| Type or Print Clearly | | | | | |
|-----------------------------|----------|---------------|--------|--------------------|--------------|
| Full Name David Edward Walk | w | Work Address | 34 | BrockSt | |
| Primary Occupation Retired |] e-mail | den walker Cu | retroc | ast the Work Phone | 603-396-3268 |
| Γ | | | | | |

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| 1. | | | 7 |
|------------|--|----------------------------|---------|
| 2. | | | ر. ۲ |
| lf you hav | ve no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, o profession, occupation | ccupation, or business n, or category of busir | | tified by the State of I | New Hampshi | re. List each such | | |
|--|---|-----------------------|---------------------------------------|-------------------------------|----------------------------------|---------------------------------------|--------------------------------------|
| 2. Health Care 3. Ir | surance II I | | cluding brokers, rs, and landlords | 5. Bar service | king or financial s | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current use assessment pro | | 9. Restaurants/ lodging | | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | d by the Public | 13. Hors of gambli | e or dog racing, or ot ng | ner legal form | | 15. Water R | |
| 16. Agriculture | | | | Interest and Dividends Tax | 18. Optional: S specia | pecify any other are al interest — | a in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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.

2022 Date

Signature of Filer

| 1 | |
|---|------|
| 2 | 1.). |
| | Non |

calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| Type or Print Clearly | |
|---|---|
| Full Name JANET G. WALL | Work Address 9 Kelley Rd., Madbury, NH 03823 |
| Primary Occupation Legislator | e-mail jgwallselect@gmail, com Work Phone (603) 749-305) |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | State Legislator |
| | n, business, or other organization in which you or a family member was an officer, director, associate, partner, al or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding |

 1.

 2.

 If you have no qualifying income indicate by writing your initials next to the following statement.

 My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licer profession, occupation, or category of business: | nsed or certified by the State of New Hampshire. List each such | |
|--|--|---|
| | I Estate, including brokers, c, developers, and landlords 5. Banking or financial services | 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land System assessment program | | ution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or other legal forms 14. Education of gambling | |
| 16. Agriculture 17. N.H. taxes: Business | | Specify any other area in which you have a cial interest — |
| I have read RSA 15-A and hereby swear or affirm that the f | oregoing information is true and complete to the best of my knowle | edge 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 | fa misdemeanor. RECEVED |
| Date June 1, 2022 | Signature of Filer | JUN 0 2 2022 |
| | | NEW HAMPSHIRE DEPARTMENT OF STAT |

| Type or Print Clearly Full Name SCOTT WMLACE | Work Address MA | | |
|---|--------------------------------|------------|--------------|
| Primary Occupation RETIRED | e-mail SOTT. WALLACTE USA, COM | Work Phone | 603.702.1054 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | STAT REP ROCK | 12 | |

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, | BIRCHIER BRAVEHEART REACTY FNO | 0 | |
|------------|--|----------------------------|--|
| 2. | · · · · · · · · · · · · · · · · · · · | | |
| lf you hav | re no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | occupation, or business licens on, or category of business: | sed or certified by the State of N STATE M/V S | | SAJETOR | |
|---|--|--|---|---|--|
| 2. Health Care 3. I | | Estate, including brokers, developers, and landlords | 5. Banking or fina services | | f New Hampshire, county, or employment |
| 7. N.H. Retirement System | 8. Current use land assessment program | 9. Restaurants/ | 10. Sale a beverages | nd distribution of alcoholic | 11. Practice of law |
| 12. Any business regulate | | 13. Horse or dog racing, or oth of gambling | L 14. | | er Resources |
| 16. Agriculture | 17. N.H. Business taxes: Profits Tax | | ividends Tax | Optional: Specify any other special interest — | r area in which you have a |
| I have read RSA 15-A and hereb person who knowingly fails to | oy swear or affirm that the for comply with the provisions | regoing information is true and of this chapter or knowingly files | complete to the best of a false statement shall I | my knowledge and belief. De guilty of a misdemeanor. | RECEIVED |
| Date 6-6-20 | 22 | Signature of Filer | Rett | tr | NEW HAMPSHIPE |

| Type or Print Clearly |
|--|
| Full Name CKRISFOPHER L. WALLENSTEIN Work Address |
| Primary Occupation RETIRED e-mail CKEISW O YANOD. COM Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission of gambling 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. JUN 1 3 2022 |
| Date JUNE 9, 2022 Signature of Filer |

| Type or Print Clearly | | | • | |
|---|--|---|--|--------------------------------------|
| Full Name Mary Jane Wallner | Work Address | 24 Samuel | Drive Co | neord |
| Primary Occupation retired e-mail MJ | Wallnern | heg mail, Work | Phone 603 | 0-225-5249 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | |
| A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and/or d | city, and from which | any income in excess of s | 10,000 was derived | during the preceding |
| 1. Merrimack Valley Day Care Se | singe | | | 1 1.11 Mar 1. 1. |
| 2. Social Security | | | | |
| If you have no qualifying income indicate by writing your initials next to the follow | wing statement. | My income does n | ot qualify | |
| B. Indicate below whether you or a family member has a special interest in any or reportable special interest in an item on this list if a change in law, a change in and 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. | dministrative rule, a c listed business, prof | lecision whether or not to a ession, occupation, group, c | ward a contract, gran | nt a license or permit, |
| profession, occupation, or category of business: | | | | |
| 2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle | | anking or financial | 6. State of New municipal emplo | Hampshire, county, or yment |
| 7. N.H. Retirement 8. Current use land 9. Rest System assessment program lodging | taurants/ | 10. Sale and distributio beverages | n of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog raci | ng, or other legal for | 14. Education | 15. Water Rese | |
| 16. Agriculture 17. N.H. Business Business taxes: Profits Tax Enterprise Tax | Interest and Dividends Ta | | cify any other area interest | n which you have a |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know | true and complete t vingly files a false sta | o the best of my knowledge tement shall be guilty of a n | and belief. RSA 1 hisdemeanor. | |
| | ure of Filer | nang g_ w_ | n | JUN 01 2022 |
| Return to: Office of Secretary of State, 107 North Main | 1 Street, State House | Room 204, Concord, NH 033 | 301 | NEW HAMPSHIRE DEPARTMENT OF STATE |

| Type or Print Clearly | | | | |
|--|--|---|---------------------------------------|------------------------------|
| Full Name Lilli Walsh | Work Address | 63 mills Sho | RE DR. HAM. | mpstend |
| Primary Occupation REEIRED | e-mail Lilli @ LilliwA | Ishicom Work | Phone 603-3 | 305-5817 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | |
| A. List below the name, address, and type of any profession, bu proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal ret | advisory capacity, and from whic | h any income in excess of : | 10,000 was derived a | during the preceding |
| 1. | | | | 1 1.1 south 1 1.5 |
| 2. | · · · · · · · · · · · · · · · · · · · | | | |
| If you have no qualifying income indicate by writing your initials r | next to the following statement. | My income does n | ot qualify | Jo/ |
| B. Indicate below whether you or a family member has a special reportable special Interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the special of t | v, a change in administrative rule, a ent affecting the listed business, pro general public: | decision whether or not to a fession, occupation, group, o | ward a contract, grant | a license or permit, |
| | , including brokers, 5. I opers, and landlords serv | Banking or financial | 6. State of New Hamunicipal employ | ampshire, county, or ment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distributio beverages | n of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. H Utilities Commission of gan | lorse or dog racing, or other legal fo nbling | orms 14. Education | 15. Water Resou | Irces |
| 16. Agriculture 17. N.H. Business Taxes: Profits Tax | Business Interest an Enterprise Tax | | cify any other area in interest — | which you have a |
| I have read RSA 15-A and hereby swear or affirm that the foregoin person who knowingly fails to comply with the provisions of this | ng information is true and complete chapter or knowingly files a false st | to the best of my knowledge atement shall be guilty of a r | e and belief. RSA 15- nisdemeanor. | A:9 Penalty. Any |
| Date June 1, 2022 | Signature of Filer | Billi Waly | C | JUN 02 2022 |
| 0 | , 107 North Main Street, State House | Page 204 Concord NH 03 | 301 | NEW HAMPSHIRE |

| Type or Print Clearly | |
|---|--|
| Full Name THOMAS C. WALSH | Work Address 15 BERRY HILL RD, HOOKSETT, N.H. 031 |
| Primary Occupation CARPENTER CONTRACTOR e-mail fcc | viv1966@ aol.com WorkPhone (603) 315-2942 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| | r organization in which you or a family member was an officer, director, associate, partner, city, and from which any income in excess of \$10,000 was derived during the preceding disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. | |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to the follow | wing statement. My income does not qualify $\mathcal{T}_{\mathcal{M}}$ |
| reportable special interest in an item on this list if a change in law, a change in ac | of the following businesses, professions, occupations, groups, or matters. A person has a dministrative rule, a decision whether or not to award a contract, grant a license or permit, e listed business, profession, occupation, group, or matter would potentially have a greater |
| 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: | State of New Hampshire. List each such |
| 2. Health Care 3. Insurance 4. Real Estate, including brok agent, developers, and land | |
| 7. N.H. Retirement 8. Current use land 9. Rest System lodging | taurants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog raci | ing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | x Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special Interest |
| have read REA 15. A and hereby swear or affirm that the foregoing information is | s true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any |

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 beller. RSA 15-A.5 Penalty. All person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

6-2-22

Signature of Filer

homes Walke

| Type or Print Clearly Full Name FRED WARD | | Work Address | | 1 111 • • • • • • • • • • • • • • • |
|---|--------|--------------|----------------|-------------------------------------|
| Primary Occupation RETIRED | e-mail | | Work Phone | (603) 446 - 2312 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| | AMERICAN | FEDERATION OF | TELEVISION | AND | RADIO | ARTISTS | . |
|------|--------------------------|---------------------------------------|---|---|---|---|---|
| | | | n an | | - | | |
| | | | المعادية والدارية المراجع المرا | - Andrew - Analis, and a state grap of the strategy | ter part i a contra sur care from the contra- | - wranners wran, ny sy is prinsipala ana ana a araa | the approach the set of the set |
| u ha | ave no qualifying income | indicate by writing your initials nex | t to the following statement. | | My income do | es not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | Any profession, or ofession, or ofession, occupation | | | ertified by the State c | f New Hampshir | e. List each such | | |
|------------------|--|--------------------|-----------------------------|---|-------------------------------|----------------------------------|-------------------------------------|--------------------------------------|
| 2. Hea | alth Care 3. Ir | isurance | | including brokers, pers, and landlords | 5. Banl services | king or financial | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H System | I. Retirement m | | ent use land ent program | 9. Restaurant lodging | s/ | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| | y business regulated Commission | d by the Public | 13. Ho of gam | orse or dog racing, or obling | other legal forms | 14. Education | 15. Water P | Resources |
| 16. Ag | griculture | 17. N.H. taxes: | Business Profits Tax | Business Enterprise Tax | Interest and Dividends Tax | | pecify any other are al interest | ea in which you have a |
| I have read R | SA 15-A and hereb | y swear or affirm | that the foregoing | information is true a | nd complete to t | he best of my knowled | ge and belief R | Contractor 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 13, 2022

