Type o Full Na	r Print CLEARL me	RD M. NA	EVANKO		Work Address:	N/A		
Primary	Occupation	RETIRED		E-mail	RMN4@cop	WELL edu	HOME Work Phone	603-835-2564
director		nent with state or cou	n, committee, board of nty government held	NONE				
Α,	proprietor, or en	ployee, or served in	e of any profession, busing any other professional or benefits other than federa	advisory capacity	and from which an	y income in excess of	\$10,000 was deriv	red during the preceding
1.	NONE							
2.								
If you h	ave no qualifying	income indicate by v	vriting your initials next t	o the following sta	itement.	My inc	come does not quali	ify N
Γ	1. Any profes		ember than it would on the siness licensed or certified	-	Hampshire. List eac	h such profession,	N/A	
Γ	2. Health Care	3. Insurance	4. Real Estate, inclared agent, developers		5. Bank services	ing or financial		New Hampshire, county, or employment
Γ	7. N.H. Retireme System		urrent use land sment program	9. Restaura	ļI	10. Sale and distribut beverages	tion of alcoholic	11. Practice of law
	12. Any business re Itilities Commiss	gulated by the Public	T 13. Hors		other legal forms of	14. Education	15. Water	r Resources
Г	16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	— Interest and Dividends Tax	☐ 18. Optional: spec	Specify any other are cial interest	ea in which you have a
Pena	lty. Any person	and hereby swear who knowingly fai	or affirm that the foreg	oing information provisions of this	chapter or knowing	ete to the best of magly files a false state.  M. Nallvan	tement shall be gu	belief. RSA 15-A:9 uilty of a misdemeanor.
Date	SOUN	2 40 40				ature of Reporting In		RECEIVED

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

JUN 08 2020

NEW HAMPSHIRE

Sype or Print CLEARLY Sull Name LISA MICHELLE NASH	Work Address: 33 SETON DRIVE BEDFORD, NH
	lisanash4NHCgmailcomwork Phone 603-472-5077
Name the office, position, board or commission, committee, board of	7
calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding a disability benefits shall be included. (Use additional sheets as necessary)
1. OMS SAFEHARBOR INC, 128 WARREN	ST, LOWELL 01852 - SOFTWARE
2. EIGHT STARS, LLC, 33 SETON DRIVE	BEDFORD, NH 03110 - TECHNOLOGY
f you have no qualifying income indicate by writing your initials next to the following sta	
reportable special interest in any item on this list if a change in law, a change in a	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaura lodging	nts/
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or ogambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax    Table 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 <b>Penalt</b> . 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 $5-31-20$	Signature of Reporting Individual RECEIVED
Return to: Office of Secretary of State 107 North M	JUN 0 5 2020 lain Street, State House Room 204, Concord, NH 03301
Return to. Office of Secretary of State, 107 Noturns	din base, saw nouse Room 201, concord, 141 05501

# Nelson, Bennie

## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Bennie C Nelson	Work Address: 603 Mc Donough RJ Newport NH
Primary Occupation Former E-mail	Work Address: 503 Mc Donough R1, Newport NH beaver fond farm 1780@gmil. Work Phone 603-542-4486 ty Commissioner
Name the office, position, board or commission, committee, board of	ty Commisioner
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding or disability benefits shall be included. (Use additional sheets as necessary)
1. Beaver Pond Form	
2. Sullivan County	
If you have no qualifying income indicate by writing your initials next to the following s	statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	w Hampsnire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial Scruces 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restau lodging	rants/   10. Sale and distribution of alcoholic   11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing. o	
17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of the	on is true and complete to the best of my knowledge and belief. <b>RSA 15-A:9</b> is chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/8/20	Bennie ( Nehon
	Signature of Reporting Individual

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

#### 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A Full Name Ly I OM G Nelson Son Primary Occupation Retired Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner. proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) [I received over \$10,000 in NH Retirement bonefits] 2. My income does not qualify If you have no qualifying income indicate by writing your initials next to the following statement. B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit. discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords municipal employment services 8. Current use land 10. Sale and distribution of alcoholic 7. N.H. Retirement 9. Restaurants/ 11. Practice of lodging assessment program beverages law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission 17. N.H. Business 18. Optional: Specify any other area in which you have a Interest and Business 16. Agriculture special interest ---Enterprise Tax Dividends Tax taxes:

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.

Signature of Reporting Individual

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

**NEW HAMPSHIRE** DEPARTMENT OF STATE

<b>ype or</b> ull Nar	ne Caroline H. No	Y esbitt					Wo	ork Address:	P.O. Bo	ox 52, North Sandwich	, NH 03259		
rimary	Occupation Act	or/Writer				E-n	nailce	elionez@gmail	l.com		_ Work Phone _	(603) 677-2	2739
irectors	e office, position, s, etc. or employn NO ACRONYM	nent with											
A.	proprietor, or em	ployee, o	r served in ar	ny other pr	ofessional	or advisory cap	acity, and	from which	any inco	family member we me in excess of \$1 to be included. (Use a	0,000 was deriv	ed during	the preceding
1.	Beam Construct	ion Associat	es, P.O. Box 101	, North Sand	wich, NH 03	259 (Robert Butche	r, Partner)						
2.	Freelance Thea	tre & Film jo	bs - gig projects	(Caroline N	esbitt)								
you h	ave no qualifying	income in	rdicate by wi	iting your	initials nex	t to the following	ng statem	ent.		My incon	ne does not quali	fy	
В.	reportable special discipline a licer financial effect of	al interest usee or per on you or a	in any item or rmittee, or ot a family men pation, or bus	on this list her decision ber than i	if a change on by gover t would on ed or certific	in law, a chang nment affecting the general pub ed by the State of	ge in admi g the listed lic: f New Har	nistrative rul I business, pr npshire. List	e, a decis rofession each such	profession,	t to award a comp, or matter wou	tract, gran	at a license or permit, ally have a greater
	2. Health Care	3. In:	surance			ncluding broker ers, and landlor		5. Ba	•	financial	6. State of municipal of		pshire, county, or ent
	7. N.H. Retireme System		assessn	rrent use la nent progra	ım	lodging			beve	Sale and distribution rages	n of alcoholic	Г	11. Practice of law
	12. Any business re tilities Commiss		the Public		F 13. H gambl	orse or dog racin ing	g, or othe	r legal forms	of	14. Education	15. Wate	r Resourc	es
Γ	16. Agriculture		17. N.H. taxes:	Profit		. Business Enterprise Tax	, r	Interest and Dividends Ta	х	18. Optional: Sp special	ecify any other are interest	ea in which	ı you have a
Penal	lty. Any person									o the best of my lifes a false stater		uilty of a	misdemeanor.
Date	· · · · · · · · · · · · · · · · · · ·	WW_					-	JUL S	ignature	of Reporting Indiv	vidual	K	ECEIVED

