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rimary	Occupation	R	c+1120	l		E-mail			Work Phone	
irector	ne office, position s, etc. or employr NO ACRONYM	nent with								· · · · · · · · · · · · · · · · · · ·
A.	proprietor, or en	nployee, o	r served in an	y other profess	ional or adviso	ory capacity, an	d from which an	ou or a family member vary income in excess of \$ shall be included. (Use	10,000 was derived	d during the preceding
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2.								10.00		
f you h	ave no qualifying	; income i	ndicate by wr	iting your initia	ls next to the f	ollowing staten	nent.	My incor	ne does not qualify	, <u>v</u>
Г	Any profesoccupation, or	ssion, occu	pation, or busi				umpshire. List eac	ch such profession,		
Γ	2. Health Care	3. In	surance	1 2	state, including evelopers, and l		5. Bank services	ring or financial	6. State of Normanicipal en	ew Hampshire, county, or aployment
Γ	7. N.H. Retireme System	ent	1 2	rent use land ent program		9. Restaurants lodging		10. Sale and distributio beverages	n of alcoholic	11. Practice of law
	12. Any business re tilities Commiss	sion			13. Horse or do	og racing, or oth	er legal forms of	14. Education	15. Water 1	
Γ	16. Agriculture		17. N.H. taxes:	Business Profits Tax	Busine Enterpr	ess rise Tax	Interest and Dividends Tax	18. Optional: Sp specia	ecify any other area l interest	in which you have a
I have	read RSA 15-A	A and her who kno	eby swear o	r affirm that th to comply wi	ne foregoing i th the provisi	nformation is ons of this ch	true and comp	elete to the best of my	knowledge and b	elief. RSA 15-A:9 Ity of a misdemeanor.
Date	6 -	3.20	20					ensus Pac nature of Reporting Indi	Les (RECEIVED
							Sigi	or reporting man		U.N. O. 4. 2020

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

JUN 0 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name	Work Address: 285 Old Westper Rd., N. Dartmouth MA 02747 Cape codder 3 1 Cgmail.com Work Phone 508 910 9037
Primary Occupation Free E-mail	Capecodder 3 (Cymail.com Work Phone 508 910 9037
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	hold any in State of New thorpshire.
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 disability benefits shall be included. (Use additional sheets as necessary)
1. University of Massachusetts (See work address =	bove)
2.	
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does not qualify 121.
reportable special interest in any item on this list if a change in law, a change in a	ne 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, sted 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. Restaurant lodging	nts/ 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 or gambling	ther legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	
Date	Signature of Reporting Individual

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

RECEIVED

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Sverlang Pality	Work Address:	188 mammot	(RS Je)	ham NH
Primary Occupation Accountant E-mail	Igna Paliya	OMail.com	_ Work Phone	603508 1059
Primary Occupation Accounters 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 checklist	s		
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which and r disability benefits :	y income in excess of \$1 shall be included. (Use a	0,000 was deri dditional sheet	ived during the preceding ts as necessary)
1. HappisTrees LLC 188 mammoth R	D Pelham	MH - net be	low 10	,000
1. Happy Trees LLC 188 mammoth R. 2. Exectly Home LLC - vertual net be	low 10,000			
If you have no qualifying income indicate by writing your initials next to the following sta				dify
 B. Indicate below whether you or a family member has a special interest in any of treportable special interest in any item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a listed business, profe	decision whether or not ession, occupation, group	to award a co	ntract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Bank services	ng or financial	1 .	f New Hampshire, county, or l employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura	ants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
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16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: Spe special	cify any other a	area in which you have a
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 6/10/2020		3/2		A CONTRACTOR OF THE CONTRACTOR
	Sign	ature of Reporting Indiv	idual	La Caramana New Monamers and reader Beauty
Return to: Office of Secretary of State, 107 North M	lain Straat Stata Hay	usa Buam 204 Canaard	NII 02201	JUM 12 2020
Return to. Office of Secretary of State, 107 North M	iam succi, state 1100	ase Room 207, Concord,		MEW HAMPSHIRE DEPARTMENT OF STATE

Type or Full Nar	Print CLEARLY Work Address:
Primary	OccupationE-mail Work Phone
directors	e office, position, board or commission, committee, board of
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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lf you h	we no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A 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:
Γ	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
Γ	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
	2. Any business regulated by the Public tilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
Г	16. Agriculture 17. N.H. Business Business Function Funct
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
	ty. 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. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the complete the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Complete the
Date	Signature of Reporting Individual JUN 0 4 2020
	NEW HAMPSHIRE NEW HAMPSHIRE DEPARTMENT OF STATE

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Primary	y Occupation CDDNTY CDMMISSIDNE	RE-mail TONI PA	PPASBADICO	MWork Phone	3-582-9435
director	the office, position, board or commission, committee, board of				
. A.	List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or adviso calendar year. Sources of retirement benefits other than federal retire	ry capacity, and from which	any income in excess of \$	10,000 was derived d	uring the preceding
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В.	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:	change in administrative ru fecting the listed business, p ral public:	lle, a decision whether or no profession, occupation, grou	ot to award a contract,	grant a license or permit,
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	12. Any business regulated by the Public Utilities Commission 13. Horse or do gambling	g racing, or other legal forms	14. Education	15. Water Res	
Γ	16. Agriculture 17. N.H. Business Busines Enterpri			ecify any other area in v l interest	which you have a
I have	e read RSA 15-A and hereby swear or affirm that the foregoing in lty. Any person who knowingly fails to comply with the provision	nformation is true and co	mplete to the best of my wingly files a false states	knowledge and belicent shall be guilty	ef. RSA 15-A:9 of a misdemeanor.
Date	6-2-1 A	9	Signature of Reporting Indi	ias)	RECEIVED