Signature of Filer

NEW HAMPSHIRE DEPARTMENT OF S

| Type or Print | Clearly | | | | | | | | | | |
|---|---|---|--|--|-----------------------------------|-------------------------------|--|---------------------------|---------------------------|----------------|---|
| Full Name | GERALD | W.R.WA | RD | | Work Add | ress | | | | | |
| Primary Occup | pation Cura | DR, EDIDR, | PROF. | e-mail Wa | rd4stzte | repe e | mail. com | Work Ph | one | | |
| | or employment | d or commission, nt with state of NO ACRONYM | county | | | | | | | | |
| proprietor, or | employee, or se | rved in any other | professional | | ity, and from | which any | income in exce | ess of \$10 | ,000 was d | erived duri | associate, partner, ng the preceding |
| . Pa | rtemarth H. | stancel So. | ciety,1 | o middles | it., Part | moully | NH 038 | PO (| | Musee | m |
| | | | | Huntington s next to the follow | , | | DZ115 U My income | | - | | |
| eportable spe discipline a lic inancial effec | ecial interest in a censee or permitt ct on you or a fam Any profession, o | n item on this list ee, or other decisi ily member than i | if a change in on by govern it would on th iness licensed | al interest in any o aw, a change in ac ment affecting the e general public: or certified by the | dministrative r listed busines | ule, a decisi s, professio | on whether or n n, occupation, g | not to awar | d a contrac | t, grant a lic | ense or permit, |
| 2. Healt | h Care 3. In | nsurance | | te, including brok elopers, and landle | | 5. Bankir services | ng or financial | | 6. State of municipal of | | oshire, county, or nt |
| 7. N.H. System | Retirement | 8. Curren assessmen | t use land | | taurants/ | | 10. Sale and dist beverages | | | | 11. Practice of law |
| | ousiness regulate | d by the Public | | Horse or dog raci ambling | ng, or other le | gal forms | 14. Educat | L | | er Resources | |
| 16. Agri | iculture | 17. N.H. taxes: | Business Profits Tax | Business Enterprise Tax | Divide | est and ends Tax | S | pecial inte | rest | | ch you have a |
| have read RSA erson who kn | A 15-A and hereb nowingly fails to c | y swear or affirm t omply with the p | that the forego rovisions of th | bing information is is chapter or know | true and com vingly files a fa | plete to the | e best of my kno ent shall be guilt | wledge an ty of a misc | id belief. I Iemeanor. | RSA 15-A:9 | PERECEIV |
| Date J | inne 7,20 | 22 | | Signatu | ure of Filer | The | MUMW | al | | | JUN 0 8 202 NEW HAMPSHI DEPARTMENT OF |

-2 of 2

| Type or Print Clearly | |
|---|--|
| Full Name GERALD W.R. WARD | Work Address |
| Primary Occupation e-ma | ail Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| proprietor, or employee, or served in any other professional or advi | ess, or other organization in which you or a family member was an officer, director, associate, partner risory capacity, and from which any income in excess of \$10,000 was derived during the preceding ent and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 4.3. BLACK HERITAGE TRAIL OF NH | nonprosit againstion 5. Freelance consultant - museum |
| X 4 TIAA/CREF chremat | -systim |
| If you have no qualifying income indicate by writing your initials next to | to the following statement. My income does not qualify |
| reportable special interest in an item on this list if a change in law, a ch | rest in any of the following businesses, professions, occupations, groups, or matters. A person has a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ffecting the listed business, profession, occupation, group, or matter would potentially have a greater eral public: |
| 1. Any profession, occupation, or business licensed or certification profession, occupation, or category of business: | ified by the State of New Hampshire. List each such |
| 2. Health Care 3. Insurance 4. Real Estate, incluagent, developers, | |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse of gambling | or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16 Agriculturo | usiness Interest and Interest and Interest and Interprise Tax Interest Tax Interest Tax Interest Tax Interest I |
| have read RSA 15-A and hereby swear or affirm that the foregoing info person who knowingly fails to comply with the provisions of this chapt | formation is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any oter or knowingly files a false statement shall be guilty of a misdemeanor. |

Date

Signature of Filer

| Type or Print Clearly | | |
|--|--|----|
| Full Name JOANNE | Work Address 6 WEDGEWOOD DR STRATHA | MN |
| Primary Occupation RETIRED | e-mail USQUERAGH (2) moc. Cm Work Phone | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | STATE DELEGATE To The NHGOP | |
| proprietor, or employee, or served in any other professiona | n, business, or other organization in which you or a family member was an officer, director, associate, partne al or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedin al retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) | |
| 1. | | |
| 2. | | |
| If you have no qualifying income indicate by writing your initi | ials next to the following statement. My income does not qualify bu | |
| reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on t | cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a n law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, nment affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public: | |
| 2 Health Care Binsurance 4. Real Es | tate, including brokers, evelopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment | |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law | |
| | 3. Horse or dog racing, or other legal forms 14. Education 15. Water Resources | |
| 16. Agriculture 17. N.H. taxes: 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 fores | going information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any this chapter or knowingly files a false statement shall be guilty of a misdemeanor. | |
| | RECEIVED | D |
| Date 6-10-22 | Signature of Filer JUN 13 2022 | |
| Return to: Office of Secretary of St | tate, 107 North Main Street, State House Room 204, Concord, NH 03301 | |

| Type or Print Clearly | | |
|--|--|--|
| Full Name RODD WARD | Work Address 230 N, MAIN STREET, NEWPORT, NH | 07773 |
| Primary Occupation lelephone / et e-mail Rodde | word @ yohoo. com Work Phone 683-543-7 | 961 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A. List below the name, address, and type of any profession, business, or other o | | ate, partner, |
| proprietor, or employee, or served in any other professional or advisory capaciticalendar year. Sources of retirement benefits other than federal retirement and/or discussional or advisory capacity of the served in any other served in any other professional or advisory capacity calendar year. | ty, and from which any income in excess of \$10,000 was derived during the | |
| 1. m/a | | 1 |
| 2. m/a | ······································ | |
| If you have no qualifying income indicate by writing your initials next to the followi | ing statement. My income does not qualify $p, m/$, | |
| B. Indicate below whether you or a family member has a special interest in any of a reportable special interest in an item on this list if a change in law, a change in administration discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the St | ministrative rule, a decision whether or not to award a contract, grant a license isted business, profession, occupation, group, or matter would potentially have | or permit, |
| profession, occupation, or category of business: | | unu- urbandu kila manufalagangan sakatna e a kar |
| 2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor | | county, or |
| 7. N.H. Retirement 8. Current use land 9. Restaution System assessment program lodging | aurants/ 10. Sale and distribution of alcoholic 11. Provide the severages law | actice of |
| 12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission of gambling | ng, or other legal forms 14. Education 15. Water Resources | |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | Interest and Dividends Tax 18. Optional: Specify any other area in which you special interest — | have a |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowir | ingly files a false statement shall be guilty of a misdemeanor. | |
| Date 6 Jun 22 Signature | re of Filer Rodd Ward JUN 092 | |
| Return to: Office of Secretary of State, 107 North Main S | NEW HAMPS | HIRE |

| Type or Print Clearly | | | | |
|--|--|---|--------------------------------------|---------------------------------------|
| Full Name RODD WARD | Work Addres | \$ 230 N. MAIN : | STREET, NE | WPORT, NH 03773 |
| Primary Occupation TELEPHONY/IT | e-mail roddward @. | yaloo com Wa | ork Phone 60 | 3-543-7961 |
| directors, etc. or employment with state or county | nla | | | |
| A. List below the name, address, and type of any profession, bu proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal ret | usiness, or other organization in r advisory capacity, and from w | nich any income in excess o | f \$10,000 was deri | ved during the preceding |
| 1. m/a | | | | |
| 2. m/a | · | | | |
| If you have no qualifying income indicate by writing your initials i | next to the following statement. | My income does | s not qualify | R. W. |
| reportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed or profession, occupation, or category of business: | ent affecting the listed business, general public: | profession, occupation, group | b, or matter would p | potentially have a greater |
| | | 5. Banking or financial ervices | 6. State of N municipal en | ew Hampshire, county, or poloyment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ lodging | 10. Sale and distribut beverages | tion of alcoholic | 11. Practice of law |
| | Horse or dog racing, or other lega mbling | l forms 14. Education | 15. Water | Resources |
| 16. Agriculture 17. N.H. Business taxes: Profits Tax | Business Interest Enterprise Tax Dividence | | Specify any other ar al interest | ea in which you have a |
| I have read RSA 15-A and hereby swear or affirm that the foregoir person who knowingly fails to comply with the provisions of this | ng information is true and completed of the second se | ete to the best of my knowled statement shall be guilty of | dge and belief. RS a misdemeanor. | RECEIVED |
| Date 7 JUN 22 | Signature of Filer | Roda Ward | | JUN 07 2022 |
| Return to: Office of Secretary of State | a 107 North Main Street State Ho | use Boom 204, Concord, NH | 03301 | NEW HAMPSHIRE DEPARTMENT OF STA |

| Type or Print Clearly | | | |
|--|---|--|--|
| Full Name Reth Brannshom | Ward Work Address | 386 Route 1235., | Stoadard, NH 03464 |
| Primary Occupation Refired | e-mail ruthwarderryfo | urpoint. net Work Phone | 603-271-2609 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Scriber St Req. Planning A local admisory booch, St | evisory board, contoca | ok North Branch Rive |
| A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federated and the served of the serv | nal or advisory capacity, and from which | h any income in excess of \$10,000 v | was derived during the preceding |
| 1. R Social Security, Rension (| and a second s | | |
| 2. F Baciae Security, America | m Fed of TV and Radio | Artists, KEOGH | |
| If you have no qualifying income indicate by writing your in | itials next to the following statement. | My income does not qualify | y |
| B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business: | e in law, a change in administrative rule, a ernment affecting the listed business, pro n the general public: | decision whether or not to award a co fession, occupation, group, or matter | ontract, grant a license or permit, |
| I Z Mealth Lare II IS Insurance II I | Estate, including brokers, 5. I developers, and landlords serv | 5 | tate of New Hampshire, county, or icipal employment |
| 7. N.H. Retirement 8. Current use land assessment program | | 10. Sale and distribution of alco beverages | holic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or other legal for of gambling | orms 14. Education 15 | . Water Resources |
| 16. Agriculture 17. N.H. taxes: Business | | | other area in which you have a |
| I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions | | | |
| person who knowingly fails to comply with the provisions to | or this chapter of knowingly mes a faise st | | RECEIVED |
| Date 6/9/22 | Signature of Filer | Keeth lack | JUN 09 2022 |
| Return to: Office of Secretary of | f State, 107 North Main Street, State House | Boom 204 Concord NH 03301 | NE MAMPSHIRE DEPART T OF STAT |

036002093

NEW HAMPSHIRE

DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly | |
|---|------------------------------|
| Full Name Andrew Ware Work Address \$3 beaul house, Gaste | n 12403240 |
| Primary Occupation Converting Reyord e-mail ahwave & 6 mill. Com Work Phone 6037 | 7804911 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directer proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived or calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) | during the preceding |
| 1. | |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify | 1 |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public: | a license or permit, |
| 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 Hat services | ampshire, county, or ment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System Indext set in the set of the | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resou | irces |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in v special interest — | which you have a |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15- person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. | A:9 Penalty. Any |
| P.M. | RECEIVED |
| Date 06116/2012 Signature of Filer | JUN 10 2022 |

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

V

| Type or Print Clearly | | |
|---|------------------------------------|-----------------|
| Full Name GLEN A. WARING | Work Address 30 School St. 7 | TILTON NH 03276 |
| Primary Occupation Die. OF FINANCE | e-mail GWARING 1150GMAL Work Phone | 603-286-1722 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | BELKNAY COUNT- COMMISSIONEN | - D2 |