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

JUN 0 8 2020

NEW HAMPSHIRE
DEPARTMENT OF STAT

Type or Print CLEAR Full Name	LY &	M	Newl	:// w	ork Address: _	106	Village	street
Primary Occupation	Para	ProFe	tional	E-mail			Work Phone	
Name the office, position directors, etc. or employ by you. NO ACRONY	ment with state							
proprietor, or e calendar year.	employee, or ser Sources of retir	ved in any other ement benefits of	professional or advi ther than federal ret	sory capacity, and irement and or dis	l from which a ability benefits	ny income in exce s shall be included	ember was an officer, dess of \$10,000 was deri d. (Use additional sheet	lirector, associate, partner, ved during the preceding s as necessary)
1.	cring	ck 1	1alley	High	Sch	001		
2.								
If you have no qualifyir	ng income indic	ate by writing yo	our initials next to the	e following staten	nent.	M	ly income does not qua	lify
financial effec	t on you or a far	nily member tha on, or business lice siness:	ensed or certified by the	neral public: he State of New Ha	mpshire. List ea	sch such profession	6. State o	f New Hampshire, county, or lemployment
7. N.H. Retiren	nent	8. Current use assessment pro	11	9. Restaurants/			tribution of alcoholic	11. Practice of
I2. Any business Utilities Commi	regulated by the			dog racing, or other	er legal forms of		eation	ter Resources
16. Agriculture	17		ısiness _ Bus	iness rprise Tax	Interest and Dividends Tax		onal: Specify any other a special interest	rea in which you have a
								d belief. RSA 15-A:9 guilty of a misdemeanor.
Date 06	09 1:	2020			9		mull	TO STORY AND STO
	·				Sig	gnature of Reporti	ing Individual	MacaiweD
	R	eturn to: Office	of Secretary of State	, 107 North Main	Street, State He	ouse Room 204, (	Concord, NH 03301	JUN 12 2020
								MEW HAMPSHIRE DEPARTMENT OF STATE

Type or Prin	nt CLEARLY	Ray	MOND	EDWA	RO NEWMA	₩ Work Ad	dress:	NA			
	upation	1			E-ma	ail RNS	11980	HOL. CO	Work Phone	e <u>603</u>	880-8973
directors, etc		ent with s		committee, boa ty government he		HAMPS	HIRE	STATE R	er resen	TATIO	12
prop	prietor, or emp	ployee, or	served in ar	y other profession	on, business, or other conal or advisory capaca federal retirement an	city, and from	which any ir	ncome in excess o	f \$10,000 was de	rived durin	g the preceding
1 2.											
	no qualifying i	income in	dicate by wr	iting your initial	s next to the following	g statement.		My in	come does not qu	alify	REA
repo disc fina	ortable special sipline a licens ncial effect of	l interest i see or pen n you or a ion, occup	n any item of mittee, or oth family ment ation, or busi	n this list if a ch her decision by g nber than it woul	special interest in any lange in law, a change government affecting to do on the general publicantified by the State of	in administrat the listed busin c:	ive rule, a de less, professi	ecision whether or ion, occupation, g	not to award a co	ontract, gra	ant a license or permit,
2. He	ealth Care	3. lns	urance		tate, including brokers, evelopers, and landlords		5. Banking services	or financial	11	of New Har al employn	mpshire, county, or ment
7. N. Syste	.H. Retiremen	it		rrent use land nent program	9. Restr	aurants/	11	0. Sale and distributive everages	tion of alcoholic		11. Practice of law
	ny business reg		the Public	- 11	13. Horse or dog racing ambling	, or other legal	forms of	14. Education	15. Wa	ater Resour	ces
T 16. A	Agriculture	1.	7. N.H. axes:	Business Profits Tax	Business Enterprise Tax	☐ Interest Divide	st and nds Tax		Specify any other cial interest	area in whic	ch you have a
Penalty.	d RSA 15-A Any person ブレルe	who kno	wingly fails	to comply wit	e foregoing informa th the provisions of	tion is true an	r knowing	to the best of n	tement shall be	RE	RSA 15-A:9 a misdemeanor. CEIVED JN 0 4 2020
			Return to:	Office of Secreta	ary of State, 107 Nort	h Main Street,	State House	Room 204, Conc	ord, NH 03301		V HAMPSHIRE TMENT OF STATE

Type or Print CLEARLY Full Name Sue A. Newman		Work Address:		
Primary Occupation Retired	E-mail	SNEW MANNH@	AoL Work Phone	N/A
Name the office, position, board or commission, committee, board of	AL II STATE	Panagathitan	Sec'y Northun 7	Dem. City Committee
A. List below the name, address, and type of any profession, busi proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	iness, or other organ r advisory capacity,	ization in which you or a family rand from which any income in ex	member was an officer, directess of \$10,000 was derived	tor, associate, partner, during the preceding
1.				
2.  If you have no qualifying income indicate by writing your initials next	to the following stat	ement.	My income does not qualify	SN
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governing financial effect on you or a family member than it would on the occupation, or category of business licensed or certified occupation, or category of business:	n law, a change in a ment affecting the li he general public:	dministrative rule, a decision whe sted business, profession, occupat	ther or not to award a contraction, group, or matter would	ct, grant a license or permit,
	cluding brokers, rs, and landlords	5. Banking or financial services	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System   8. Current use land assessment program	9. Restauran	nts/ 10. Sale and d beverages	listribution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Hor gamblin	rse or dog racing, or o	ther legal forms of 14. Edu	ucation   15. Water R	Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	ntional: Specify any other area i special interest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the fore <b>Penalty</b> . Any person who knowingly fails to comply with the		chapter or knowingly files a fa		ty of a misdemeanor.
Date June 2, 2020	-	Signature of Repor	ting Individual	JUN 0 4 2020
Return to: Office of Secretary of	State, 107 North Ma	ain Street, State House Room 204	, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