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

JUN 03 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name CYNTHIA BIDEL PARENTE	Work Address 75,	44Dg LANE - Mercin Work Phone	naek-NH-0305V
Primary Occupation Retired e-ma	ail MZPREZ @ ADL. COM	Work Phone	603-674-8541
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, busines proprietor, or employee, or served in any other professional or adv calendar year. Sources of retirement benefits other than federal retirement	risory capacity, and from which any inc	ome in excess of \$10,000 was	derived during the preceding
1. SOCIAL SECURITY			
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 reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affinancial effect on you or a family member than it would on the generation. 1. Any profession, occupation, or business licensed or certific profession, occupation, or category of business:	hange in administrative rule, a decision w fecting the listed business, profession, oc ral public:	whether or not to award a contra ccupation, group, or matter wou	act, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, included agent, developer	· II		of New Hampshire, county, or al employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10.	Sale and distribution of alcoholic rages	
12. Any business regulated by the Public Utilities Commission 13. Horse of gamblin	e or dog racing, or other legal forms	14. Education	ater Resources
16 Agriculture	usiness Interest and Dividends Tax	18. Optional: Specify any oth special interest	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this chap			
Date 4 June 2020	Signature of	Reporting Individual	RECENT
Return to: Office of Secretary of State, 107	U		JUN 1 0 2020

Type or Print CLEARLY James Bass Parker Work Address: 38 Locke Rd, Con	acord, NH
Primary Occupation Courier E-mail / berty valens @ hotmail. Com V orl	k Phone 603 369-8383
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 oppoprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 vertical calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use addition	was derived during the preceding
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16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax Special interest	y other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowled Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement should be a second of the chapter of the best of my knowled Penalty.	edge and belief. RSA 15-A:9 hall be guilty of a misdemeanor.
Date June 9, 2020 Signature of Reporting Individual	RECEIVED

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

JUN 1 0 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

	r Print CLEARI	Y AL	AN L	ANC	EY	ARKITUR	25/ w	ork Ado	dress:	-			
Primary	y Occupation	Retu	ich			E	-mail	•••				Work Phone	
director	he office, position rs, etc. or employ NO ACRONYN	ment with s											
Α,	proprietor, or er	nployee, or	served in a	ny other p enefits oth	professiona	ll or advisory ca deral retirement	apacity, and	from v	which an	y inc		0,000 was deriv	lirector, associate, partner, ved during the preceding s as necessary)
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	System		assessr	nent progr	ram	lodgi	ng	1 10		beve	erages	·	law
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I have	e read RSA 15-A	A and here who know	by swear owingly fails	or affirm s to com	that the for	oregoing infor the provisions	mation is to of this chap	rue and	d compl knowin	ete t	to the best of my ki	nowledge and ent shall be g	the belief. RSA 15-A:9 quilty of a misdemeanor.
Date								ery	Sign	ature	of Reporting Indivi	dual	There 200
			Return to:	Office of	Secretary	of State, 107 N	orth Main S	treet, S	State Hou	ise R	oom 204, Concord,	NH 03301	JUN 0 5 2020

Type or Print CLEARLY Full Name MMA PORTER CAROLE PARADIS Work Address: 77 HORIZON I	DR. BEDFORD
Primary Occupation INTERIOR TOTAL E-mail EMMAFOR NHCOMAIL. COMPAIL Pho	one 603 2644640
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 office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was a calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional shape of the content of the	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 only the following statement.	qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	a contract, grant a license or permit,
	tte of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	ic 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. Years 15. Years	Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any oth special interest	ner area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge Penalty . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be the best of my knowledge Penalty . Date 06/03/2020	and belief. RSA 15-A:9 be guilty of a misdemeanor.
Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 5 2020

ype or Print CLEAR ull Name	Lucius P	arshall	Н	ome Address: 81 Stone Pond	l Road, Marlbo	rough, NH 03	455
rimary Occupation	Retired Public School	l Teacher	E-mail	puttparshall@gmail.com	Но	me Phone	(603) 876-3696
	ment with state or coun		None				
proprietor, or e	employee, or served in a	ny other professional or a	dvisory capacity, and	tion in which you or a family from which any income in e ability benefits shall be included.	excess of \$10,0	00 was derive	d during the preceding
1.	NH Retirement Sy	stein					***
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you have no qualifyin	ng income indicate by w	riting your initials next to	the following statem	ent.	My income d	oes not qualif	у
discipline a lic financial effect	ensee or permittee, or o t on you or a family met	ther decision by governmenber than it would on the siness licensed or certified b	ent affecting the liste general public: by the State of New Ha ading brokers,	nistrative rule, a decision who business, profession, occup npshire. List each such profess 5. Banking or financi	sion,	r matter would	d potentially have a greater
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Penalty Any nerso	A and hereby swear on who knowingly fail of the second sec	s to comply with the pr	oing information is rovisions of this cha	true and complete to the bapter or knowingly files a	est of my kno	wledge and l t shall be gu	belief. RSA 15-A:9 ilty of a misdemeanor.
Dail Con-			and a section of the	Signature of Rep	oorting Indivídu	al	RECEIVE

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

JUN 0 5 2020

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print CLEARLY Full Name BEATRIZ PASTOR - BODNER Work Address: Day would College Primary Occupation Projessor E-mail beatriz. pastor Sodart would. edu Work Phone	HOWERY NH 03766
rimary Occupation Proje SSOV E-mail beatriz. pastor & dart would .edu Work Phone	603 646 2016
Name the office, position, board or commission, committee, board of	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a	ed during the preceding
1 Dartmouth Collège	
2 f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	iy B
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and landlords 5. Banking or financial municipal ending brokers, agent, developers, and developers, and developers, agent, developers, and developers, agent, developers, and developers, and developers,	New Hampshire, county, or mployment
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guaranteed by the statement of Reporting Individual	belief. RSA 15-A:9 tilty of a misdemeanor.
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 1 2 2020