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. PROPULSION WALNESS LLC DBA! BATTLE CROSS FIT 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: PROPULSION WELCNESS U.C. PROPULSION | ATTE CROSSFIT | | | | | | |
|--|--|--|--|--|--|--|--|
| / Hoalth (aro II R Incluranco II | of New Hampshire, county, or I employment | | | | | | |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging beverages | 11. Practice of law | | | | | | |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Wat Utilities Commission 15. Wat 15. Wat | ter Resources | | | | | | |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any othe special interest — | terrarea in which you have a | | | | | | |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED | | | | | | | |
| Date 6/6/2022 Signature of Filer | JUN 0 6 2022 NEW HAMPSHIRE DEPARTMENT OF STATE | | | | | | |

| _ | | 2022 NEW | HAMPSHIRE | STATEMENT | r of finan | CIAL INT | TERESTS | 5 - RSA 15-A | | |
|---|---|---|--|---|---|-----------------------------|---|---------------------------------------|---|--|
| Type or Print (Full Name | Cinde | Warn | ineton | | Work | Address | P.0 | . Box 213 | 3 Cont | ord, NH 03302 |
| | | | ouncilor | e-mail | indeeu | | | ton com Wo | | 603-387-0481 |
| Name the offic directors, etc. government he | or employme | | or county | Executi | ire Cour | nci lor | - Dist | rict2 | | |
| proprietor, or e | employee, or se | erved in any of | f any profession, ther professional other than federal | or advisory ca | apacity, and fr | om which | h any inc | ome in excess o | f \$10,000 wa | ficer, director, associate, partner s derived during the preceding necessary.) |
| 1. 57 | naheen | & Gord | on. P.A , | 107 Sto | rrs St., | Conc | ord, A |)H 03301 | llaw | firm) |
| | | | | | | | | | | 20 (mal estate) |
| | | | writing your initia | | | | | My income does | | |
| reportable spe discipline a lice financial effect | ecial interest in a ensee or permit t on you or a far | an item on this tee, or other de nily member th | list if a change in | law, a change i ment affecting he general pub | in administrati the listed bus lic: | ve rule, a c iness, prof | decision v fession, o | vhether or not to ccupation, group | award a con | os, or matters. A person has a tract, grant a license or permit, ould potentially have a greater |
| | ssion, occupation | | | practic | | | et a separat alle an an é an é l'a p d'an a bannado | | Antophistic service and the service service and the service service of the service serv | |
| 2. Health | Care 3. | Insurance | | ate, including b velopers, and la | | 5. B servi | Banking of | financial | | e of New Hampshire, county, or pal employment |
| 7. N.H. I System | Retirement | | rent use land nent program | 9. lodg | Restaurants/ ging | | 10. S | iale and distribut rages | ion of alcoho | lic 11. Practice of law |
| | usiness regulate ommission | d by the Public | | . Horse or dog gambling | racing, or oth | er legal for | rms | 14. Education | 15.V | Vater Resources |
| 16. Agric | ulture | | Profits Tax | | | nterest and ividends T | - 1 | 18. Optional: S specia | pecify any ot al interest — | her area in which you have a |
| | | | m that the foreg e provisions of t | | | | | | | |
| person who kin | | comply with th | | his chapter of k | thowingly mes | | | - | | RECEIVED |
| Date 6/ | 17/22 | | | Sig | nature of Filer | 0 | Cend | 1 Varm | yton | JUN 07 2022 |
| | | turn to: Office (| of Secretary of Sta | ate, 107 North M | Main Street, St | | | | | NEW HAMPSHIRE DEPARTMENT OF STATE |

| Type or Print Clearly | | STATEMENT OF TH | | | | 03053 |
|--|--|--|-------------------------------------|---|---------------------------------------|--------------------------------|
| | EGORY B WARNER | V | ork Address | 10 PENDLETON | LANE, L'DE | ary NH |
| Primary Occupation | RETIRED | e-mail gregb | . WARNE | E C Gmail, Gom Wor | k Phone | |
| | ion, board or commission, board of ployment with state or county ou. NO ACRONYMS | RETIRS | D | | | |
| proprietor, or employe | ne, address, and type of any profession ee, or served in any other profession s of retirement benefits other than federa | l or advisory capacity, a | nd from which | any income in excess of | \$10,000 was derived | during the preceding |
| 1. STAT. | E IF MASSAChuse | TTS BRETIR | MENT SY | STEM | | |
| | TERAN'S ADMIN, | | | | | |
| f you have no qualifyir | ng income indicate by writing your initi | als next to the following s | statement. | My income does | not qualify | |
| reportable special inte discipline a licensee o financial effect on you 1. Any prof | ether you or a family member has a spe- erest in an item on this list if a change in r permittee, or other decision by govern or a family member than it would on the fession, occupation, or business license occupation, or category of business: | h law, a change in administ nment affecting the listed the general public: | strative rule, a l business, pro | decision whether or not to a fession, occupation, group, | award a contract, gran | t a license or permit, |
| 2. Health Care | | tate, including brokers, velopers, and landlords | 5. E | anking or financial ces | 6. State of New H municipal employ | lampshire, county, or /ment |
| 7. N.H. Retirem | | 9. Restaurar lodging | nts/ | 10. Sale and distribution beverages | on of alcoholic | 11. Practice of law |
| 12. Any business Utilities Commiss | | 3. Horse or dog racing, o gambling | r other legal fo | 14. Education | 15. Water Reso | |
| 16. Agriculture | 17. N.H. Business taxes: Profits Tax | Business Enterprise Tax | Interest and Dividends T | americal second | ecify any other area in interest — | which you have a |
| have read RSA 15-A ar person who knowingly | nd hereby swear or affirm that the fore fails to comply with the provisions of t | going information is true his chapter or knowingly | and complete files a false sta | to the best of my knowledg tement shall be guilty of a | e and belief. RSA 15 misdemeanor. | RECEIVED |
| Date 6 - | 7-2022 | Signature of | Filer | Gregory BW. | ARNER | JUN 08 2022 |
| | | | | Room 204 Concord NH 03 | 201 | DEPARTMENT OF STAT |

| Type or Print Clearly |
|--|
| Full Name Laurie Anderson Warnock Work Address 20. Redcart Dr. Hampstead VH 0384 |
| Primary Occupation Educator e-mail Lwarnock 620 gmail. com Work Phone 603 7707954 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. Northern New England Poison Center, 22 Branchall St. Poilland ME |
| 2. Town of Hanysstead NH Fire Department 17 WHes Lane, Hanystead NH 0384 Town of Salum NH (Ref.) Salem, NH 03079 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. |

Date 6/1/2022

Signature of Filer

RECEIVED JUN 02 2022 **NEW HAMPSHIRE** DEPARTMENT OF STATE

| Type or Print Clearly | | | | | |
|---|--------------|----------|------------|--------|-----------------|
| Full Name Soseph Michael Warren | Work Address | 932 | Sanford | Road | Wells, ME CHORE |
| Primary Occupation Store Manager Lead Engineermail in Fo | Cfandom | musicaee | Work Phone | 207-64 | 1-8863 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | | | | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| 1. | [| | | | | | | | 7 |
|-----------|--------------------------------|----------------------------------|-------------------------|--------|--------------|---------------|-----------|-------------------|-----|
| 2. | | | | | | | 70 î y wî | 4.82 (south c | |
| | 1 | | | | | | | Nr + 4 | . 1 |
| If you ha | ive no qualifying income indic | ate by writing your initials nex | t to the following stat | ement. | My income de | pes not quali | fy | | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| Any profession, o profession, occupation | | | tifled by the State of N | Vew Hampshir | e. List each such | | |
|---|------------------------------|--|---------------------------------------|------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| 2. Health Care 3. In | | | cluding brokers, rs, and landlords | 5. Banl services | king or financial | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current u assessment p | | 9. Restaurants/ lodging | | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources | | | | | | | |
| 16. Agriculture | | in the second se | Justituss . | nterest and Dividends Tax | 18. Optional: S specia | pecify any other are al interest — | a in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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 Filer

| Type or Print Clearly | |
|--|---|
| Full Name Gabrielle Watson | Work Address 688 Great Hill Rd, Tam Worth, NH 03886 |
| Primary Occupation Evaluator e-mail | Watson.gabrielle@gmail.com Work Phone 617.875.6391 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| proprietor, or employee, or served in any other professional or adviso | or other organization in which you or a family member was an officer, director, associate, partner, ry capacity, and from which any income in excess of \$10,000 was derived during the preceding <i>and/or disability benefits shall be included</i> . (Use additional sheets as necessary.) |
| Watson Strategies, sole proprietorship, 60 | 9 Great Hill Rd, Tamworth, NH.03886 |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to t | he following statement. My income does not qualify |
| reportable special interest in an item on this list if a change in law, a char | in any of the following businesses, professions, occupations, groups, or matters. A person has a nge in administrative rule, a decision whether or not to award a contract, grant a license or permit, sting the listed business, profession, occupation, group, or matter would potentially have a greater public: |
| 1. Any profession, occupation, or business licensed or certifier profession, occupation, or category of business: | d by the State of New Hampshire. List each such |
| 2. Health Care 3. Insurance 4. Real Estate, includi agent, developers, a | |
| | 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or Utilities Commission of gambling | dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enter | ness Interest and IB. 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 inform person who knowingly fails to comply with the provisions of this chapter | nation is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any rok knowingly files a false statement shall be guilty of a misdemeanor. |

Date June 7, 2022

Signature of Filer

gather Mah RECEIVED JUN 08 2022 NEW HAMPSHIRE

DEPARTMENT OF STATE

| Type or | r Print Clearly | | | | 14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | |
|-----------|---|------------------------------|--|-------------------------------|---|--|
| Full Nar | me Robert J. Watson | | Work Address | 11 Paradis Driv | ve, Rochester | , NH 03867 |
| Primary | Occupation Realtor | e-mail | bobwatson17@yaho | o.com | Work Phone | 603-833-6498 |
| | he office, position, board or commission, board of | Strafford | County Commissione | r | | |
| | rs, etc. or employment with state or county ment held by you. NO ACRONYMS | Highway | Layout Commissioner | | | |
| propriet | below the name, address, and type of any professi tor, or employee, or served in any other profession or year. Sources of retirement benefits other than feder | nal or advise | ory capacity, and from which | ch any income in exe | cess of \$10,000 v | vas derived during the preceding |
| 1. | Better Homes & Gardens/The Masiello | Group, 22 | 23 Central Avenue, Do | over, NH 03820 | | |
| 2. | Strafford County, 259 County Farm Ro | ad, Dover, | NH 03820 (3) NH Re | etirement System | n, Concord, N | H (spouse) |
| lf you ha | ' ave no qualifying income indicate by writing your ir | nitials next to | the following statement. | My incom | e does not qualify | |
| discipli | able special interest in an item on this list if a change ine a licensee or permittee, or other decision by gov al effect on you or a family member than it would o 1. Any profession, occupation, or business licen profession, occupation, or category of business: | ernment affe n the genera | ecting the listed business, pro I public: and by the State of New Hamp | ofession, occupation, | group, or matter | - |
| 2 | | Estate, includ | ding brokers, 5. | Banking or financial vices | | ate of New Hampshire, county, or cipal employment |
| | 7. N.H. Retirement 8. Current use land ystem assessment program | | 9. Restaurants/ | 10. Sale and di beverages | stribution of alcol | nolic 11. Practice of law |
| | 2. Any business regulated by the Public lities Commission | 13. Horse o of gambling | r dog racing, or other legal fo | orms 14. Educa | ation 15 | . Water Resources |
| 1 | 6. Agriculture 17. N.H. taxes: Profits Ta | x 🔽 Busi | rprise Tax Interest ar Dividends | nd 18. Optic Tax 18. Optic | onal: Specify any special interest - | other area in which you have a |
| | ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions | regoing infor | mation is true and complete | e to the best of my kn | | |
| Date | June 2, 2022 | | Signature of Filer | Rebudy | Wabsor | JUN 02 2022 |
| | Return to: Office of Secretary o | f State, 107 N | orth Main Street, State Hous | e Room 204. Concorr | d. NH 03301 | DEPARTMENT OF STATE |