rype or Print CLEARLY or Sull Name	Aaron 1	Newton	v	ork Address:	Pone		
Primary Occupation	rired	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E-mail			_ Work Phone	
Name the office, position, board lirectors, etc. or employment with you. NO ACRONYMS.	or commission, control in state or county	committee, board of _ government held	No	Ne_			
calendar year. Sources of	, or served in any of retirement bene	other professional or efits other than federa	r advisory capacity, and retirement and/or di	d from which an sability benefits	ou or a family member we income in excess of \$1 shall be included. (Use a	0,000 was derived	during the preceding
1. New Hang	pshre R	etire men'	t System		- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
2.							
f you have no qualifying income	indicate by writi	ing your initials next	to the following states	nent.	My incom	e does not qualify	
reportable special interediscipline a licensee or financial effect on you	est in any item on permittee, or othe or a family member cupation, or busine	this list if a change in er decision by govern er than it would on the	n law, a change in adn ment affecting the list	ninistrative rule, and business, prof	ession, occupation, group	t to award a contrac	atters. A person has a ct, grant a license or permit, potentially have a greater
2. Health Care 3.	Insurance [	-	cluding brokers, rs, and landlords	5. Bank services	ing or financial	6. State of New municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement System	11	ent use land nt program	9. Restaurants	/  r	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	by the Public	T 13. Hor	rse or dog racing, or oth	er legal forms of	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	ecify any other area in interest	n which you have a
I have read RSA 15-A and be Penalty. Any person who keeps							v.of a misdemeanor.
Date Jule 15	2020	2		Man	Cel		RECEIVED
				Sign	nature of Reporting Indiv	ridual	JUN 17 2020
	Return to: O	Office of Secretary of	State, 107 North Mair	Street, State Ho	use Room 204, Concord	, NH 03301 DE	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEAR	Lecca L Nevi	IN	Wo	rk Address:			
	Transitioning	•	<u> から.</u> E-mail	onevin773@	gnail con	Work Phone 6	03-434-928
	on, board or commission yment with state or coun MS.		Subbed at T	?inkentou for	1, yr. 2-3 v	vies.	
proprietor, or	employee, or served in a	ny other professional o	iness, or other organizate r advisory capacity, and al retirement and/or disa	on in which you or from which any inc	a family member w ome in excess of \$1	as an officer, direc 0,000 was derived	during the preceding
1.	<u> </u>					,	
2you have no qualifyir	ng income indicate by w	riting your initials next	to the following stateme	nt.	My incom	e does not qualify	RU
reportable spec discipline a lic financial effect	cial interest in any item or ensee or permittee, or ot t on you or a family men	on this list if a change i her decision by govern nber than it would on th	ment affecting the listed	istrative rule, a dec business, profession	ision whether or not n, occupation, group	to award a contract	atters. A person has a ct, grant a license or permit, potentially have a greater
2. Health Care	3. Insurance		cluding brokers, rs, and landlords	5. Banking or services	r financial	6. State of Nemunicipal emp	w Hampshire, county, or ployment
_ 7. N.H. Retiren System		rrent use land nent program	9. Restaurants/	III .	Sale and distribution erages	of alcoholic	11. Practice of law
12. Any business Utilities Commis	regulated by the Public	13. Ho	rse or dog racing, or other ng	legal forms of	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:	Profits Tax		nterest and vividends Tax	18. Optional: Spe special	cify any other area in interest	n which you have a
have read RSA 15- Penalty. Any perso	-A and hereby swear on who knowingly fail:	r affirm that the fore to comply with the	going information is tr provisions of this char	ue and complete t ter or knowingly	o the best of my k files a false statem	nowledge and be ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date June 8	3,2020	·. ·		Rebecea Signature	LOEVIN of Reporting Indiv	dual	RECEIVED
			a	GLA TYON	204 G		JUN 0 9 2020

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

JUN 09 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Na	Print CLEARL	avid	W	2	eve	\	_ Work A	ldress:	106	Villa	age St	Car	rord
Primary	Occupation	Para	Pr	oFe	ssion	al E-mai	Dar	evell	10 M	usd Pr	ise. 019 Work Phone	75	3 4311
director	ne office, position s, etc. or employr NO ACRONYM	nent with st											
A.	proprietor, or en	nployee, or	served in a	ny other p	rofessional o	siness, or other or or advisory capaci ral retirement and	ty, and from	which any	income in	excess of \$1	0,000 was derive	ed during	the preceding
1.													
2.													
If you h	ave no qualifying	g income ind	icate by w	riting you	r initials nex	t to the following	statement.			My incon	ne does not quali	fy <b>S</b>	mn
В.	reportable speci discipline a lice financial effect	al interest in nsee or pern on you or a ssion, occupa	any item on the one of the or	on this list ther decisi nber than	if a change on by govern it would on	nment affecting the the general public ed by the State of N	n administra e listed busi :	tive rule, a coness, professe.  List each seconds	decision w ssion, occu	hether or no pation, grou	t to award a cont	ract, grant	A person has a t a license or permit, ally have a greater
	2. Health Care	3. Insu				ncluding brokers, ers, and landlords		5. Banking services	g or financ	cial	6. State of I		shire, county, or
Г	7. N.H. Retireme System	ent r		irrent use la	and	9. Restar	urants/		10. Sale and beverages	distribution	n of alcoholic		11. Practice of law
	12. Any business re Itilities Commiss		ne Public		┌ 13. Ho	orse or dog racing, ong	or other legal	forms of	14.1	Education	15. Water	Resource	es
Γ	16. Agriculture		7. N.H. ixes:		iness ts Tax	Business Enterprise Tax		st and ends Tax	T 18.	Optional: Special	ecify any other are interest	a in which	you have a
Pena		who knov	•	s to com	oly with the	egoing informat provisions of the				•	_		
Date					-			Signat	ture of Re	porting Indiv	idual		