ype or Print CLEARLY ull Name	Diane Pauer			Work Address:	12 Westview Ro	oad, Brookline N	IH 03033-2499
rimary Occupation	Homemak	er	E-mail	staterep@dia	anepauer.com	Work Phone 60	03-801-5088
ame the office, position, rectors, etc. or employmy you. NO ACRONYMS	ent with state or coun	, committee, board of ty government held	None				
proprietor, or emp	ployee, or served in a	of any profession, busing other professional or enefits other than federal	advisory capacity	y, and from which	any income in excess of	f \$10,000 was derived	d during the preceding
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you have no qualifying	income indicate by w	riting your initials next t	o the following s	tatement.	My inc	come does not qualify	·
	ategory of business:	iness licensed or certified 4. Real Estate, inc	luding brokers,	5. Ba	nking or financial	6. State of N	ew Hampshire, county, or
7. N.H. Retiremer	nt _ 8. Cu	agent, developer	9. Restau	rants/ service	10. Sale and distribu		11. Practice of
System		nent program	lodging		beverages		law
 12. Any business reg Utilities Commission 	gulated by the Public on	gambling		r other legal forms o	14. Education	n 15. Water	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		Specify any other area ecial interest	in which you have a
have read RSA 15-A Penalty. Any person	and hereby swear owno knowingly fail	or affirm that the foreg s to comply with the p	going information	on is true and con is chapter or know	nplete to the best of n	ny knowledge and batement shall be gui	pelief. RSA 15-A:9 ilty of a misdemeanor.
Date June	03,2020)		S	ignature of Reporting In	ndividual	
	Return to:	Office of Secretary of S	State, 107 North I	Main Street, State I	House Room 204, Conc	ord, NH 03301	JUN 0 5 2920

ype or ull Nai	r Print CLEARL	r conife	r L. F	aveglia	144	Work Add	dress: 5	overlook D	orive Amt	nerst, NH 0303
rimary	Occupation Ope	rations	s & Comp	liance Man	oger E-ma	il Jenom	ikeban	acorsi.com	Work Phone (03)769-3111
irector	ne office, position, s, etc. or employm NO ACRONYMS	ent with sta								
A.	proprietor, or emp	ployee, or s	served in any	other professiona	l or advisory capac	city, and from v	which any	or a family member vincome in excess of \$1 all be included. (Use a	10,000 was derived	
1.	Mike Bor	nacors	i,LLC	5 Overloo	ok Drive,	Amhers	t, NH	03031		
2.										
fyou h	ave no qualifying	income ind	icate by wri	ting your initials n	ext to the following	g statement.		My incon	ne does not qualify	·
Γ	financial effect of	n you or a f	family mem tion, or busin	per than it would o	ernment affecting to the general publication the general publication by the State of	c:				potentially have a greater
Г	2. Health Care	3. Insu	rance		, including brokers, opers, and landlords	3 1	5. Bankin services	g or financial	6. State of Ne municipal em	ew Hampshire, county, or aployment
Γ	7. N.H. Retiremer System	ıt		ent use land ent program	9. Rest	aurants/	11	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
	12. Any business reg Itilities Commission		ne Public		Horse or dog racing bling	, or other legal f	orms of	14. Education	15. Water F	Resources
Γ	16. Agriculture	ł	7. N.H. .xes:	Business Profits Tax	Business Enterprise Tax	Interes Divider	t and nds Tax		ecify any other area	in which you have a
			•				_	ete to the best of my	_	elief. RSA 15-A:9 ty of a misdemeanor.
Date	June 3,	2020				jenr	rity f	ture of Reporting Indi	vidual	RECEIVED
						J				JUN 0.8 2020

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

NEW HAMPSHIRE

Type or Print CLEARLY Full Name HOWARD EARL	Wc	ork Address: 409 Lovoon K	100E RD	Lovon NH 03307
Primary Occupation FARMER		DEARLPSF & AOL. COM		
Name the office, position, board or commission, committed directors, etc. or employment with state or county government you. NO ACRONYMS.	ee, board of STATE RA	REPRESENTATION REPRESENTATION OF THE PROPERTY	SENTATIVE	MERRIMACK 26
A. List below the name, address, and type of any proprietor, or employee, or served in any other proceed in any other process of retirement benefits other. 1. FEARL & Sous Farm	rofessional or advisory capacity, and er than federal retirement and/or disc	from which any income in excess of \$1	0,000 was derived du	ring the preceding
2.				
If you have no qualifying income indicate by writing your	initials next to the following statement	ent. My incom	ne does not qualify _	
I / Health Lare II (Inclirance II		npshire. List each such profession, 5. Banking or financial services	6. State of New municipal emplo	Hampshire, county, or
7. N.H. Retirement 8. Current use la assessment progra	and 9. Restaurants/	10. Sale and distribution beverages	L	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other gambling		15. Water Res	
El 16 A minultura 17. N.H. Busi		Interest and Dividends Tax 18. Optional: Special	ecify any other area in v interest	which you have a
I have read RSA 15-A and hereby swear or affirm t	that the foregoing information is t	rue and complete to the best of my l	knowledge and belie	ef. RSA 15-A:9
Penalty. Any person who knowingly fails to comp	ly with the provisions of this chap	pter of knowingly files of false staten	nent shall be guilty	of a misdemeanor.
Date V/3/CO		Signature of Reporting Indiv	ridual	JUN 0 5 2020
Return to: Office of	Secretary of State, 107 North Main S	Street, State House Room 204, Concord,	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

	03848
Type or Print CLEARLY ARK A PEARSON Work Address: 80 ROUTE 125	
	ne 603.642 3002
Name the office, position, board or commission, committee, board of President - Institute for Christian Renewal	; Chairman & Board
directors, etc. or employment with state or county government held	
by you. NO ACRONYMS. New Creation Healing Center: Chairman of Board Ducks on	the Fond Kealty,
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an office	r, 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 d	lerived during the preceding
calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional shoule E-New Creation Healing Center, 80 Route 125, Kingston, NH - Medical care	leets as necessary) $\begin{array}{cccccccccccccccccccccccccccccccccccc$
1. SSIF - Trinity church, Fo loute 125 Kingston, NIT - Church	han profit
SELF - Church Pension Fund of the Episcopal Church - pension 2. SELF - Institute for Christian Renewal, 80 Route 125, Kingston - Religious) orgs.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not only income doe	qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter	contract, grant a license or permit;
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:	
7 17 10 Come (Fin 2 Toursense (F)	te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	c 11. Practice of law
Utilities Commission gambling	Water Resources
16. Agriculture 17. N.H. Business Business Interest and Enterprise Tax Dividends Tax Profits Tax Enterprise Tax Dividends Tax	er area in which you have a Religious or garry ations
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	pe guilty of a misdemeanor.
m + k + k	
Date 06-03-2020 Munk 4 Teansont Signature of Reporting Individual	RECENTED
	E VALUE NO BLANCE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 5 2020
	NEW TOTAL PROPERTY.