| Type or Print Clearly |
|--|
| Full Name DAVID H. WATTERS Work Address 19 MAPLE ST. DOVER, NH 03820 |
| Full Name DAVID H. WATTERS Work Address 19 MAPLE ST., DOVER, NH 03820 Primary Occupation Retired e-mail Watterssenate og mail.com Work Phone 603-969-922 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, paproprietor, 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 precedendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. None |
| 2. None |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or periodiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a gree 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, count municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have 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. An 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 | 6/10/22 | Signature of Filer | Daw Khatter | RECEIVED | |
|------|--|------------------------------|-------------|--|--|
| | Return to: Office of Secretary of State, | 107 North Main Street, State | | JUN 1 0 2022 NEW HAMPSHIRE DEPARTMENT OF STATE | |

| Type or Print Clearly | | | | |
|---|---|--------------------------------------|------------------------------------|--|
| Full Name Kurt Webber | Work Addres | 50 Foxglou | re Rd, (| 3; 160rd, N/403249 |
| Primary Occupation refired | e-mail Kurt + WPS | | k Phone 60 | 03-520-3989 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | State Represe | ntative | - | |
| A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal | I or advisory capacity, and from w | hich any income in excess of | \$10,000 was der | ived during the preceding |
| 1. NH State Retireme | nt | | | |
| 2. Social Security | | | | |
| If you have no qualifying income indicate by writing your initia | als next to the following statement. | My income does | not qualify | |
| discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensee profession, occupation, or category of business: | he general public: | | or matter would | potentially have a greater |
| | | 5. Banking or financial ervices | 6. State of M municipal er | lew Hampshire, county, or nployment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ lodging | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| | 3. Horse or dog racing, or other lega gambling | forms 14. Education | 15. Water | Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax | Business Interest Enterprise Tax Dividence | | pecify any other a l interest — | ea in which you have a |
| I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t | | | - | RECEIVED |
| Date 6/8/22 | Signature of Filer | Rigult | | JUN 08 2022 |
| | | X | | NEW HAMPSHIRE DEPARTMENT OF STATE |

| Type or Print Clearly | | | | |
|---|--------------|-----------|--------------|-----------------|
| Full Name Lucy McVittey Weber | Work Address | 217 Old 1 | lere Road | balale NH 03600 |
| Primary Occupation Retired e-mail LWM | icv@.com | CAST. NET | - Work Phone | 603.499.0282 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | eprestative | term ends | Deember 2 | 1022 |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | ession, occupation, or ccupation, or category | business licensed or ce of business: | rtified by the State of N | lew Hampshire | List each such | | |
|--|--|---|--|-----------------------------|--------------------------------------|--------------------------------------|-------------------------------------|
| 2. Health Care | 3. Insurance | 4. Real Estate, in agent, develope | cluding brokers, ers, and landlords | 5. Banki services | ing or financial | 6. State of Ne municipal em | w Hampshire, county, or ployment |
| 7. N.H. Retirem System | | rrent use land ment program | 9. Restaurants/ lodging | | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| 12. Any business r Utilities Commission | egulated by the Publi on | c 13. Hors of gambl | e or dog racing, or oth ing | er legal forms | 14. Education | 15. Water R | esources |
| 16. Agriculture | 17. N.H. taxes: | | | nterest and ividends Tax | 18. Optional: Specia | pecify any other are l interest — | a in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **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.

June 2012 Date

Signature of Filer

| Type or Print Clearly | |
|---|--|
| Full Name Charles F Weed | Work Address |
| Primary Occupation vetred | e-mail CNEEd @ KEENE. Edu Work Phone 6034992407 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Treasurer Chrishine County |
| proprietor, or employee, or served in any other professional | business, 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 etirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. | |
| 2. | |
| If you have no qualifying income indicate by writing your initial | next to the following statement. My income does not qualify |
| reportable special interest in an item on this list if a change in la discipline a licensee or permittee, or other decision by governa financial effect on you or a family member than it would on the 1. Any profession, occupation, or business licensed | al interest in any of the following businesses, professions, occupations, groups, or matters. A person has a aw, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, hent affecting the listed business, profession, occupation, group, or matter would potentially have a greater e general public: |
| profession, occupation, or category of business: | |
| I Z Fleath Cale I D Insurance II I | te, including brokers, elopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| | Horse or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Profits Tax | Business Interest and Dividends Tax II. Optional: Specify any other area in which you have a special interest — |
| | ing information is true and complete to the best of my knowledge and belief. RSA 15 APPenatty. Any D s chapter or knowingly files a false statement shall be guilty of a misdemeanor. |
| Date 6/10/22 | Signature of Filer Charles FUlder DEPART NICE STAT |

| Type or Print Clearly | | | | · |
|---|--------|--------------|--------------------------|--------------|
| Full Name Benjamin Michael | Weir | Work Address | 2 Thibeautt Dr | Dow, NH |
| Primary Occupation Pipelining Technician | e-mail | Weir 4L. | iberty Cgmail Work Phone | 720-210-6233 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | NOT | Applicable | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| 1. | None | | |
|-------------|--|----------------------------|-----|
| 2. | | | |
| If you have | ve no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | DMW |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a

reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business profession, occupation, or category of busin | | ew Hampshire. List each such | |
|--|--|--|---|
| | . Real Estate, including brokers, gent, developers, and landlords | 5. Banking or financial services | 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use System assessment pro | | 10. Sale and distributi beverages | ion of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or oth of gambling | | 15. Water Resources |
| 1 16 Agriculture | | nterest and 18. Optional: Special spec | pecify any other area in which you have a l interest — |
| I have read RSA 15-A and hereby swear or affirm that person who knowingly fails to comply with the provis | the foregoing information is true and ions of this chapter or knowingly files | complete to the best of my knowled a false statement shall be guilty of a | ge and belief. RSA 15-A:9 Penalty. Any misdemeanor. REC. ED |
| Date 6/10/2022 | Signature of Filer | Bergamin | Wei JUN 10 2022 |
| | | | DEPARTMENT OF ST |

| Type or Print Clearly |
|--|
| Full Name Benjamin Michael Weir Work Address 2 Thibeault Dr, Bow, NH 03304 |
| Primary Occupation Pipelining Technician e-mail Weir4Liberty@gmail.com Work Phone 720-210-6233 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. None |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify BM BMW |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: N/A |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. |
| Date 6/9/2022 Signature of Filer Bergym WA JUN 10 2022 |
| Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly | _ | | | |
|--|--|---|--|--|
| Full Name Ken Wells | Work Address | 92 Maple | St. Ando. | ver NH 03216 |
| Primary Occupation retired e-mail Ker | wells 30 | gmzil.com | Work Phone | (603) 735 - 5756 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | NH Forw | and 501(c) | 3 | |
| 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 capacit calendar year. Sources of retirement benefits other than federal retirement and/or dis | y, and from which | any income in exce | ess of \$10,000 was | derived during the preceding |
| 1. Lee Wells, 92 Myle St Andorer NH, And | lover libre | rizh (WAO | 1L) | |
| 2. | | | | |
| If you have no qualifying income indicate by writing your initials next to the followi | ng statement. | My income | does not qualify | KW |
| B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the lifenancial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the September of business: | ninistrative rule, a d sted business, profe | ecision whether or n ession, occupation, g | ot to award a contra | act, grant a license or permit, |
| 2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor | | anking or financial res | | of New Hampshire, county, or I employment |
| 7. N.H. Retirement 8. Current use land 9. Resta System lodging | urants/ | 10. Sale and dist beverages | ribution of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission of gambling | g, or other legal for | | | ter Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | Interest and Dividends Ta | | al: Specify any othe pecial interest | r area in which you have a |
| have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi | rue and complete to ngly files a false stat | o the best of my know tement shall be guilty | wledge and belief. y of a misdemeanor | RECEIVED |
| Date 6/6/2022 Signatur | e of Filer | Virul | la | JUN 08 2022 |
| Return to: Office of Secretary of State, 107 North Main S | Street, State House | Room 204, Concord, | NH 03301 | NEW HAMPSHIRE DEPARTMENT OF STAT |

| Type or Print Clearly |
|--|
| Full Name Linda Kristina Wadensten Work Address [86 Sprighted Rd Wavport NIt 03723 |
| Primary Occupation Self e-mail drwadensten @ gmal. Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System Image: System |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Business Interest and 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. 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 Jrm 7 2027 Signature of Filer JUN 1 0 FOLE |
| Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly | |
|--|---|
| Full Name Fran Wendelboe | Work Address |
| Primary Occupation CONSultant e-mail matt | wenfrane myfair point, net |
| | anty Commissioner |
| | organization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding tability benefits shall be included. (Use additional sheets as necessary.) |
| 1. self employed lobby ist, real est | ate monager /owner |
| 2. EXXA Mobil retirement | Guardina and a second se |
| If you have no qualifying income indicate by writing your initials next to the following | ng statement. My income does not qualify |
| reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business: | |
| 2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor | |
| 7. N.H. Retirement 8. Current use land 9. Restaution System assessment program lodging | urants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission | |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | Interest and Dividends Tax |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowir | rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any |
| | RECEIVED |
| Date 6922 Signature | e of Filer From Wendelber JUN 09 2022 |
| Return to: Office of Secretary of State, 107 North Main S | Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly |
|--|
| Full Name David Karl Wessel Work Address 383 Birch Hil Road Primary Occupation Invertigator e-mail dk wessel @ gmil. cm Work Phone 6039230295 |
| Primary Occupation Invertigation e-mail dknessel@gmil.com Work Phone 6039230295 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| 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 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. As TS-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. JUN 0 2 2022 |
| Date 06/01/2022 Signature of Filer Authors DEPARTMENT OF STATE |

| Type or Print Clearly | |
|---|--|
| Full Name DIANA WEST | Work Address ONE BAC PLACE BOSTON MA |
| Primary Occupation MRE | e-mail diana wet ComCAST, New Ork Phone 617-4143805 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| proprietor, or employee, or served in any other professiona | h, business, or other organization in which you or a family member was an officer, director, associate, partner, al or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding al retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. Il al and finite A lite | |

| 1. | UMASS CLINTON HOSPITAL CUNTON. | MASS | |
|------------|--|----------------------------|--|
| 2. | ······································ | | |
| lf you hav | re no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | | Estate, including brokers, developers, and landlords | 5. Banking services | or financial | 6. State of New municipal emp | v Hampshire, county, or loyment |
|---|---|--|---------------------------------------|---|--|------------------------------------|
| 7. N.H. Retirement System | 8. Current use land assessment program | | |). Sale and distribution verages | n of alcoholic | 11. Practice of law |
| 12. Any business regulat Utilities Commission | ted by the Public | 13. Horse or dog racing, or othe of gambling | er legal forms | 14. Education | 15. Water Re | |
| 16. Agriculture | 17. N.H. Business taxes: Profits Ta | | iterest and vidends Tax | 18. Optional: Spe special i | cify any other area nterest | in which you have a |
| nave read RSA 15-A and here erson who knowingly fails to | by swear or affirm that the for comply with the provisions | oregoing information is true and o of this chapter or knowingly files | complete to the l a false statemen | best of my knowledge ht shall be guilty of a m | and belief. RSA hisdemeanor. | 15-A:9 Penalty. Any |
| Date 6/8/27 | 2 | Signature of Filer | T G | DIANAI | Dest | JUN 1 3 2 |

NEW L'AR

DEPARTMENT OF STATE

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

410100

| Type or Print Clearly | | | | |
|---|-------------|-------------|------------|-----|
| Full Name Deborah H Lukool | UT We | ork Address | A | |
| Primary Occupation Retined | e-mail NS/A | | Work Phone | N/A |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Retirec | 1 State E | mplayes | R |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | ccupation, or business licensed or constant of business: | ertified by the State of New | Hampshire. List each such | |
|---|---|---|--|--|
| 2. Health Care 3. Ir | acuranco II I | ers, 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 distribut beverages | Ition of alcoholic 11. Practice of law |
| 12. Any business regulate Utilities Commission | d by the Public 13. Ho | rse or dog racing, or other le ling | 14. Education | |
| 16. Agriculture | 17. N.H. Business taxes: Profits Tax | | est and 18. Optional: ends Tax spec | Specify any other area in which you have a ial interest — |
| have read RSA 15-A and hereb person who knowingly fails to c | y swear or affirm that the foregoing comply with the provisions of this cl | information is true and com napter or knowingly files a fa | nplete to the best of my knowle alse statement shall be guilty of | a misdemeanor. |
| Date (2/15/2 | 2 | Signature of Filer | Reborah | H 2 Reelonew HAMPSHIRE DEPARTMENT OF ST |

government held by you.