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

Type or Prin Full Name	nt CLEARL	Y N	60d	' 		<u> </u>	Wo	rk Address:	75	Lever	ett	SL		_
Primary Occı	upation	Jos	pe	/		E-r	nail <u>Po</u>	c O I	wisible	Hand. C	Work Phone	762	-022	<u> </u>
Name the off directors, etc. by you. NO	. or employm	ent with				A / /	4							• //
prop	orietor, or em	ployee, on purces of	r served in	any other pr	ofessional	or advisory cap	acity, and	from which a	my income	in excess of \$	was an officer, di 10,000 was deriv additional sheets	ved during th	ne preceding	
2.									<u> </u>	· · · · · · · · · · · · · · · · · · ·				
	o qualifying	income i	ndicate by v	riting your	initials nex	t to the following	ng stateme	nt.		My incor	ne does not qual	ify	<del></del>	
repo disci finai	ortable specia ipline a licen ncial effect o	I interest see or pe n you or sion, occu	in any item rmittee, or o a family me	on this list in ther decision mber than in	if a change on by gover t would on	in law, a chang	e in admin the listed lic:	istrative rule business, pro	, a decision ofession, oc	whether or no cupation, grou	ations, groups on to award a con p, or matter wou	tract, grant	license or per	
2. He	alth Care	3. In	surance	11		ncluding broker ers, and landlord	-	5. Ban service	king or fina es	ncial	6. State of municipal	New Hamps employment	nire, county, or	
7.N. Syste	H. Retiremen	nt		urrent use las ment progra		9. Res	staurants/		10. Sale a beverage	and distributions	n of alcoholic	F	11. Practice of law	·
	ny business reg es Commissi		the Public		13. Ho gambli	orse or dog racin ing	g, or other	l <b>egal</b> forms of	f	l. Education	15. Wate	r Resources		
☐ 16. A	Agriculture		17. N.H. taxes:	Profits	Tax	Business Enterprise Tax		nterest and ividends Tax		8. <i>Optional</i> : Sp special	ecify any other are interest	ea in which y	ou have a	
Penalty. A		who kno	wingly fail	ls to compl							knowledge and ment shall be gr			
Date	401C	) <del>-</del> (	16.0	<u></u>				Sig	nature of R	eporting Indiv	ridual	R	ECEIVE	ED
	•												IIIN <b>A 3</b> 202	2 <b>1</b> 1

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

Type or Print CLEARLY Full Name Heary W Nocl	Work Address: 7	Risson Road	Berlin NH 03570
Primary Occupation (Retired)	E-mail hw 418 nce	@ 9 mail. ComWork Phone	603-752-3045
Name the office, position, board or commission, committee, board of	Representative (		
A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which any inc	come in excess of \$10,000 was derived	during the preceding
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f you have no qualifying income indicate by writing your initials next to	o the following statement.	My income does not qualify	HWN
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the like the line occupation, or category of business licensed or certified like the line occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, incl.	nent affecting the listed business, profession general public:  by the State of New Hampshire. List each such that the lister of	ch profession,  or financial  or financial  or financial  or financial  or financial	otentially have a greater  W Hampshire, county, or
agent, developers	<u> </u>	municipal emp  Sale and distribution of alcoholic	loyment  11. Practice of
7. N.H. Retirement System  8. Current use land assessment program	11 11	verages	law
12. Any business regulated by the Public Utilities Commission  13. Horse gambling	e or dog racing, or other legal forms of	14. Education 15. Water Re	
16 A	Business Interest and Dividends Tax	18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoneralty. Any person who knowingly fails to comply with the property of the prop	oing information is true and complete rovisions of this chapter or knowingly	to the best of my knowledge and bel files a false statement shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date Henry W Noit 6-4-2020	Signatur	y W N of lefof Reporting Individual	RECEIVED
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Return to: Office of Secretary of St		•	1010 0 2 7050

Type or Full Nar	r Print CLEARLY me <u>SUPRO</u> I	V NORO	AREN		Work Address:	STATECAP	ital mai	St. Concord
	Occupation	tale les	rislati	E-mail	SNORdgR	En23@gmill:	Work Phone Z	St. Concord
director	he office, position, boars, etc. or employment NO ACRONYMS.	rd or commission with state or coun	, committee, boar ty government he	<b>d</b> of				
A,	proprietor, or employ	yee, or served in a	ny other profession	nal or advisory capacity	, and from which	you or a family member any income in excess of \$ as shall be included. (Use	10,000 was derived	during the preceding
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	System		nent program	lodging	-111	beverages		law
	12. Any business regulat	ed by the Public		3. Horse or dog racing, or mbling	other legal forms o	14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	11 · ·	pecify any other area in al interest	n which you have a
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Date	6/3/20			JUN -8 2020	Si	gnature of Reporting Indi		RECEIVED JUN - 3 2020
		Return to:	Office of Secrea	ry o <b>new Hampsh</b> ild DEPARTMENT OF S	ain Street, State H	ouse Room 204, Concord	d, NH 03301	TOWN OF HANOVER

Type or Full Nan	Print CLEARI	LY	iels a	· No	mx	· · · · · · · · · · · · · · · · · · ·		rk Addre		R	2 TIRI	20	
Primary	Occupation	Re	tred			E-m	ail 🗘	<u> </u>	905	<u>e</u> C	veritor	Work Phone	
directors	ne office, position s, etc. or employ NO ACRONYN	ment with	commission state or cour	n, committe nty governn	e, board of _ nent held		•						
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1	12. Any business re		<u> </u>			rse or dog racing	, or other l	legal form	ns of	14	. Education	15. Wat	er Resources
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24.0		1 6					U	- /	Signat	ure of R	eporting Indivi	dual	RECEIVED
			Return to:	Office of S	Secretary of S	State, 107 Nort	h Main St	treet. Sta	te House	e Room	204, Concord, 1	NH 03301	JUN 1 2 2020
					-, <b>,-,</b>	,		, = 3-					NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>Seanine</u> marter Norther	Work Address: NH State	
Primary Occupation State Representative E-mail  Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	y Republican Floor	Work Phone 603-423-040+
A. List below the name, address, and type of any profession, business, or other organization, or employee, or served in any other professional or advisory capacitic calendar year. Sources of retirement benefits other than federal retirement and	ty, and from which any income in excess of	\$10,000 was derived during the preceding
1. Stephen Notter- Systems Engineer -1	BAE Systems - Huds	an Not
2.		
f you have no qualifying income indicate by writing your initials next to the following	statement. My inco	ome does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any or reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of Noncocupation, or category of business:</li> </ul> </li> </ul>	n administrative rule, a decision whether or e listed business, profession, occupation, gro :	not to award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restau	rants/ 10. Sale and distribut beverages	on of alcoholic 11. Practice of law
T 12. Any business regulated by the Public Utilities Commission T 13. Horse or dog racing, of gambling	or other legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Spec	Specify any other area in which you have a ial interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informati Penalty. Any person who knowingly fails to comply with the provisions of the		
Date <u>Sure 3, 2000</u>	Signature of Reporting Inc	dividual RECEIVED
		um 4 0 2926