Type or Print CLEARLY Full Name Stephen C. Peusson	Work Address: 100 Mercinack ST Manchester
Primary Occupation Fire Lieutenant	Work Address: 100 Merrinack 57 Marchester E-mail Pearson Fordersy Rgnail.com Work Phone 603-669-2256
Name the office, position, board or commission, committee, board of	de Representatue
proprietor, or employee, or served in any other professional or adviso	r other organization in which you or a family member was an officer, director, associate, partner, ory capacity, and from which any income in excess of \$10,000 was derived during the preceding ement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Riterdid - Wife.	
1. Rite Aid - Wife. 2. City of Marchestor - Seff	
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement. My income does not qualify
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	
2. Health Care 3. Insurance 4. Real Estate, including lagent, developers, and la	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NAT THE REAL PROPERTY OF THE P	9. Restaurants/ odging
12. Any business regulated by the Public Utilities Commission 13. Horse or do gambling	g racing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Busine Enterpri	11
Penalty. Any person who knowingly fails to comply with the provision	information is true and complete to the best of my knowledge and belief. RSA 15-A:9 ons of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-10-2020	

Type or Print CLEARLY Full Name 11) TLLTAIM PEARS	201	Work Address: MANCHESTER, NIT	
Primary Occupation ATTORNEY	E-mail (NILLIAM @ AAONE. LAW	Work Phone (COS) 714-9075
Name the office, position, board or commission, codirectors, etc. or employment with state or county g by you. NO ACRONYMS.	mmittee, board of STATE R	EPRESENTATIVE	
A. List below the name, address, and type of a proprietor, or employee, or served in any or calendar year. Sources of retirement benefit	ther professional or advisory capacity,	and from which any income in excess of \$	10,000 was derived during the preceding
1. <u>N/A</u>		· · · · · · · · · · · · · · · · · · ·	
2.	,		
If you have no qualifying income indicate by writin	g your initials next to the following stat	ement. My incom	ne does not qualify 2
	decision by government affecting the li than it would on the general public:	sted business, profession, occupation, grou	ot to award a contract, grant a license or permit, ip, or matter would potentially have a greater
2. Health Care 3. Insurance	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 assessment	' II	nts/ 10. Sale and distribution beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or o gambling	ther legal forms of 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes:	Business Profits Tax Business Enterprise Tax	 Interest and Dividends Tax 18. Optional: Special	ecify any other area in which you have a I interest
I have read RSA 15-A and hereby swear or at Penalty. Any person who knowingly fails to	firm that the foregoing information comply with the provisions of this	is true and complete to the best of my chapter or knowingly files a false state	knowledge and belief. RSA 15-A:9 ment shall be guilty of a misdemeanor.
Date 6/a/2020	· · · · · · · · · · · · · · · · · · ·	Were IN	~~
		Signature of Reporting Indi	uiduol

Type o Full Na	r Print CLEARLY	lichael.	Pedersen		Work Address: _	11 Delawave SAe aim.com	Rd, Nashua,	NH 03062
	Occupation <u>Re Fi</u>			E-mail	Pedersen U	SAR aim. com	Work Phone 60	3-801-0878
director	he office, position, board rs, etc. or employment w NO ACRONYMS.			State 1	Representa t	live		
A.	proprietor, or employe	e, or served in a	ny other professional or a	dvisory capacity,	and from which a	you or a family member vary income in excess of \$ s shall be included. (Use a	0,000 was derived	during the preceding
1.				to the state of th		10.500		
2.	- 11 14600	- Marine						
If you l	nave no qualifying incon	ne indicate by w	riting your initials next to	the following sta	atement.	My incor	ne does not qualify	m.P.P.
Г 	Any profession, occupation, or category	or a family mer	iner decision by governmenter than it would on the iness licensed or certified leading. 4. Real Estate, incl.	general public:	Hampshire. List e			potentially have a greater www.Hampshire, county, or
<u> </u>	'	3. Insurance	agent, developers	and landlords	servic	es	municipal em	ployment
Γ	7. N.H. Retirement System		rrent use land nent program	9. Restaura	ints/	Sale and distributio beverages	n of alcoholic	11. Practice of law
Γ,	12. Any business regulated Jtilities Commission	by the Public	13. Horse gambling		other legal forms o	f 14. Education	15. Water F	Resources
Γ	16. Agriculture	17. N.H. taxes:		Business Interprise Tax	Interest and Dividends Tax		ecify any other area	in which you have a
Pena	e read RSA 15-A and alty. Any person who	knowingly fail	s to comply with the pr	oing information rovisions of this	chapter or know	uplete to the best of my vingly files a false states what Vederor gnature of Reporting Indi	ment shall be guil	PECEIVED. JUN 0 4 2020 NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEARLY Full Name	whent Perainc	<u>.</u>	Work Address:	PO BOX	844 Fra	nconla	0358
Primary Occupation	-enployed	E-mail	medraf 6	PO BOX) Work Phone <u>(</u>	03-66-	5884
Name the office, position, board of directors, etc. or employment with by you. NO ACRONYMS.	or commission, committee, board of		DWE	}			
proprietor, or employee,	lress, and type of any profession, busing or served in any other professional or fretirement benefits other than federa	advisory capacity,	and from which an	y income in excess of \$	10,000 was derived	during the precedi	ner, ng
1.	Jones						
2.							
If you have no qualifying income	indicate by writing your initials next t	o the following sta	tement.	My incom	ne does not qualify	DH _	
1. Any profession, occupation, or category o	ermittee, or other decision by government a family member than it would on the apation, or business licensed or certified of business: 4. Real Estate, including agent, developers	by the State of New	Hampshire. List eac	h such profession, ing or financial		w Hampshire, count	
7. N.H. Retirement System	8. Current use land assessment program	9. Restaura	nts/	10. Sale and distributio	n of alcoholic	11. Practi	ce of
12. Any business regulated by Utilities Commission	y the Public 13. Hors	se or dog racing, or o	ther legal forms of	14. Education	15. Water R	esources	
16. Agriculture	1	Business Enterprise Tax	- Interest and Dividends Tax	18. Optional: Sp specia	ecify any other area in interest	which you have a	
Penalty. Any person who kno	reby swear or affirm that the foregowingly fails to comply with the p						
Date June 3	2020	-	Sign	ature of Reporting Indi	ridual	RECE	WED
						S O NUL	2020