NO ACRONYMS

| Type or Print Clearly | | |
|---|--|-------------------|
| Full Name DAVID K. Wheeler | Work Address 523 mason R | d milford NH03055 |
| Primary Occupation Flooking/Farm/Home | 5 e-mail EC Dave Omirackaepes Forem. WET Pho | one 603-673-9077 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | Executive Countral | |

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.)

mireranaetha, Flooring construction, printing Mirerale acres-feerm 1. 2. If you have no gualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, oc profession, occupation | | less: | fied by the State of | | Installatio | N license | |
|--|----------------------------------|---|---------------------------|-------------------------------|-----------------------------------|-----------------------------------|--------------------------|
| 2. Health Care 3. Ins | | . Real Estate, incl igent, developer | uding brokers, | | ing or financial | 6. State of Ne municipal em | ew Hampshire, county, or |
| 7. N.H. Retirement System | 8. Current use assessment pre | | 9. Restaurants/ | | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | by the Public | 13. Horse of gamblin | or dog racing, or ot g | her legal forms | 14. Education | 15. Water F | esources |
| 16. Agriculture | | | | Interest and Dividends Tax | | ecify any other are l interest | a in which you have a |
| I have read RSA 15-A and hereby | | | | | | ge and belief. RS | RECEIVED |

ILIN 01 2022) ask 6-1-22 Signature of Filer Date NEW HAMPSHIRE DEPARTMENT OF STATE

| ype or Print Clearly | |
|--|--|
| ull Name Jonah Orion Wheele | - Work Address NA |
| rimary Occupation N A | e-mail jonahwheler 260 gmail.com Work Phone N/A |
| ame the office, position, board or commission, board of irectors, etc. or employment with state or county | NLA |
| roprietor, or employee, or served in any other profession | $N \mid A$ n, business, or other organization in which you or a family member was an officer, director, associate, partn al or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding al retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| NIA | |
| NIA | |
| you have no qualifying income indicate by writing your in | tials next to the following statement. My income does not qualify |
| eportable special interest in an item on this list if a change i | cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a n law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, nment affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public: |
| Any profession, occupation, or business license profession, occupation, or category of business: | d or certified by the State of New Hampshire. List each such |
| | state, including brokers, levelopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, of municipal employment |
| 7. N.H. Retirement System 8. Current use land assessment program | 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law |
| - 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or other legal forms f gambling 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. Business taxes: Profits Tax | Business Enterprise Tax Interest and Dividends Tax II. Optional: Specify any other area in which you have a special interest — |
| The second secon | |

Date JUNE 7th 2022

RECEIVED michhal Signature of Reporting Individual

JUN 0 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

| Type or Print Clearly | A | | |
|---|---------------------|----------------------|--------------|
| Full Name Kenneth Lewis U | leyler Work Address | 23 Scotlandk | Ed Kingston |
| Primary Occupation Retired; StateRe | pe-mail Kweylere | BEG/. CGM Work Phone | 603-778-5225 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | State Represe | intetive | |

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.)

U.S. Air Force and US Air Force Resetve American Airlines 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, o profession, occupation | | | ified by the State of N | ew Hampshin | e List each such | | |
|--|--|--|--|---------------------------------|---|---|--|
| 2. Health Care 3. I | nsurance | 4. Real Estate, inc agent, developer | - | 5. Bank services | ing or financial | 6. State of municipal e | New Hampshire, county, or mployment |
| 7. N.H. Retirement System | 8. Current assessment | | 9. Restaurants/ lodging | | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| 12. Any business regulate Utilities Commission | d by the Public | 13. Horse of gamblin | e or dog racing, or othen | er legal forms | 14. Education | | r Resources |
| 16. Agriculture | | | | nterest and ividends Tax | 18. Optional: Specia | pecify any other a linterest $-\mathcal{A}_{\mathcal{V}}$ | area in which you have a |
| I have read RSA 15-A and here person who knowingly fails to | by swear or affirm th comply with the pro | nat the foregoing in ovisions of this cha | formation is true and o pter or knowingly files | complete to t a false staten | ne best of my knowledg nent shall be guilty of a | ge and belief. R misdemeanor. | RECEIVED |
| Date June / | , 2022 | | Signature of Filer | -7 | Curt IN | Weyl | JUN - 3 2022 NEW HAMPSHIRE |
| | | | The st Main Course Co | nte Heure Per | am 204 Concord NH 0 | | DEPARTMENT OF STA |

| Type or Pri | int Clearly | | | | |
|---|--|---|---|--|--|
| Full Name | Robert James Wherry, III | Work Address | 37 James Way, | Hudson, NH | 03051 |
| Primary Oc | cupation Consultant | e-mail bob.wherry@rocketma | ail.com | Work Phone | 603-247-7409 |
| directors, d | office, position, board or commission, board of etc. or employment with state or county at held by you. NO ACRONYMS | Board of Ethics, Town of | Hudson | | |
| proprietor, | ow the name, address, and type of any profession or employee, or served in any other profession ear. Sources of retirement benefits other than feder | nal or advisory capacity, and from which | any income in exce | ess of \$10,000 w | vas derived during the preceding |
| 1. V | White Birch Consulting Services, LLC (| Sole member of NH LLC busines | s) | | |
| 2. | | | | | |
| If you have | no qualifying income indicate by writing your init | tials next to the following statement. | My income | does not qualify | |
| reportable discipline a financial e | e below whether you or a family member has a sp special interest in an item on this list if a change a licensee or permittee, or other decision by gove ffect on you or a family member than it would on 1. Any profession, occupation, or business license rofession, occupation, or category of business: | in law, a change in administrative rule, a d rnment affecting the listed business, profe the general public: ed or certified by the State of New Hamps | ecision whether or n ession, occupation, g hire. List each such | ot to award a co roup, or matter | ntract, grant a license or permit, would potentially have a greater |
| | alth Care the Insurance 4. Real E | White Birch Consulting Service state, including brokers, developers, and landlords | anking or financial | 6. Sta | ate of New Hampshire, county, or cipal employment |
| 7. N. Syste | H. Retirement 8. Current use land | 9. Restaurants/ | 10. Sale and dist beverages | | |
| 1 1 | | 13. Horse or dog racing, or other legal for f gambling | ms 14. Educati | ion 15. | Water Resources |
| 16. A | Agriculture 17. N.H. Business taxes: Profits Tax | Business Enterprise Tax | | al: Specify any concerning and the second se | other area in which you have a |
| | RSA 15-A and hereby swear or affirm that the fore knowingly fails to comply with the provisions of | | | | |
| Date | 08-June-2022 | Signature of Filer | Polut James W, | theya | N AV COM SHIRE |

government held by you.

NO ACRONYMS

| Type or Print Clearly | | | | | | | 1 | |
|---|----------|---------|------|----------|--------------|-------------|------------|--------------|
| Full Name | licholac | Damion | hhit | | Work Address | 935 Bo | ough Koad | Revero Ce NH |
| Primary Occupation | Self | Exloyed | | e-mail | NICKAWHITE | GALAIL. CON | Work Phone | 775-225-4647 |
| Name the office, posit directors, etc. or en | | | | state ly | mosontative | | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business license profession, occupation, or category of business: | Porcupile Coffee Roading, Roteen lating splices LLC | |
|---|---|--------------------------------------|
| | | ew Hampshire, county, or ployment |
| 7. N.H. Retirement 8. Current use land System assessment program | 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages | 11. Practice of law |
| | 3. Horse or dog racing, or other legal forms 14. Education 15. Water R | |
| 16. Agriculture 17. N.H. Business taxes: Profits Tax | Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest — | a in which you have a |

| | | | 1.00 | RECEIVED |
|------|-------------------------------|--|---------------------------------|---------------------|
| Date | 6/00/22 | Signature of Filer | A V. | JUN 1 3 2022 |
| | | | | NEW HAMPSHIRE |
| | Return to: Office of Secretar | y of State, 107 North Main Street, State Hou | use Room 204, Concord, NH 03301 | DEPARTMENT OF STATE |

| Type or Print Clearly |
|--|
| Full Name Gary Whitehill Work Address P.O. Box 290 West Stemantsteen MH |
| Primary Occupation BOANE Director e-mail Gary Chary Whitehill, com Work Phone 917-924-0579 |
| Name the office, position, board or commission, board of Trustee of Trust Funds, West Stewartstelen NH 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. Kaizen Technology Partners 981 Mission St, Gan Francisco CA 94003 - Digital Cloud |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. |

| Date | (0/9/22) Signature of Filer | DALC D |
|------|---|--------------|
| | | JUN 1 3 2022 |
| | Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 | NEW THE HIRE |

| Type or Print Clearly | | |
|---|---|---------------------|
| Full Name Rebecca G. Whitley | Work Address PD Box 405 | Controcook, NHO3229 |
| Primary Occupation Self employed | e-mail reseccautitly nh Cgmail.com Work Phone | 603-746-1327 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | NH Senate District 15 | |

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. Drimmond Woodsim, 670 N. Commercial St, Manchester, NH 03101 Husbard Steven whitey partner 15 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| \checkmark | 1. Any profession, or profession, occupation | ccupation, or busines n, or category of busi | | ified by the State of I | law) | e. List each such | | |
|--------------|--|---|--|--------------------------------------|-------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | 2. Health Care 3. Ir | ISURANCE II I | . Real Estate, inc agent, developer | luding brokers, rs, and landlords | 5. Banl services | king or financial | 6. State of N municipal en | ew Hampshire, county, or pployment |
| | 7. N.H. Retirement System | 8. Current use assessment pre | | 9. Restaurants/ | | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| | 12. Any business regulated Itilities Commission | d by the Public | 13. Horse of gamblin | e or dog racing, or ot ng | her legal forms | 14. Education | 15. Water | Resources |
| | 16. Agriculture | | | | Interest and Dividends Tax | | pecify any other an I interest | ea in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 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