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

JUN 10 2020 MEW HAMPCHERE DEPARTMENT OF STATE

ype or Print Clearly	
Full Name Hollie T Noveldsky Work Address 250 Ocean Rd Gre	the books
Primary Occupation Stacks and Steel e-mail HNOVELET Primary Occupation Stacks and Steel e-mail HNOVELET PROVELETOO. Work Phone 600	3436 7960
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county povernment held by you.  NO ACRONYMS	
L. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, deroprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derivately alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessions)	ved during the preceding
Moved I was Morks 250 OcenR2 Greenland NH - struct	ural Seel
Rose Steel Inc 250 Ocean R2 Greenland, NH-Structure	ctural steel
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
<ul> <li>Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or material eportable 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, grain listing a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would point in ancial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	rant a license or permit,
4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial 6. State of New Services municipal em	ew Hampshire, county, or aployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
<ul> <li>12. Any business regulated by the Public</li> <li>Utilities Commission</li> <li>13. Horse or dog racing, or other legal forms of gambling</li> <li>14. Education</li> </ul>	Resources
16. Agriculture  17. N.H.  Business  Business  Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other are special interest—	ea 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 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 632020 Signature of Reporting Individual	JUN 0 9 2020
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY HERSHER NUNEZ IN	Work Address:	ZI WEBSTER	Aus P	0 ECHAM, N.H. 0307
Primary Occupation RETIRED	E-mail hershel @	nutinh.com	Work Phone 6	0307 03-260-9630
Name the office, position, board or commission, committee, board of	REPORESENTATIO	F 141USB	core ugh 3	7 PECHAM
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which a retirement and/or disability benefit	ny income in excess of \$ shall be included. (Use	10,000 was derived	during the preceding
1. BOARD OF DIRECTORS - 1		•	11	
2. POCITICAL DIRECTOR - 1	YEU ITAMPShill	Closerty H	Clonce	
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financial effect on you or a family member than it would on the  1. Any profession, occupation, or business licensed or certified to occupation, or category of business:  2. Health Care 3. Insurance 4. Real Estate, included agent, developers	by the State of New Hampshire. List eau	king or financial	6. State of Ne municipal em	w Hampshire, county, or
7. N.H. Retirement 8. Current use land	9. Restaurants/	10. Sale and distributio		11. Practice of
System assessment program	lodging or other legal forms or	beverages	<del></del>	law
The second state of the Public Utilities Commission 12. Any business regulated by the Public gambling		14. Education	15. Water R	esources
16 Agriculture	Business Interest and Dividends Tax		ecify any other area in linterest	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregorealty. Any person who knowingly fails to comply with the property of the prope	oing information is true and com rovisions of this chapter or know	ofete to the best of my	knowledge and be ment shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date 6-3 2020	Sig	nature of Reporting Indi	Vidual	RECEIVED
	3.6			JUN 0 5 2020
Return to: Office of Secretary of St	ate, 107 North Main Street, State He	ouse Room 204, Concord	, NH 03301	MEW MAMPSHIRE

Type or Print CLEARLY Oull Name Primary Occupation	- rances	Vutter-U	phain wo	ork Address: <u>3</u>	Fulton S	St, Nas	shua,	NH030
rimary Occupation <u>Re</u>	tired		E-mail $+$	cannu (	agmail.	Work Phone	13 886	<u>1 8804</u>
Name the office, position, boatirectors, etc. or employment by you. NO ACRONYMS.	ard or commission,	committee, board of	Currier	Museu	m of Art	, Guild	Exec	<u>utive</u>
A. List below the name, proprietor, or employ calendar year. Source	ee, or served in an	of any profession, busing other professional or nefits other than federal	advisory capacity, and	from which any	income in excess of \$1	0,000 was derived	during the p	
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16. Agriculture	17. N.H. taxes:		Business Enterprise Tax	Interest and Dividends Tax		ecify any other area i interest	n which you	havea
I have read RSA 15-A an Penalty. Any person who	o knowingly fails	to comply with the p	rovisions of this cha	pter or knowing	gly files a false staten	nent shall be guil	ty of a misc	demeanor.
Date June	2, 20	20		Jewas Signa	ature of Reporting Indiv	ridual y	RECE	IVED
								<b>4</b> 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Fype or P</b> Full Name	rint CLEARL	hutting-wa	WQ	•	Work Address: <u></u>	one		
Primary O	ccupation <u>NO</u>	re J		E-mail <u>@</u>	nuttingwor	a @ amail.com	Work Phone	none
directors, o	office, position, etc. or employm O ACRONYM	ent with state or co	on, committee, board ounty government held	or State Regar	exentative	<u> </u>		
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2.	Liberty	Mutual, 15	7 Berkeley St	r. Boston MP	102116 1	UH 0304 O Software D	Peveloper	
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d	iscipline a licen nancial effect o 1. Any profess	see or permittee, or n you or a family m	other decision by gove ember than it would o business licensed or certi	ernment affecting the list on the general public: fied by the State of New I	Hampshire. List each	h such profession,	or matter woul	ract, grant a license or permit, d potentially have a greater
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I have re Penalty	ead RSA 15-A . Any person	and hereby swea who knowingly fa	r or affirm that the fo	oregoing information the provisions of this c	is true and compl hapter or knowir	ete to the best of my kingly files a false statem	nowledge and ent shall be gu	helief. RSA 15-A:9
Date _	6/3/20			_1	Alluson Sign	Nuting Word nature of Reporting Indivi	dual	JUN = 8 2020 NEW HAMPSHIRE

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

Type or Print C Full Name	LEARLY	Caul	Ober			Work Address:				
				s reporter	E-mail	gail ober	99890	amail Worl	c Phone	403-998-2919
				, committee, board o				· com		
directors, etc. or by you. NO ACI			ate or coun	ty government held	member	of Lace	onia, Zo	oning Bo	ard:	
propriet	or, or em	ployee, or	served in a	ny other professional	usiness, or other orga or advisory capacity eral retirement and/o	, and from which a	ıny income in ex	cess of \$10,000	was derived	tor, associate, partner, during the preceding necessary)
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<u> </u>	ualifying	income inc	licate by w	riting your initials ne	xt to the following st	atement.		My income does	not qualify	gue_
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Penalty. Any	SA 15-A person	and here who know	by swear owingly fail	or affirm that the for s to comply with the	oregoing information provisions of this	n is true and com s chapter or know	iplete to the best vingly files a fa	st of my knowle llse statement sh	edge and be nall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	<del>- 1</del>	1000				Si	gnature of Repor	rting Individual		
			Return to:	Office of Secretary	of State, 107 North M	Iain Street, State H	ouse Room 204	, Concord, NH 0	3301	JUN 0 5 2020