Full Name A	MRLY E	cabet	h 5	Perez		_ w	ork Address:					
Type or Print CLEA Full Name Primary Occupation _	Region	ral o	rgan	<u>نده۷</u>	Drector E-mail	<u> </u>	roniaeli63	ලය	mail.com	_ Work Phone		
Name the office, posi directors, etc. or employ you. NO ACRON	tion, board or loyment with s	commission,	committe	e, board o								
proprietor, o	r employee, or	served in ar	ny other pr	ofessiona	ousiness, or other org l or advisory capacit leral retirement and	y, and	d from which an	y incoi	me in excess of \$1	0,000 was derive	ed during	the preceding
1.									****			
2.												
If you have no qualify	ying income in	dicate by wr	iting your	initials ne	ext to the following	staten	nent.		My incon	ne does not quali	fy	****
reportable sp discipline a l financial effo	pecial interest in licensee or per ect on you or a	n any item of mittee, or of family men	on this list her decision ber than i	if a chang on by gove t would or	cial interest in any o ge in law, a change in ernment affecting the in the general publication	n adm e liste	inistrative rule, and business, prof	a decis	ion whether or no occupation, group	t to award a cont	ract, grant	a license or permi
occupation	, or category of	business:										
2. Health Care	e	urance			including brokers, opers, and landlords		5. Bank services		financial	6. State of municipal e		shire, county, or nt
7. N.H. Retire	ement	1	rrent use la nent progra		9. Restau	irants/	·	10. S bever	ale and distribution ages	of alcoholic		11. Practice of law
12. Any busines Utilities Comr	ss regulated by nission	the Public		┌ 13. gamb	Horse or dog racing, o	or othe	er legal forms of		14. Education	15. Water	Resource	es
16. Agricultu	ire	17. N.H. taxes:	Busin		Business Enterprise Tax		Interest and Dividends Tax		18. Optional: Special	ecify any other are interest	a in which	you have a
I have read RSA I Penalty. Any per												
Date 26/09	12020)					HA Sign) nature	of Reporting Indiv	zidual		
							2151					

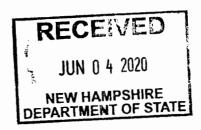
Type or Print CLEARLY Full Name	Work	Address: N/A	
Primary Occupation 5+4 den+	E-mail R	Address: N/A IN Perry OGN a:1.com	Work Phone N/A
Name the office, position, board or commission, codirectors, etc. or employment with state or county by you. NO ACRONYMS.	ommittee, board of		
calendar year. Sources of retirement bene	other professional or advisory capacity, and fr fits other than federal retirement and/or disab	om which any income in excess of \$1 ility benefits shall be included. (Use a	0,000 was derived during the preceding dditional sheets as necessary)
1. Koher+ Halt 1	55 Elm St, Marches	ter, NH - Account	`^9
If you have no qualifying income indicate by writi	ng your initials next to the following statemen	. My incom	e does not qualify
reportable special interest in any item on o discipline a licensee or permittee, or other financial effect on you or a family membe	nember has a special interest in any of the following this list if a change in law, a change in administ decision by government affecting the listed ber than it would on the general public: as licensed or certified by the State of New Hamps	strative rule, a decision whether or not usiness, profession, occupation, group	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
i _ !i	nt use land 9. Restaurants/ lodging	10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other le	gal forms of 14. Education	15. Water Resources
Γ 16. Agriculture 17. N.H. taxes: Γ	1	terest and widends Tax 18. Optional: Special	cify any other area in which you have a interest
I have read RSA 15-A and hereby swear or a Penalty . Any person who knowingly fails to Date			
Date		Signature of Reporting Indiv	idual RECEIVED
			11111 0 0 0000

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

JUN **0 3** 2020

NEW HAMPSHIRE
DEPARTMENT OF STATE

Type or Print CLEARLY L. REKKEN	Work Address: 55 School St, Surk 104 Lancasty, NH 03584
Primary Occupation Clerk of Court / Rigiskr of Pi	that mail theteren a hotmail. com work Phone 855-213-1234
Name the office, position, board or commission, committee, board of	work Address: 55 School St, Surk 104 Lancusty, NH 03584 whitemail Hipeterson 26 hotmail.com work Phone 855-212-1234 Register of Product - Coos County
proprietor, or employee, or served in any other professional or advi- calendar year. Sources of retirement benefits other than federal reti-	or other organization in which you or a family member was an officer, director, associate, partner, sory capacity, and from which any income in excess of \$10,000 was derived during the preceding irement and/or disability benefits shall be included. (Use additional sheets as necessary)
1 State of NH Judicial Branch, 55 S	chool St, Surk 104 Lancouster, WH 03584
2 Lawn Equipment Parts Co., (LEPCO)	1425 River Rd, Mairette PA 17547
If you have no qualifying income indicate by writing your initials next to the	e following statement. My income does not qualify
reportable special interest in any item on this list if a change in law,	~
2. Health Care 3. Insurance 4. Real Estate, includin agent, developers, and	
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/
T 12. Any business regulated by the Public Utilities Commission T 13. Horse or of gambling	dog racing, or other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Laxes: Profits Tax Enter	iness Interest and Dividends Tax Interest and Specify any other area in which you have a special interest
,	g information is true and complete to the best of my knowledge and belief. RSA 15-A:9 sions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Reporting Individual