6/10/22

Signature of Filer

1 Un

JUN 1 0 2022 **NEW HAMPSHIRE** DEPARTMENT OF STATE

| Type or Print Clearly | Home | s | 4 |
|---|-------------------------------|---------------|---------------------|
| Full Name Matt Whitlock | Work Address 185 Phillip | St., Manchest | ter, 1)H 03102-2347 |
| Primary Occupation refired | e-mail elect@mattwhitlock.com | Work Phone | 941-726-1764 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | NONE | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. None 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify MLW

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, oc profession, occupation | | | tified by the State of I | New Hampshi | re. List each such | | |
|--|-----------------------|--|---------------------------------------|-------------------------------|----------------------------------|--------------------------------------|-------------------------------------|
| 2. Health Care 3. In | isurance | 4. Real Estate, ind agent, develope | cluding brokers, rs, and landlords | 5. Ban service | king or financial s | 6. State of Ne municipal em | w Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current assessment | | 9. Restaurants/ lodging | | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources | | | | | | | |
| 16. Agriculture | | | | Interest and Dividends Tax | 18. Optional: Specia | pecify any other are I interest — | a in which you have a |

| | | RECEIVED | |
|------|---|--------------------------------------|--|
| Date | 10 Tune 2022 Signature of Filer | | |
| | | JUN 13 2022 | |
| | Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 | NEW HAMPSHIRE DEPARTMENT OF STATE | |

| Type or Print Clearly | | | | |
|---|---------------|--------------|-----------------|--------------|
| Full Name Matthew B. Willy | Work. | Address 99 M | nanchester | - St. 03101 |
| Primary Occupation Property Manager | e-mail MOWILL | etmegner! | .Con Work Phone | 603-377-6244 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | Marcheste | - Develop | ment Cor | P' |
| government held by you. NO ACRONYMS | Voluter | NH | | |

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. Pholiz Charter Schoo 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, oc profession, occupation | | | tified by the State of I | New Hampshi | re. List each such | | |
|--|----------------------------------|-----------------------|---------------------------------------|-------------------------------|----------------------------------|--------------------------------------|-------------------------------------|
| 2. Health Care 3. In: | | | cluding brokers, rs, and landlords | 5. Ban service: | king or financial s | 6. State of Ne municipal em | w Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current use assessment pre | ogram | 9. Restaurants/ | | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | l by the Public | 13. Hors of gambli | e or dog racing, or ot ng | her legal form | | 15. Water R | |
| 16 Agriculture | | | | Interest and Dividends Tax | 18. Optional: S specia | pecify any other are l interest — | a in which you have a |

| Date | Glown Signature of Filer | JUN 1 3 2022 |
|------|---|--------------------------------------|
| | Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 | NEW HAMPSHIPE DEPARTMENT OF STATE |

| Full Name Kermit R. William | Work Address | |
|---|---|--|
| Primary Occupation refined | e-mail Kennit. willian (Oquil. con Work Phone | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | • | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My Income does not qualify KRW

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 2. Health Care 3. | insurance II I | al Estate, including broken t, developers, and landlo | | anking or financial res | 6. State of New municipal emplo | Hampshire, county, c syment |
|--|--|--|---|---|--|--------------------------------|
| 7. N.H. Retirement System | 8. Current use lan assessment progra | | urants/ | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulate Utilities Commission | ed by the Public | 13. Horse or dog racin of gambling | g, or other legal for | ms 14. Education | 15. Water Reso | ources |
| 16. Agriculture | 17. N.H. Busines taxes: Profits T | | Interest and Dividends Ta | | pecify any other area i al interest | n which you have a |
| ave read RSA 15-A and herel rson who knowingly fails to | by swear or affirm that the comply with the provisions | foregoing information is t of this chapter or knowi | rue and complete t ngly files a false star | o the best of my knowled tement shall be guilty of a | ge and belief. RSA 1 a misdemeanor. | 5-A:9 Penalty Any RECEIVED |
| ate 6922 | | Signatur | e of Filer | + Kalt | <u> </u> | JUN 1 3 2022 |
| | | of State 107 North Main | | | | NEW HAMPSHIP |

| Type or Print Clearly | | | |
|---|--|---------------|--------------|
| Full Name Robert Crane Willi | ams Work Address 66 | North Lincoln | |
| Primary Occupation Software Developer | e-mail spikewilliams@gmil.c | Work Phone | 603 338 7733 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Keene City Council Keene Conservation Commiss | il a | |

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. International. dev, LLC 66 North Lincoln Street Keene, NH 03431 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | Any profession, o ession, occupatio | | | d or certified by the State | of New Hampshi | re. List each such | | |
|-------------------|--|--------------------|--------------------------------|--|-------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| 2. Healt | h Care 3. Ir | nsurance | | state, including brokers, evelopers, and landlords | 5. Ban services | king or financial | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H. System | Retirement | | rrent use land nent program | 9. Restaurar lodging | ts/ | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| | ousiness regulate Commission | d by the Public | | Horse or dog racing, or f gambling | other legal form | s 14. Education | 15. Water R | esources |
| 16. Agri | iculture | 17. N.H. taxes: | Business Profits Tax | Business Enterprise Tax | Interest and Dividends Tax | 18. Optional: S specia | pecify any other are al interest | a in which you have a |

| | | | RECEIVED |
|------|--------------------------------|--|--------------|
| Date | June 10, 2022 | Signature of Filer | JUN 1 0 2022 |
| | Return to: Office of Secretary | y of State, 107 North Main Street, State House Room 204, Concord, NH 03301 | |

| Type or Print Clearly | |
|--|---|
| Full Name Brenda willis | Work Address ZY maxwell Dr |
| Primary Occupation OFFICE SEF | e-mail bren de 27330 Comcest. No Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you NO ACBONYMS | |

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. 24 Maxwell Dr Derry Child advocaty NHPTA 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, profession, occupation, or categories | or business licensed or certified by the State of New Hampshire. List each such | |
|--|--|--------------------|
| 2. Health Care 3. insurance | 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hamp municipal employment | |
| | Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages | 11. Practice of aw |
| 12. Any business regulated by the Pu Utilities Commission | of gambling | |
| 16. Agriculture 17. N.H. taxes: | Business Business Enterprise Tax Interest and Dividends Tax II. Optional: Specify any other area in whice special interest | h you have a |

| Date | 6/18/2022 | Signature of Filer | An ween | RECEIVED |
|------|-----------------------------------|--|-----------------------------------|--|
| | Return to: Office of Secretary of | of State, 107 North Main Street, State | House Room 204, Concord, NH 03301 | JUN 1 3 2022 NEW HAMPSHIRE DEPARTMENT OF STATE |

| Type or Print Clearly | | | | | - | | |
|--|-------------------|-------------------------|--------------------------------------|-------------------|----------|-----|--------|
| Full Name Doug Wilson | | Work Address | 35 Congress Street, Salem, MA 01970 | | - Marine | 022 | SHIRE |
| Primary Occupation Accountant | e-mail dwil | lson@hotmail.com | Work Phone | 978-224-4100 | D | 10 | AWA |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | | REC | NUL | NT. J. |
| A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federa | al or advisory ca | apacity, and from whic | h any income in excess of \$10,000 w | as derived during | | | |
| 1. Excelitas Technologies Corporation, 35 Congress Str | eet, Salem, MA 0 | 01970, Business Type: M | anufacturing, Association: Employee | | | | |
| 2 | | | | | | | |

If you have no qualifying income indicate by writing your initials next to the following statement.

Date

06/04/22

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | 1. Any profession, occupation, or | business licensed or certified by the State of New | Hampshire. List each such | |
|---|-------------------------------------|--|---------------------------|--|
| 1 | profession, occupation, or category | of business: | | |
| | | | | |

| Г | 2. Health Care 🔽 3. In | surance | gent, developer | rs, and landlords | services | ing or financial | municipal en | nployment |
|---|--|----------------------------------|---------------------------|--------------------------------|--------------------------|--------------------------------------|------------------------------------|------------------------|
| Г | 7. N.H. Retirement System | 8. Current use assessment pro | | 9. Restaurants/ lodging | Г | 10. Sale and distributi beverages | on of alcoholic | 11. Practice of law |
| Г | 12. Any business regulated Utilities Commission | by the Public | F 13. Horse of gamblin | e or dog racing, or othe ng | r legal forms | 14. Education | T 15. Water | Resources |
| Г | 16. Agriculture | | | | erest and vidends Tax | | pecify any other and I interest | ea in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 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 RSA 15-A:9 Penalty.

RECEIVED JUN 0 9 2022 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Signature of Reporting Individual

| Type or Print Clearly | |
|--|---|
| Full Name John William Winter | Work Address PO Box 5135, Manchester, NH |
| Primary Occupation Field Representative e-mail Field | ohngdonbolduc.com Work Phone 603-270-7300 |
| | |

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| 1. | | | | | | |
|-----------|--------------------------------|---------------------------------------|-------------------------|---------------|----------------------------|--|
| 2. | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · | | · · · · · | ······································ |
| 16 | | | | | | |
| If you ha | ve no qualifying income indica | ate by writing your initials | s next to the followin | ng statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, o profession, occupatio | ccupation, or busines: n, or category of busir | | tified by the State of | New Hampshir | e List each such | | |
|--|---|-----------------------|---------------------------------------|-------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| 2. Health Care 3. Ir | suranco II I | | cluding brokers, rs, and landlords | 5. Bank services | ting or financial | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current use assessment pre | | 9. Restaurants/ lodging | | 10. Sale and distributi beverages | ion of alcoholic: | 11. Practice of law |
| 12. Any business regulated Utilities Commission | d by the Public | 13. Hors of gambli | e or dog racing, or ot ng | her legal forms | 14. Education | 15. Water R | |
| 16. Agriculture | | | | Interest and Dividends Tax | 18. Optional: Specia | pecify any other are I interest — | a in which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowincly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

Signature of Filer

| | 1. |
|-----------|----|
| Jahn Atra | |
| | |

| Type or Print Clearly | | _ | | |
|---|------------|--------------|--------------------|--------------|
| Full Name SANIEL H W | OLF | Work Address | PO BOX 177 | Pew London |
| Primary Occupation Real Estate | e-mail dan | @ hode | an, Com Work Phone | 403 526 6992 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | STATE | READ | | |

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. | | | |
| | ve no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occup profession, occupation, or | category of business: | ified by the State of New Har Ca E3 T47 | ppshire. List each such | |
|---|--|---|--|--|
| 2. Health Care 3. Insura | ance 4. Real Estate, inc agent, developer | | 5. Banking or financial ervices | 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement System | 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distribution beverages | on of alcoholic 11. Practice of law |
| 12. Any business regulated by Utilities Commission | the Public 13. Horse of gamblin | e or dog racing, or other lega | 14. Education | 15. Water Resources |
| 16. Agriculture | | usiness Interest hterprise Tax Dividend | and a second | ecify any other area in which you have a interest — |
| I have read RSA 15-A and hereby swo person who knowingly fails to comp | ear or affirm that the foregoing in bly with the provisions of this cha | formation is true and comple oter or knowingly files a false | ete to the best of my knowledg statement shall be guilty of a | re and belief. RSA 15-A:9 Penalty: Any D misdemeanor. |
| Date JUNE (| 4 2022 | Signature of Filer | Vand 1 | DEF. MICH STA |
| Deturn | to Office of Secretary of State 107 | North Main Street State Ho | use Room 204, Concord, NH 03 | 3301 |