Type or Print CLEARLY Full Name Work Address: 3 Hersterge Cu Ho	woon N/
Full Name / NE OBEK Work Address: 3 Her leage le sterren sur Mork Phone _ 8)  Primary Occupation A El Sel Sel Sel Sel Sel Sel Sel Sel Sel Se	83-9653
Name the office, position, board or commission, committee, board of	.,
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived do calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no sources of retirement benefits other than federal retirement and/or disability benefits shall be included.	luring the preceding
1. V/A	
2.  f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify _	Fl)
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or may reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perfinancial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employers	Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Res	sources
16. Agriculture 17. N.H. Business Business Finterprise Tax Dividends Tax Profits Tax Enterprise Tax Dividends Tax Profits Tax Profits Tax Dividends Tax Profits Ta	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and believe and person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
Date Signature of Reporting Individual	R

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

JUN 0 5 2020

NEW HAMPSHIE DEPARTMENT OF STATE

Type or Print ( Full Name	CLEAR	N NGG	ork	DBin			Work Ad	dress:			
Primary Occupa	ation	<del></del>	reti.	cc		E-mail_				Work Phone	
Name the office directors, etc. or by you. NO AC	employn	nent with				stat	e repe	ê sou ti	two		
proprie	tor, or em	ployee, c	r served in an	y other profess	sional or ad	visory capacity,	and from	which ar	ou or a family member very income in excess of \$\frac{s}{shall be included}. (Use a	10,000 was derived d	uring the preceding
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f you have no q	ualifying	income i	ndicate by wri	ting your initia	als next to ti	ne following sta	itement.		My incom	ne does not qualify _	
1. 4	Any profess	sion, occu	pation, or busing f business:	4. Real E	certified by	the State of New	Hampshire		h such profession, ing or financial	6. State of New municipal emplo	Hampshire, county, or
7. N.H. System	Retiremen	nt .	1	ent use land ent program	revelopers, an	9. Restaura lodging	nts/	F	10. Sale and distribution beverages		11. Practice of
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		who kno						knowir	lete to the best of my kingly files a false statem	nent shall be guilty	
Date				<del></del>		- -		Sign	ature of Reporting Indiv	idual	RECEIVE
			Return to: C	office of Secre	tary of State	, 107 North Ma	in Street, S	tate Ho	use Room 204, Concord,	NH 03301	JUN 0 5 2320

Type or Print CLEARI Full Name	ine Prud	remme OB	ien W	ork Address:	nja			
Primary Occupation	· · · · · · · · · · · · · · · · · · ·		E-mail			Work Phone	n/a	
Name the office, position directors, etc. or employn by you. NO ACRONYM	nent with state or cour		n/a			•		· ·
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I have read RSA 15-A Penalty. Any person Date				pter or knowin	gly files a false stater	nent shall be gui	Ity of a misdemeanor.	
	Return to:	Office of Secretary of Sta	ite, 107 North Main		ature of Reporting Indiv use Room 204, Concord		RECEIV JUN 0 5 20	

Type or Print CLEARLY B. O' Brien Sa Work Address:	
Primary Occupation Retired Fire Fighten E-mail OBNED Concest	Work Phone
Primary Occupation Retired Fine Fighten  E-mail OBNFD Concest  Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	of Nashua
A. List below the name, address, and type of any profession, business, or other organization in which you or a family me proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in exceedance calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.	ess of \$10,000 was derived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement.	ly income does not qualify
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision wheth discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession occupation, or category of business:</li> </ul> </li> </ul>	ner or not to award a contract, grant a license or permit, on, group, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	tribution of alcoholic   11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Educ	eation   15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax	onal: 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 fals  Date 6-2-30  Signature of Reports	1
	NEW HAMPSHIRE DEPARTMENT OF STATE

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

Sull Name William L. O'Brien	Work Address: 1 Tava Blud, Suite 300, Hashua, NHO3
Primary Occupation President, Suftware Company E-m	nail William LOBrien agmail. com Work Phone 603-589-4868
Name the office, position, board or commission, committee, board of None lirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	
proprietor, or employee, or served in any other professional or advisory capa	organization in which you or a family member was an officer, director, associate, partner, acity, and from which any income in excess of \$10,000 was derived during the preceding nd/or disability benefits shall be included. (Use additional sheets as necessary)
1. Regnous Solutions, Inc., I TaraBlud., S	u.te300, Nashua, 14H C3062
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f you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
2. Health Care	f New Hampshire. List each such profession,  ampshire Sac Association  s, 5. Banking or financial 6. State of New Hampshire, county, or
agent, developers, and landlord  7. N.H. Retirement System  8. Current use land assessment program  9. Res lodging	staurants/ 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing gambling	g, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest
	sation is true and complete to the best of my knowledge and belief. RSA 15-A:9  f this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED  Signature of Reporting Individual  JUN 15 2020
Return to: Office of Secretary of State, 107 Nor	rth Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type or P</b> Full Name	rint CLEA	RLY	IS AI	NTHONY	00	LONNECL E-m	Work	Address:	265 1	PROSPE	CT ST.	MANCH	CGTER	NH 071
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pı	roprietor, or	employee,	or served in	any other pr	ofessional o	siness, or other or or advisory capac al retirement an	city, and fro	m which ar	1у ілсоте	in excess of	10,000 was	derived durin	ig the prece	artner, eding
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T 16	. Agricultur	e	17. N.H. taxes:	Profits		Business Enterprise Tax		rest and dends Tax	r '	8. Optional: S specia	pecify any oth al interest	er area in whi	ch you have	a
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			Return to	Office of S	ecretary of	State, 107 North	Main Stree	et. State Ho	use Room	204, Concor	i, NH 03301	NEW H	IAMPSHI	STATE

<b>Full Name</b>	Knut.	e Ogven	Work Addre	s: <u>Calunet</u> , Pe	0236, W.	Ossipee NH 0389
Primary Occupation	Director.	e Ogven of Dwelgenehi	E-mail Knute	YNHe jahoo.	Work Phone 60	35394773
Name the office, positi directors, etc. or employ you. NO ACRONY	on, board or commission yment with state or cour	, committee, board of Zonia	g Board of	Appestments		
proprietor, or calendar year.	employee, or served in a Sources of retirement be	e of any profession, business, or only other professional or advisory enefits other than federal retirements.	capacity, and from whi	ch any income in excess of \$1	0,000 was derived d	luring the preceding
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	ng income indicate by w	riting your initials next to the foll	owing statement.	· My incom	e does not qualify	1
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2. Health Care	3. Insurance	agent, developers, and land	dlords ser	vices	municipal empl	
7. N.H. Retirer		•	Restaurants/	<ul> <li>10. Sale and distribution beverages</li> </ul>	of alcoholic	11. Practice of law
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16. Agriculture	17. N.H. taxes:	Business Business Enterprise			cify any other area in interest	which you have a
Penalty. Any person	who knowingly fails	or affirm that the foregoing info s to comply with the provision				
Date				1 X		
/	12/2020			Signature of Reporting Indivi	dual	JUN 2 3 2020