Type or Full Nan	Print CLEARLY Pe	terfeti	igno	We	ork Address: 🖊	H State House, 1	OF N. Main S	t. Concord, NH 03363
Primary	Occupation 1egis	ilator		E-mail pet	er. petrignal	Dlegistati. nh. us	Work Phone _ 6	03-672-2905
Name th	ne office, position, board s, etc. or employment wi NO ACRONYMS.	or commission,	committee, board of _ y government held	State Regi	resentati	ve, Hillsboro	7L 23	
A .	•	, or served in an of retirement be	y other professional or nefits other than federa	advisory capacity, and il retirement and/or dis	l from which any sability benefits s	income in excess of \$1 hall be included. (Use a	0,000 was derived dditional sheets as	during the preceding necessary)
1.	New Ham	prhire R	etirement S	ystem, 54	Rayianal	Dr. Concord	NH 0330) /
2.	Goodridge	Court Re	alty Trust	1 Goodrid	ge Ct.	Boston, M	A 02113	
If you ha	ave no qualifying incom						e does not qualify	
- -	Any profession, or occupation, or categor	cupation, or busing of business:		ne general public: I by the State of New Ha	mpshire. List each			potentially have a greater W Hampshire, county, or
! 		Insurance	agent, developer	rs, and landlords	services		municipal em	ployment
TV	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/		Sale and distribution beverages	of alcoholic	11. Practice of law
	12. Any business regulated Itilities Commission	by the Public	13. Hor	rse or dog racing, or other	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		ecify any other area i interest	n which you have a
Pena	e read RSA 15-A and leading. Any person who leads $6/3/2$	cnowingly fail						
Date					Sign	nature of Reporting Indiv	vidual	RECEIVED

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

JUN 0 5 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	Israel Francisco Piedra	Work Address:	29 Factory Stre	et, Nashua	, NH 03060
Primary Occupation Attorne	у	E-mail ipiedra@la	wyersnh.com	Work Phone 6	603-883-0797
Name the office, position, board	or commission, committee, board of h state or county government held	e Representative	Hillsborough C		
proprietor, or employee calendar year. Sources of	dress, and type of any profession, business, of served in any other professional or advise of retirement benefits other than federal retires.	ory capacity, and from which ement and/or disability benef	any income in excess of Sits shall be included. (Use	\$10,000 was derive additional sheets	ed during the preceding
Welts, White	& Fontaine, PC, 29 Factory	Street, Nashua, I	VH 03060 Lav	v firm	
2.					
If you have no qualifying income	e indicate by writing your initials next to the	following statement.	My inco	me does not qualit	ý
1. Any profession, occupation, or category	cupation, or business licensed or certified by the of business: 4. Real Estate, including agent, developers, and	State of New Hampshire. List	anking or financial		New Hampshire, county, or mployment
7. N.H. Retirement	8. Current use land	9. Restaurants/	10. Sale and distribution		11. Practice of
System 12. Any business regulated Utilities Commission		lodging og racing, or other legal forms	of 14. Education	15. Water	Resources
16. Agriculture	17. N.H. Business Business Enterp	ess Interest and Dividends Ta		pecify any other are al interest	a in which you have a
	ereby swear or affirm that the foregoing nowingly fails to comply with the provis				
Date $\sqrt{S/S}$).U	- (Signature of Reporting Ind	lividual	
					RECEIVED
	Return to: Office of Secretary of State,	07 North Main Street, State	House Room 204, Concor	rd, NH 03301	JUN - 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type o	or Print CLEARL	YDa	aniel	Roy Pick	Kering	Work A	ddress:	8 Clark Far	m Rd. Wal	neack NH 03449	
Primar	y Occupation	Retir	وا	J	E-m	nail Dan	Picker	ing @ leg, sto	Work Phone	neock, WH 03449 271-3565	
directo	rs, etc. or employn	ent with st	commission, o	committee, board or government held	f	·		ve for Hills	. 43		
by you	NO ACRONYM	S.			JAATE	Vehres	enieri		borough	VIST FILE 3	,
. A .	proprietor, or en	ployee, or	served in any	other professional	or advisory capa	city, and from	which any	ou or a family member of \$ income in excess of \$ shall be included. (Use	10,000 was derived		
I.	Pension	for :	Sandra	Pickering	(spouse)	from	NH	RS 54 R	egional D	rive	
2.					· •		C_{ℓ}		H 03301		
If you l	nave no qualifying	income ind	icate by writ	ing your initials ne	xt to the followin	g statement.		My inco	ne does not qualify	1	
<u> </u>		sion, occupa	ation, or busin	er than it would on		New Hampshir		n such profession,	6 State of No	w Hampshire, county, or	
Γ	2. Health Care	3. Insu	rance		pers, and landlord		services	ing of financial	municipal em		
Γ	7. N.H. Retireme System	nt r		ent use land nt program	9. Rest lodging	aurants/	Г	10. Sale and distributio beverages	n of alcoholic	11. Practice of law	
<u></u>	12. Any business reputibilities Commissi		he Public	F 13. H	lorse or dog racing ling	, or other legal	forms of	14. Education	15. Water R	Resources	
Γ	16. Agriculture	1.	7. N.H. ixes:	Business Profits Tax	Business Enterprise Tax		est and ends Tax		ecify any other area i	n which you have a	
						,	•	ete to the best of my	0		
Date	06/0		020			_{)en	L R C	Picker	RECEIVE	D
		,					Sign	me or reporting trait	· ·	JUN 1 0 2020	
										LITTLE LIAMIDSHIP	4F