Return to: Office of Secretary of State, 10/ North Main Stree

| Type or Print Clearly | |
|---|--|
| Full Name Christopher John wood Work Address Retored | |
| Primary Occupation Retired e-mail Cwood 6668 4 a hoo can Work Phone N/K | 4 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, as proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) | |
| 1. | |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify CAW | |
| 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 preportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a lice discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially listed business. | |
| financial effect on you or a family member than it would on the general public: | |
| 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 | shire, county, or |
| 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 List each such such profession, occupation, or category of business: 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 1 | shire, county, or |
| 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 List each such municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 1 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources | shire, county, or t 11. Practice of aw |
| 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 List each such agent, developers, and landlords 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 1 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources | shire, county, or t 11. Practice of aw |
| 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 List each such municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 1 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 14. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which complete the second seco | shire, county, or t 11. Practice of aw |
| 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. List each such municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 1 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which special interest — 1 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-Ar9 P Person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer Maxeed All All All All All All All All All Al | shire, county, or t 11. Practice of aw h you have a Penalty. Any |

| Type or Print Clearly |
|--|
| Full Name CLAYTON WOOD Work Address 329 CATAMOUNT RD. |
| Primary Occupation REARED =mail CLAYTON WOOD @ PROTON MER Phone 603-396-666 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partne proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. NUNE |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, o |
| 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. |

Date

6-9-2022

Signature of Filer

070

| Type or Print Clearly | |
|---|---|
| Full Name CLAYTON WOOD | Work Address 329 CATAMOUNT RD |
| Primary Occupation RETIRED | e-mail CLAYTON WOOD & PRONTON Work Phone 603-376-6663 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | NONE |

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.)

| 2. | |
|--|--|
| | |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire Lipprofession, occupation, or category of business: | ist each such |
|---|---|
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services | or financial 6. State of New Hampshire, county, or municipal employment |
| | 2. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms | 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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 b person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement | best of my knowledge and belief. RSA 15-A:9 Penalty. Any t shall be guilty of a misdemeanor. |
| Date 6-9-2022 Signature of Filer | yt=D. Word JUN 14 cui2 |

N

DEP

| Type or Print Clearly | |
|--|--|
| Full Name PATRICK H. LODOD | Work Address 717 SHORE DRIVE, LACONIA, NH03246 |
| Primary Occupation RETIRED e-mail philos | ood Usand Work Phone 6036309191 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| | organization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.) |
| 1. NOVE | |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to the following | ing statement. My income does not qualify |
| reportable special interest in an item on this list if a change in law, a change in adm | |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord | rs, 5. Banking or financial 6. State of New Hampshire, county, or |
| 7. N.H. Retirement 8. Current use land 9. Restau System assessment program lodging | urants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing of gambling | 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Business 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 tr person who knowingly fails to comply with the provisions of this chapter or knowir | rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor. |
| Date 3 Jy NE 2022 Signature | |
| Return to: Office of Secretary of State, 107 North Main S | Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly |
|--|
| Full Name Jacqueline wood Work Address |
| Primary Occupation retired e-mail Jackie_wood47ehotmail.com Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. |
| 2. |
| If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: |
| Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits 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. |
| Date JUNE 10, 2022 Signature of Filer Jacqueline Wood JUN 14 2022 |
| Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly | | |
|---|---|------|
| Full Name STEPHEN L WOODC | C(C Work Address | |
| Primary Occupation Retined | e-mail STEVE Wood Cucke Repegmal. Cun Work Pl | hone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | NH STAR Representative | |
| 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 onicer, 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. | | | | | , . | | | · · · • · | | | •• • • | | | |
| | | * ··· * | | | | | | | | | | r-1)- | at at 1 | |
| If you hav | ve no qualifyin | g income indica | ate by writing | your initials | next to th | e followir | ng stateme | nt. | My income | e does not qu | ualify | th | | ļ |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licensed or cerprofession, occupation, or category of business: | tified by the State of Ne | w Hampshire. List each such | | |
|---|---|--|---|--|
| 2. Health Care 3. Insurance 4. Real Estate, incagent, developed | cluding brokers, rs, and landlords | 5. Banking or financial services | 6. State of New | v Hampshire, county, or loyment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distribut beverages | tion of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Hors Utilities Commission of gamble | e or dog racing, or othe ng | 14. Education | 15. Water Re | |
| 16 Cariculture | | terest and vidends Tax | Specify any other area al interest — | in which you have a |
| have read BSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha | nformation is true and co apter or knowingly files a | omplete to the best of my knowled a false statement sh all be guilty of | dge and belief. RSA a misdemeanor. | RECENTED RECENTED |
| Date 1 June 22 | Signature of Filer | New P | | JUN 03 LOS NEW HAMPSHIRE DEPARTMENT OF STA |
| Return to: Office of Secretary of State, 10 | 7 North Main Street, Sta | te House Ro om 204, Concord, NH | 03301 | DEPARTMEN |

| Type or Print Clearly | | | | | |
|--|--|--------|---------------------------------------|------------|--|
| Full Name Justin | Worthley | | Work Address | | |
| Primary Occupation |] | e-mail | · · · · · · · · · · · · · · · · · · · | Work Phone | |
| Name the office, position, board directors, etc. or employmen | d or commission, board of t with state or county | NIA | | | |
| government held by you. | NO ACRONYMS | | · · · · | | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

| 1. | | |
|---|----------------------------|--|
| 2. | | |
| If you have no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| | occupation, or busines on, or category of busin | | ified by the State of I | New Hampsh | ire. List each such | | |
|---|--|---|--------------------------------------|-------------------------------|----------------------------------|-------------------------------------|-------------------------------------|
| 2. Health Care 3. I | nsurance il i | l. Real Estate, inc agent, developer | luding brokers, rs, and landlords | 5. Bai service | nking or financial es | 6. State of Ne municipal em | w Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current us assessment pr | | 9. Restaurants/ lodging | | 10. Sale and distribut beverages | ion of alcoholic | 11. Practice of law |
| 12. Any business regulate Utilities Commission | ed by the Public | 13. Horse of gamblin | e or dog racing, or ot ng | her legal forn | 14. Education | 15. Water R | esources |
| 16. Agriculture | | | | Interest and Dividends Tax | | pecify any other are al interest | a in which you have a |

| Date 6-9-22 | Signature of Filer | TECEN |
|--------------------------|--|------------|
| | | JUN 092 12 |
| Return to: Office of Sec | retary of State, 107 North Main Street, State House Room 204, Concord, | NH 03301 |

| Type or Print Clearly | Date | | | | |
|---|--|--|--|--|--|
| Full Name Bonnie WRiGHT | Work Address 34 Liberty St Salem NH 03079 | | | | |
| Primary Occupation Reticed | e-mail Bonnie @ Bonnie 4 Salem. US Work Phone 603-722-0714 | | | | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county | Salem NH Zoning Board (Chair). Salem NH Charter Commission (Secretary). SAlem Family Resources (Board MemBer) | | | | |
| government held by you. NO ACRONYMS | (Secretary). SAlem Family Resources (Board MemBer) | | | | |
| A. List below the name, address, and type of any profession | . 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. | | | |
| | | and the second | |
| lf you hav | ve no qualifying income indicate by writing your initials next to the following statement. | My income does not qualify | BLW |

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: | |
|--|-------------------------------------|
| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal empirical services | w Hampshire, county, or ployment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System Indext of the system 10. Sale and distribution of alcoholic beverages | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Re | esources |
| 16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax 18. Optional: Specify any other area | a in which you have a |
| have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA berson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. | 15 APECEVIVED |
| | JUN 08 2022 |
| Date 6/3/22 Signature of Filer Bonnie LWright | NEW HAMPSHIRE DEPARTMENT OF STAT |

| Work Address 42 County Dr. CACUNIA, NH 032 | 46 |
|---|---|
| e-mail WWESGHT C BECKNARCOUNTY. Gov Work Phone 603 729 1259 | |
| SHERIFF | - |
| T | e-mail WWESGHT C BELKNARCOUNTY. Gov Work Phone 603 729 1259 |

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.)

BELKNAP COUNTY NUSsingHom - Wife BELKARP COUNTY SHERIFFS - Self 1. 2. If you have no gualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Ft Low Enforcement officere | | | | | | | | |
|--|----------------------------------|--|-------------------------------------|-------------------------|--------------------|-----------------------------------|------------------------------------|--------------------------------------|
| 2. Health Care 3. Ir | nsurance II I | . Real Estate, inc igent, developer | luding brokers, s, and landlords | | . Banking vices |) or financial | 6. State of Ne municipal em | ew Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current use assessment pre | | 9. Restauran lodging | its/ | |). Sale and distributi verages | on of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | d by the Public | 13. Horse of gamblin | e or dog racing, or ng | other legal f | forms | 14. Education | 15. Water R | lesources |
| 16. Agriculture | | | usiness nterprise Tax | Interest a Dividends | | | pecify any other are l interest | a in which you have a |

(0)/2022 Signature of Filer JUN 01 2022 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 | |
|--|---|
| (mpc) vouegper | Address |
| Primary Occupation Retired e-mail KyRT4h | DUSE @ 9MAIL, COM Work Phone LENTAXIVE STRAFFOR ef 3 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Lentative STRAFFORd 3 |
| A. List below the name, address, and type of any profession, business, or other organiza proprietor, or employee, or served in any other professional or advisory capacity, and t calendar year. Sources of retirement benefits other than federal retirement and/or disability b | rom which any income in excess of \$10,000 was derived during the preceding |
| 1. New Appropriate Right to Life - Vice Preside | |
| 2. | |
| If you have no qualifying income indicate by writing your initials next to the following state | ement. My income does not qualify |
| B. Indicate below whether you or a family member has a special interest in any of the follo reportable special interest in an item on this list if a change in law, a change in administrat discipline a licensee or permittee, or other decision by government affecting the listed bu financial effect on you or a family member than it would on the general public: | ive rule, a decision whether or not to award a contract, grant a license or permit, |
| 1. Any profession, occupation, or business licensed or certified by the State of Profession, occupation, or category of business: | lew Hampshire. List each such |
| 2. Health Care B. Insurance 4. Real Estate, including brokers, agent, developers, and landlords | 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging | 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other of gambling | er legal forms 14. Education 15. Water Resources |
| 16 Agriculture | nterest and ividends 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 person who knowingly fails to comply with the provisions of this chapter or knowingly file | complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any s a false statement shall be guilty of a misdemeanor. |

Date

6-2-2022

Signature of Filer

| 0 |
|-------|
| |
| Kulun |
| |
| 0 |

| Type or Print Clearly | |
|---|--|
| Full Name Truthy T-Wyott | Work Address 139 Barretts Hill Ro. Hudson, Net |
| Primary Occupation Support Specialist | e-mail fine yoff 10 juno. Con Work Phone 603 886 5227 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| proprietor, or employee, or served in any other profession | , business, or other organization in which you or a family member was an officer, director, associate, partner I or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding I retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. | |
| 2. | · · · · · · · · · · · · · · · · · · · |
| If you have no qualifying income indicate by writing your initi | als next to the following statement. My income does not qualify |
| B. Indicate below whether you or a family member has a spe | cial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a |

reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, o profession, occupatio | | s licensed <u>or certified by t</u> ness: | e State of New Ham | pshire. List each such | | |
|--|----------------------------------|---|--------------------|-------------------------------------|---|--------------------------------|
| 2. Health Care 3. Ir | nsurance II I | Real Estate, including bragent, developers, and lan | | Banking or financial vices | 6. State of New H municipal employ | lampshire, county, or yment |
| 7. N.H. Retirement System | 8. Current use assessment pre | | estaurants/ | 10. Sale and distribut beverages | tion of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources | | | | | | |
| 16. Agriculture | | iness Business fits Tax Enterprise | ax Dividends | B 1 | pecify any other area in al interest — | which you have a |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-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.