Type or Print CLEARL'	Joshua O'Hara	Work Address: 6	Bicentenni	al Sq Conco	10 NH 0330
	aff Accountant E-n	mail tohara @ Moso	onrich.com wor	Phone 603 - 23	14-2000
Name the office, position,	poard or commission, committee, board of	I/A			
proprietor, or em	ne, address, and type of any profession, business, or other doyce, or served in any other professional or advisory capa arces of retirement benefits other than federal retirement a	acity, and from which any inco	ome in excess of \$10,000	was derived during the	preceding
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16. Agriculture	17. N.H. Business Business taxes: Profits Tax Enterprise Tax	Interest and X Dividends Tax	18. Optional: Specify ar special interes		ou have a
	and hereby swear or affirm that the foregoing inform who knowingly fails to comply with the provisions of	f this chapter or knowingly	files a falso statement s		
,	,	Signature	or Reporting Individual	F	RECEIVED
	Return to: Office of Secretary of State, 107 Nor	rth Main Street, State House R	coom 204, Concord, NH (	3301	JUN 0 5 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name Hacker Scott O Learns	We	ork Address: 120 N	PANST C/4	COMNTINE
Primary Occupation P. Alice &	E-mail		Work Phone	
Name the office, position, board or commission, committee, board o directors, etc. or employment with state or county government held by you. NO ACRONYMS.	f Claren	of City	(00 ~ (3)	
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than fed.	or advisory capacity, and	from which any income in ex	cess of \$10,000 was derived	d during the preceding
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If you have no qualifying income indicate by writing your initials ne	xt to the following statem	ent.	My income does not qualify	
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16. Agriculture 17. N.H. Business taxes: Profits Tax		Interest and — 18. Op	tional: Specify any other area special interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the for <b>Penalty</b> . Any person who knowingly fails to comply with the $\frac{\sqrt{3}}{2}$	regoing information is t e provisions of this cha	rue and complete to the bester or knowingly files a fal	t of my knowledge and be se statement shall be guil	elief. RSA 15-A:9 Ity of a misdemeanor.
Date		Signature of Repor	ting Individual	JUN 0 8 2020
Return to: Office of Secretary of	of State, 107 North Main S	treet, State House Room 204,	Concord, NH 03301	3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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Primary	Occupation Non			E-mai	Oheac	ne DSN	14@Gmail.c	Work Phone	
director	ne office, position, board o s, etc. or employment with NO ACRONYMS.								
A.	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in a	y other profession	al or advisory capacit	ty, and from v	hich any inco	me in excess of \$1	0,000 was derived	during the preceding
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l have Penal	read RSA 15-A and he ty. Any person who kno	reby swear cowingly fails	r affirm that the s to comply with	foregoing informati the provisions of th	on is true an is chapter or	d complete to	o the best of my	knowledge and b ment shall be gui	belief. <b>RSA 15-A:9</b> Ity of a misdemeanor.
Date	3 Jun 20					Signature	of Reporting Indi	vidual	RECEIVE

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

JUN 0 8 2020 NEW HAMPSHIRE

	or Print CLEARL ame	Y BILL	. 0	HM		Work Address: _				
Primar	y Occupation				E-mail	BILLOHMZ	010 e AOL COM	9 Work Phone		
directo	the office, position rs, etc. or employn . NO ACRONYM	nent with state								
A.	proprietor, or em	ployee, or ser	ved in an	y other profess	on, business, or other orga sional or advisory capacity on federal retirement and/o	, and from which a	ny income in excess of S	\$10,000 was derived	during the p	e, partner, preceding
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I have Pena	lty. Any person	and hereby who knowin	gly fails	affirm that the to comply wi	he foregoing information ith the provisions of this	chapter or knowi	ingly files a false state	ement shall be guilt R ividual	y of a mise ECEI JUN - 8	IVED 2020
		Re	turn to: (	Office of Secre	tary of State, 107 North M	lain Street, State Ho	ouse Room 204, Concor	d, NH 0330 DEPA	W HAMP RTMENT	SHIRE OF STATE

Type or Print CLEARLY Full Name Patricia M OKeefe	Work Address: NA
Primary Occupation rtired E-mail	trisha. Okeefe agmil. Com Work Phone N/A
Name the office, position, board or commission, committee, board of	unnet HS Budget Committee
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	ganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
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reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	w Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
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16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  Is. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	
Date 6/11/2020	Signature of Reporting Individual
	JUN 1 2 2020
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301  NEW NAMPSIERE DEPARTMENT OF STATE

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Primary Occupation <u>Ret</u>	red		E-mail	jewelvin (	orcn.com	Work Phone	
Name the office, position, boadirectors, etc. or employment by you. NO ACRONYMS.			of None				
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Type or Print CLEARLY Full Name JAM 49 M. ONE, C		Work Address:			
Primary Occupation Retined	E-mail_			Work Phone	
Name the office, position, board or commission, committee, board of	カロシロ		·	· .	
directors, etc. or employment with state or county government held by you. NO ACRONYMS.					
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity,	and from which an	y income in excess of \$10	,000 was derived	during the preceding
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I have read RSA 15-A and hereby swear or affirm that the foregore Penalty. Any person who knowingly fails to comply with the pr					
Date 4-3- 2020	·	Jon [	ature of Reporting Individ	1	RECEIVED
		V <sub>.</sub> sign	nume of Reporting Individ	iyai	JUN 0 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Sasce	Oborne	Wo	rk Address: _o	28 Maple	St. Max	chester, NH
Primary Occupation CFO		E-mail )as	son, osborn	e Ccaiarm co	<sub>2√</sub> Work Phone <u></u>	119-782-3709
Name the office, position, board or comdirectors, etc. or employment with state by you. NO ACRONYMS.		tate Acares	entative	, Rotingha	4	
calendar year. Sources of retire	and type of any profession, busing yed in any other professional or a ment benefits other than federal	ess, or other organization of the contract of	ion in which you from which any ability benefits sh	or a family member wincome in excess of \$1 hall be included. (Use a	as an officer, direct 0,000 was derived dditional sheets as	during the preceding s necessary)
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If you have no qualifying income indica					e does not qualify	
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I have read RSA 15-A and hereby s Penalty. Any person who knowing  Date (4/2020)						
Date 67 110000		7	Signa	ture of Reporting Indiv	idual	RECEIVED
Ret	urn to: Office of Secretary of St	ate, 107 North Main S	treet, State Hous	e Room 204, Concord,	NH 03301	JUN 0 8 2020