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 TONY PIEMONT	Work Address:	
Primary Occupation RetireD	E-mail TONY. PIEMONTE Leg. Star	Work Phone 603 391 4676
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government held by you. NO ACRONYMS.	of MUNICIPAL AND County GOVERNY	Ment
proprietor, or employee, or served in any other professions calendar year. Sources of retirement benefits other than fe	business, or other organization in which you or a family member val or advisory capacity, and from which any income in excess of \$\frac{3}{2}\text{deral retirement and/or disability benefits shall be included.} (Use	10,000 was derived during the preceding additional sheets as necessary)
1. Catherine Premorde RN LH	IC GROUP INC 901 HUGH WALLIS RDS L	Afayette LA 70508
2. f you have no qualifying income indicate by writing your initials n	next to the following statement. ACP My incompared to the following statement.	ne does not qualify AC.P.
occupation, or category of business: 7 2 Health Care	ified by the State of New Hampshire. List each such profession, List each such profession, State of New Hampshire. List	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	
12. Any business regulated by the Public 13.	Horse or dog racing, or other legal forms of bling 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax		ecify any other area in which you have a
Penalty. Any person who knowingly fails to comply with t	oregoing information is true and complete to the best of my the provisions of this chapter or knowingly files a false state.	ment shall be guilty of a misdemeanor.
Date June 3, 2020	Town Remor	vidual Richard
Return to: Office of Secretary	of State, 107 North Main Street, State House Room 204, Concord	JUN 0 5 2020

		20	20 NEW HAMPS	SHIRE STATEMEN	T OF FINANCIA	L INTERESTS	- RSA 15-A	,	NA	LAP
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rimary	Occupation Cov	AMUNI CAT	1000 S (200)	ントアイメT E-mail	luisa. pie	Hergma	il. ComWa	ork Phone <u>51</u>	2-468	-8569
irectors	ne office, position, bo s, etc. or employment NO ACRONYMS.									
A.	proprietor, or emplo	yee, or served in ar	y other profession	business, or other org al or advisory capacity aderal retirement and	y, and from which	any income in ex	cess of \$10,000) was derived	during the pre	
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B.	Indicate below whe reportable special in discipline a licensee financial effect on y	ther you or a family terest in any item o or permittee, or otl ou or a family mem	member has a spon this list if a chan ner decision by good ber than it would	next to the following s ecial interest in any of age in law, a change in vernment affecting the on the general public: tified by the State of Ne	the following busi administrative rule listed business, pr	nesses, profession e, a decision when ofession, occupat	ther or not to a ion, group, or	s, groups or ma	atters. A perse	nse or permit,
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Г	2. Health Care	3. Insurance		e, including brokers, lopers, and landlords	5. Ba	nking or financial es		6. State of New municipal emp	w Hampshire, coloyment	ounty, or
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				foregoing information the provisions of thi						
Date	6/9/2	020			Si	gnature of Repor	ting Individual			

Type or Print CLEARIN Debova B. Pignatell. Work Address: State House Concard, NH0330
Primary Occupation EXECUTIVE COUNCILV E-mail descripting tell; Work Phone 603.271-3632
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) 1. Michael Tignate William Rath, Source and Right Control of the Capita (Plaza, Concod), and the control of the
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of lower law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Frofits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 4, 2020 Signature of Reporting Individual RECEIVED
JUN 0 4 2020

Type or Print CLEARL Full Name	Y. E. Pilche	·/	Wo	ork Address:	Snow Rd,	Peterboro	ugh NH 03458
Primary Occupation			E-mail	ong lifela	ser at min.	Work Phone	ugh, NH 03458 603-235-5607
Name the office, position directors, etc. or employn by you. NO ACRONYM	nent with state or coun						
proprietor, or en	ployee, or served in a	ny other professional o	siness, or other organizator advisory capacity, and retirement and/or disc	from which any is	ncome in excess of \$1	0,000 was derive	d during the preceding
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Date			-		ure of Reporting Indiv	idual	A And Control of the Control
	Return to:	Office of Secretary of	State 107 North Main S	treet State House	Room 204 Concord	NH 03301	JUN 1 5 2320

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Type or Print CLEARLY Roderick Louis Piment	el .	Work Add	Iress:	A		
rimary Occupation retired	E-ma	il rodp	40@gn	nailec	work Phone 14	18-0937
Name the office, position, board or commission, committee, board of	State	Repre	sentat	live	Merrimach	< County
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A. List below the name, address, and type of any profession, but proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than feder	or advisory capac	ity, and from v	which any incom	ne in excess o	of \$10,0 0 was derived	during the preceding
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Date ((J		f Reporting I	ndividual	RECEIVEL
						IIIN 0 8 2020

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 STATE

ype or Print CLEARLY Ull Name RHANW IV	Work Address: 157 Amory St, W. Manchester, NH 03107
rimary Occupation Dip of Reporty Management E-mail	Work Address: 157 Amory St, W. Marchester, NH 03107 Brigh 1020 gmail can work Phone 103.591.1246
Tame the office, position, board or commission, committee, board of Secretary irectors, etc. or employment with state or county government held y you. NO ACRONYMS.	g- We Heart West
A. List below the name, address, and type of any profession, business, or other orga proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$10,000 was derived during the preceding
1. Ledgeview Commercial Parmers, LLC, Rea	al Estate-157-Amory St. Whanchester, NH 03/02
2.	
f you have no qualifying income indicate by writing your initials next to the following sta	atement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	
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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T 16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends 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 2020	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 s chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Reporting Individual JUN 0 4 2020 NEW HAMPSHIRE JUN 0 4 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type of	r Print CLEARIN atthew Ping Work Address: 157 Amory St.
Primary	work Address: 157 AMORY St. Work Address: 157 AMORY St. Work Phone 603-591-1246
lirecto	he office, position, board or commission, committee, board of
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	Ledgeview Commercial Partners, LLC - 157 Amory 03102
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f you l	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	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: Column Column
<u>г</u>	2. Health Care 3. Insurance agent, developers, and landlords services municipal employment
Γ	7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
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Pena	re 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 Palety. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RECEIVED Signature of Reporting Individual JUN 15 2020 NEW HAVE
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY / Engly Proc Work Address: _	Grafton count	complet
Primary Occupation County Commission E-mail 4)p', per	Oco graffon Work Phone	603 787 691
Name the office, position, board or commission, committee, board of Commission Sioner directors, etc. or employment with state or county government held by you. NO ACRONYMS.	17	
A. List below the name, address, and type of any profession, business, or other organization in which you proprietor, or employee, or served in any other professional or advisory capacity, and from which any calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits s	income in excess of \$10,000 was deriv	red during the preceding
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I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowing		
Date	Pias	RECEIVED
Signa	ture of Reporting Individual	JUN 0 3 2020
Return to: Office of Secretary of State, 107 North Main Street, State House	se Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print CLEAI	rly -hew	Pitar	9		Wo	rk Address:	5 5 E	xecutive ()r Hudso	n NH	03051 884 8057
rimary Occupation	Service	assura	nce	E-	mail Mat	then_Pit	taro@	Comcast. Com	Work Phone	603	884 8057
Tame the office, positi irectors, etc. or emplo y you. NO ACRONY	yment with	commission, state or count	committee, boa y government he	rd of							
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								Reporting Indiv		100	JUN 10 2020