6-6-2022 Date

Signature of Filer

| Filer The Thomas and the second | RECEIVED |
|--|---------------|
| | JUN 0 8 2022 |
| t, State House Room 204, Concord, NH 03301 | NEW HAMPSHIRE |

DEPARTMENT OF STATE

| Type or Print Clearly | |
|--|--|
| Full Name MERAN YAAKA | Work Address 38 Bismark St. Marchester NH |
| Primary Occupation Engineer e-mail | Work Phone |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| | organization in which you or a family member was an officer, director, associate, partne ity, and from which any income in excess of \$10,000 was derived during the precedir isability benefits shall be included. (Use additional sheets as necessary.) |
| 1. Deliberate Creations NH | · · · · · · · · · · · · · · · · · · · |
| 2. | |
| f 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 an item on this list if a change in law, a change in adr | f the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater |
| 1. Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business: | state of New Hampshire. List each such |
| 2. Health Care B. Insurance 4. Real Estate, including broker agent, developers, and landlor | |
| 7. N.H. Retirement 8. Current use land 9. Resta System assessment program lodging | aurants/ 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission of gambling | ng, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest — |
| have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi | true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ingly files a faise statement shall be guilty of a misdemeanor. |

Date

6/10/2022

Signature of

Signature of Filer

A

| Type or Print Clearly | | _ | | | |
|--|--|--|---|--|--------------------------------------|
| Full Name MERAV YAAKA | | Work Address | 38 Bismark | St. Marche | te NH |
| Primary Occupation Engineer | e-mail | | W | ork Phone | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | | | | | |
| A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal | al or advisory capacit | y, and from which | any income in excess o | of \$10,000 was derive | d during the preceding |
| 1. Deliberate Creations NH | | | | | |
| 2. | | · · · · · · · · | , | | |
| If you have no qualifying income indicate by writing your init | ials next to the followi | ng statement. | My income doe | s not qualify | |
| B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license | n law, a change in adm nment affecting the lis the general public: | ninistrative rule, a sted business, pro | lecision whether or not to ession, occupation, group | o award a contract, gra | ant a license or permit, |
| profession, occupation, or category of business: | | N 1 - 1041 - 1 1061 - 10 1041 - 10220-2020-2014 - 10422-2020-2020 - 2020 - 2020 - 2020 | villendar drag sakestern, er per er Maak pler er er ver i se vir sternen en ber | | |
| | tate, including broker evelopers, and landlor | | anking or financial ces | 6. State of Nev municipal emp | v Hampshire, county, or loyment |
| 7. N.H. Retirement 8. Current use land System assessment program | 9. Restau lodging | urants/ | 10. Sale and distribut beverages | tion of alcoholic | 11. Practice of |
| | 3. Horse or dog racing gambling | g, or other legal fo | | 15. Water Re | |
| 16. Agriculture 17. N.H. Business taxes: Profits Tax | Business Enterprise Tax | Interest and Dividends T | | pecify any other area al interest — | in which you have a |
| I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of | going information is tr this chapter or knowir | rue and complete ngly files a false sta | o the best of my knowled tement shall be guilty of a | ige and belief. RSA a misdemeanor. | 15-A:9 Penalty. Any RECEIVED |
| Date (10 2022 | Signature | e of Filer | A | | JUN 1.3 2022 |
| Return to: Office of Secretary of St | tate, 107 North Main S | itreet, State House | Room 204, Concord, NH (| 03301 | NEW HAMPSHIRE DEPARTMENT OF STATE |

| Type or Print Clearly | |
|---|--|
| Full Name SYLVAIN YAAKON | Work Address 38 BESMARK ST |
| Primary Occupation SELF | e-mail LFAPNH.LLC GOVATIC Work Phone 603748612 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

| 1. Any profession, occupation, profession, occupation, or categ | or business licensed o <u>r certified by the State of New Hampshire. List each such</u> ory 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 |
| | Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law ssment program lodging 10. Sale and distribution of alcoholic 11. Practice of law |
| 12. Any business regulated by the Pu Utilities Commission | of gambling |
| 16. Agriculture 17. N.H. taxes: | Business Business Enterprise Tax Interest and Dividends Tax Is Profits Tax Enterprise Tax Dividends Tax Is Profits Tax Interest and Special Interest - |

RECEI Signature of Filer Date JUN 13 2022 NEW HAMPS Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STAT

| 2022 NEW HAMPSHIRE | STATEMENT OF FINAN | CIAL INTERESTS - RSA 15 | -A | |
|--|--|----------------------------------|---------------------------|----------------------------|
| Type or Print Clearly | | | 4 * 1 | |
| Full Name Michael Yakybovic | h Work | Address | | |
| Primary Occupation Self-employed | e-mail michael | 4nha grailcom | Work Phone | |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | • | | | |
| A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federed | al or advisory capacity, and fi | rom which any income in exce | ess of \$10,000 was deri | ived during the preceding |
| 1. Rental income | | | | |
| 2. | | | | |
| If you have no qualifying income indicate by writing your init | als next to the following state | ment. My income | does not qualify | |
| B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on | n law, a change in administration nment affecting the listed bus | ve rule, a decision whether or n | ot to award a contract, g | grant a license or permit, |
| 1. Any profession, occupation, or business license | d or certified by the State of N | ew Hampshire. List each such | | |

| 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, count municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic law 11. Practice law |
|--|
| |
| |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have 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. NOA ID-W RECEIVED person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Michael Yakuborich JUN 08 2022 June 8, 2022 Date **Signature of Filer** NEW HAMPSHIRE DEPARTMENT OF STATE

| Type or Print Clearly | | | | | |
|--|---|--|---------------------------------------|-------------------------------|--------------------------|
| Full Name Marie Elizabeth Yanish | Work Address | 75 Technology | Drive, Lo | uell, MA | |
| Primary Occupation Planning Manager e-mail Ma | riezyanishe | gmail.com | Work Phone | 602-275 | · 1961 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment held by you. NO ACRONYMS | | | | | |
| . List below the name, address, and type of any profession, business, or othe roprietor, or employee, or served in any other professional or advisory capa alendar year. <i>Sources of retirement benefits other than federal retirement and/or</i> | city, and from whi | ch any income in exce | ess of \$10,000 wa | s derived duri | |
| • | | | | | |
| | | | | - | |
| you have no qualifying income indicate by writing your initials next to the follo | wing statement. | My income | does not quality | ZAST | |
| discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: | | | | | |
| 2. Health Care 3. Insurance 4. Real Estate, including bro agent, developers, and land | | Banking or financial vices | | e of New Hamp pal employme | pshire, county, or nt |
| 7. N.H. Retirement 8. Current use land 9. Re System Image: system Image: system Image: system | staurants/ g | 10. Sale and dist beverages | ribution of alcoho | lic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog ra Utilities Commission of gambling | ing, or other legal f | 14. Educat | | Vater Resource | |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax | ax Dividends | | al: Specify any ot pecial interest — | her area in whi | ch you have a |
| have read RSA 15-A and hereby swear or affirm that the foregoing information erson who knowingly fails to comply with the provisions of this chapter or kno | s true and complete wingly files a false s | e to the best of my kno tatement shall be guilt | wledge and belief y of a misdemean | . RSA 15-A:S | RECEIVED |
| Date June 8, 2022 Signa | ture of Filer | DATO | | | JUN 1 0 2022 |
| Deturn to: Office of Secretary of State 107 North Ma | - Street State Hou | e Boom 204 Concord. | NH 03301 | | DEPARTMENT OF ST |

Return to: Office of Secretary of State, 107 North

| Type or Print Clearly | | | |
|---|---|---|---|
| Full Name Josh Yokela | Work Address | 146 Route 125, 1 | Kingston, NH, 03848 |
| Primary Occupation BI Developer Analyst e-mail | | | |
| | er, Budget Commit | | Frement, NAW Hamphire |
| List below the name, address, and type of any profession, business roprietor, or employee, or served in any other professional or advis alendar year. Sources of retirement benefits other than federal retiremer | , or other organization in which ory capacity, and from which ar | you or a family member was a ny income in excess of \$10,00 | an officer, director, associate, partner, 0 was derived during the preceding |
| Campers INN RV, 146 Route 125 | Kingston, NH OZ | 3848, BI Devi | eloper Analyst |
| Uber Ridesher Driver, 1455 | Market St Sta | e 400, San Fra | nsisco, CA 94103 |
| you have no qualifying income indicate by writing your initials next to | | My income does not qua | |
| | al public: ed by the State of New Hampshir nicle Dealers | e. List each such | ter would potentially have a greater |
| 2. Health Care 3. Insurance 4. Real Estate, inclu agent, developers, | - | | unicipal employment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distribution of al beverages | coholic 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse of gambling | r dog racing, or other legal forms | | 15. Water Resources |
| 16 Aminuthure | iness Interest and Interest Tax | 18. Optional: Specify an special interes | ny other area in which you have a st — |
| nave read RSA 15-A and hereby swear or affirm that the foregoing info erson who knowingly fails to comply with the provisions of this chapt | mation is true and complete to t or knowingly files a false stater | he best of my knowledge and l nent shall be guilty of a misden | neanor. |
| Date 6-7-22 | Signature of Filer | Jac | JUN I 0 2022 NEW HAMPSHIRE DEPARTMENT OF ST |
| Return to: Office of Secretary of State, 107 N | orth Main Street, State House Ro | om 204, Concord, NH 03301 | DEPARTMENT |

| Type or Print Clearly | |
|--|--|
| Full Name Michael RALPH | YONC Work Address RETIFE |
| Primary Occupation ReTired | e-mail Sniper marine 1970 C Smallork Phone N/A |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Swanzey Planning Board vie chain |
| proprietor, or employee, or served in any other profession | on, business, or other organization in which you or a family member was an officer, director, associate, partner, nal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding and retirement and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. N) H | |
| 2. NIA. | |
| If you have no qualifying income indicate by writing your in | itials next to the following statement. My income does not qualify |
| discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on | e in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater in the general public: sed or certified by the State of New Hampshire. List each such |
| 2 Health Care B Insurance 4. Real I | Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or developers, and landlords services functional municipal employment |
| 7. N.H. Retirement 8. Current use land assessment program | 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of |
| | 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources |
| 16. Agriculture 17. N.H. Business 16. Agriculture taxes: Profits Tax | Business Interest and Dividends Tax Interest and Special interest — |
| I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of Date $04/64/2022$ | regoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer |
| | State, 107 North Main Street, State House Room 204, Concord, NH 03301 |

| Type or Print Clearly | |
|---|--|
| Full Name Clifford & Jetterstron Work Address 80 Dover 20 | |
| Primary Occupation Corpentar e-mail Work Phone -603 | -817-0479 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary. | during the preceding |
| | |
| 2. | |
| fyou have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify | CEZ. |
| B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would poter financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: | t a license or permit, ntially have a greater |
| 2. Health Care B. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Home including brokers, and landlords | lampshire, county, or yment |
| 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System Issessment program Iodging 10. Sale and distribution of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolutilities Commission 15. Water Resol | |
| 16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest — | which you have a |
| have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 berson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. | RECEIVED |
| Date 6-6-22 Signature of Filer Clifford 2 fitterstrom | JUN 08 2022 |
| Return to: Office of Secretary of State 107 North Main Street, State House Room 204, Concord, NH 03301 | NEW HAMPSHIRE DEPARTMENT OF STATE |

Return to: Office of Secretary of State,