Type of Full Na	r Print CLEARL me <u>R (とよ) A</u>	Y RO GEORGE	OSBORNE		Work Address: (h	one) 195 Lower	Beech Hill	Road Campay 13
Primary	Occupation R	stered phy	rejon	E-mail	rgosborne	23@gmod.com	Work Phone _	603 254 0265 E
Name the	he office, position	, board or commission, nent with state or count	committee, board of _	NH St	ate Repre	rsentative		
A.	proprietor, or em	ployee, or served in ar	y other professional or	r advisory capacity	, and from which any	u or a family member wa income in excess of \$10 hall be included. (Use ac	0,000 was deriv	
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IX I¥	discipline a licer financial effect of the discipline and the discipline a licer financial effect of the discipline and the		ner decision by governaber than it would on the ness licensed or certified ————————————————————————————————————	ment affecting the he general public:	W Hampshire. List each	ssion, occupation, group	or matter wou  Practicit  6. State of	New Hampshire, county, or
$\overline{\Gamma}$	7. N.H. Retireme System	111	rent use land ent program	9. Restaur	ants/	10. Sale and distribution beverages		11. Practice of
		gulated by the Public		rse or dog racing, or	other legal forms of	14. Education	15. Wate	r Resources
₹	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Spe special	cify any other are	ea in which you have a
Pena	lty. Any person					ete to the best of my k gly files a false statem		belief. RSA 15-A:9 uilty of a misdemeanor.
Date					Signa	ature of Reporting Indiv	idual	RECEIVED
							į	0 0 2020

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

JUN 0 8 ZUZU

NEW HAMPSHIRE

DEPARTMENT OF STATE

9

# 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type of Full Na	r Print CLEARLY me <u>PHILIP</u> 6	OSGOOD	SR		Work Address: _					
Primary	Occupation RE 711	RED	! ! !	E-mail			Work	k Phone		
director	he office, position, board o s, etc. or employment with NO ACRONYMS.	r commission, constant or county g	nmittee, board of _ overnment held		·					
A.	List below the name, addr proprietor, or employee, of calendar year. Sources of	or served in any o	ther professional or	advisory capacity	, and from which a	ny income in ex	cess of \$10,000 t	was derived d	luring the	e preceding
1.							<u> </u>			
2.			: 1				!	. <del></del> -		
If you h	ave no qualifying income i	indicate by writin	g your initials next	to the following st	atement.		My in∞me does	not qualify	P 6 C	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:										
. [	2. Health Care 3. In	isurance [	4. Real Estate, inc agent, developer	luding brokers, s, and landlords	5. Bar service		m	unicipal emp		nire, county, or
	7. N.H. Retirement System	8. Current assessment		9. Restaur	ants/	10. Sale and d beverages	listribution of alco	obolic		11. Practice of law
	12. Any business regulated by Itilities Commission	y the Public	13. Hor gamblin	se or dog racing, or g	other legal forms o	f	ucation	15. Water Re	sources	
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		special interest		which y	ou have a
	e read RSA 15-A and he ity. Any person who kno									
Date	9/14/2020		_		Shill	anature of Repo	Aing Individual	L	<del></del> -	

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Full Name ARIEL MARIE OX AAL	Work Ac	Idress: N/A		
Primary Occupation	E-mail		Work Phone	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N/A			
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retires	ory capacity, and from	which any income in excess of	\$10,000 was derived de	uring the preceding
1. N/A				
2.				
If you have no qualifying income indicate by writing your initials next to the fo	following statement.	. My inc	come does not qualify _	amo
B. Indicate below whether you or a family member has a special interest reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government affinancial effect on you or a family member than it would on the gener  1. Any profession, occupation, or business licensed or certified by the occupation, or category of business:	a change in administra ffecting the listed busing ral public:	tive rule, a decision whether or ness, profession, occupation, gr	not to award a contract,	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and la		5. Banking or financial services	6. State of New municipal emple	Hampshire, county, or oyment
	9. Restaurants/ lodging	10. Sale and distribut beverages	tion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or do gambling	og racing, or other legal	NO 14. Education		
16. Agriculture 17. N.H. Business Busines Enterpri			Specify any other area in cial interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in Penalty. Any person who knowingly fails to comply with the provision	nformation is true a	nd complete to the best of m	y knowledge and beli tement shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date 04/03/2020		Signature of Reporting In	1	RECEIVED
		Signature of Reporting In	dividual	JUN 0 5 2020

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NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Work Address:					
Primary Occupation	E-mail	Work Phone	Work Phone			
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.						
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than	ousiness, or other organization in which you advisory capacity, and from which an	ou or a family member was an officer, directly income in excess of \$10,000 was derived cluded. (Use additional sheets as	during the preceding			
1.	. 9 (					
2.	Lee Oxenham					
If you have no qualifying income indicate by writing your initial		My income does not qualify	·			
B. Indicate below whether you or a family member has a sereportable special interest in any item on this list if a characteristic action of the decision by generated effect on you or a family member than it would		ssions, occupations, groups or n whether or not to award a contra upation, group, or matter would	act, grant a license or permit,			
1. Any profession, occupation, or business licensed or ce occupation, or category of business:		ssion,				
2. Health Care 3. Insurance 4. Real Esta agent, dev	00x v200x	municipal am	ew Hampshire, county, or aployment			
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law			
	Horse or dog racing, or other legal forms of bling	14. Education   15. Water I				
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any other area special interest	in which you have a			
I have read RSA 15-A and hereby swear or affirm that the formula. Any person who knowingly fails to comply with the	oregoing information is true and comp he provisions of this chapter or knowing	lete to the best of my knowledge and beingly files a false statement shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.			
Date	Sign	nature of Reporting Individual	RECEIVED			

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JUN 10 2020 NEW HAMPSHIRE DEPARTMENT OF STATE