10 2020 Signature of Reporting Individual Signature of Report			by the Public			other legal forms	of 14. Education	☐ 15. Water	Resources
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	☐ 16. Agricultu	ıre	1	Business Profits Tax	Business Enterprise Tax				a in which you have a
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301			Return to:	Office of Secreta	ary of State 107 North N				JUN 1 2 2020

Гуре o Full Na	r Print CLEARLY me Stephanie	Hyland		W	ork Address:	122 Poor Fa	con Rd Fra	ancestown, NH 0304
rimar	Occupation Yoga	Studio Own	ner/Teacher	E-mail	tephonh	Hand@gmail.a	work Phone	304-10410-10434
Name t	he office, position, board rs, etc. or employment wit NO ACRONYMS.	or commission, con	nmittee, board of					
A.	List below the name, ad proprietor, or employee, calendar year. Sources of	, or served in any ot	ther professional or advis	sory capacity, and	d from which as	ny income in excess of S	10,000 was derive	d during the preceding
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Date			-	Signa	ature of Reporting In	dividual	JUN - 3 2020
•	Return to:	Office of Secretary of State	, 107 North Ma	in Street, State Hou	se Room 204, Conco	ord, NH 03301	NEW HAMPSHIRE