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

NEW HAMFSHIRE DEPARTMENT OF STILL

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Primary	Occupation <u></u>	TATE BEY	resentation	<u>je</u> E-mail	house &	D joepstie	_ Work Phone _ 4	FARZULINGTON 683 75.7.244
director		nent with state or coun	committee, board of _ ty government held	STATE	Repr	esentative		
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Date		N CO			Sig	sature of Reporting Indiv	idual	E Without the Land of the Land
		Paturn to:	Office of Secretary of S	State 107 North Main	Street State Ho	use Room 204, Concord	NH 03301	20 20 9 אנונ

Type or Print CLEARLY Full Name Matthe. Junes Plache Work Address: 65 Brackett RJ wolfe So so Full Name Matthe.
Full Name Matthe. Just Placke Work Address: 65 Brackett RJ 03894 Primary Occupation For mer Jattorney E-mail Mi placke @gmailconwork Phone 603630 947
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Legal Practice
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date Date
Signature of Reporting Individual

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I have Penalt	ty. Any person wh	d hereby swear of knowingly fail	s to comply with th	oregoing information ne provisions of this	n is true and o s chapter or k	complete to the nowingly files	best of my kr	nowledge and be ent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.	•
R	CEIVE					Signature of R	County of			
1	JUN 0 5 2020 NEW HAMPSHIRE ARTMENT OF ST		Office of Secretary	of State, 107 North M NEIL R. SANDF My Commission	FORD, Notary	Public	3 <u>~</u> day	of JUNE 2000 Weil R. S	Notary Public ,State of N	

ype or Print Clearly				
Ull Name RAYMOND SALVATORE		Address 30 Moos E		
imary Occupation A: rline P:10+	e-mail ray. 5. 9 la	mkegmall.com	Work Phone S	186374186
me the office, position, board or commission, board of rectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	NONE			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession endar year. Sources of retirement benefits other than federal professions.	onal or advisory capacity, and	from which any income in exc	ess of \$10,000 was deriv	red during the preceding
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12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or or of gambling	ther legal forms 14. Educa	tion 15. Water R	Resources
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nave read RSA 15-A and hereby swear or affirm that the forerson who knowingly fails to comply with the provisions	oregoing information is true an of this chapter or knowingly fil	es a false statement shall be guil	ty of a misdemeanor.	A 15-A:9 Penalty. Any
ate 4-30 - 2020		Signature of Reporting In		RECEIVE
Return to: Office of Secretary of	of State, 107 North Main Street,	State House Room 204, Concord	, NH 03301	JUN 0 8 2020
				NEW HAMPSHIR

DEPORTMENT OF STATE

Type or Print CLEARLY Full Name	Work Address: 29 My May	Soffstown NA Bou
Primary Occupation Retard Consultant E-mail	Work Address: 29 My Way (one 603-497-3907
Name the office, position, board or commission, committee, board of	2	
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and	y, and from which any income in excess of \$10,000 was or disability benefits shall be included. (Use additional statements of the shall be included).	derived during the preceding
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B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	administrative rule, a decision whether or not to award a listed business, profession, occupation, group, or matter	a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords		nte of New Hampshire, county, or cipal employment
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Date	Signature of Reporting Individual	RECEIVED
		JUN 0 5 2020
Return to: Office of Secretary of State, 107 North N	Main Street, State House Room 204, Concord, NH 03301	MEW MAMPSHIRE

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Primary Occupation E-mail Name the office, position, board or commission, committee, board of Manuel directors, etc. or employment with state or county government held	Work Address: 36 Cootly Clus	Q) G1-Bx 1641
Primary Occupation E-mail	Johne phonolyahowake	Horse 602 387-76
Name the office, position, board or commission, committee, board of the commission o	Menton SRBA, LI	he
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/o	, and from which any income in excess of \$10,000 was a disability benefits shall be included. (Use additional	s derived during the preceding
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 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: Amy profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not to award listed business, profession, occupation, group, or matter with the work of the wor	a contract, grant a license or permit,
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I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	chapter or knowingly files a false statement shall	
Date 4 June 2000	Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North M	lain Street, State House Room 204, Concord, NH 0330	JUN 0 5 2020
		NEW HAMPSHIRE DEPARTMENT OF STATE

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



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Primary Occupation RETT	RED		E-mail P	RINCESSF	ISH @ Comcas	Work Phone	
Name the office, position, boar directors, etc. or employment w by you. NO ACRONYMS.			N/A			V <i>E</i> †	
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A. List below the name, address, and type of any profession, busin proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal 1. Prochemond I was a served in any other professional or a calendar year. Sources of retirement benefits other than federal 2.	advisory capacity, and from	n which any income in excess of \$1	0,000 was derived d	luring the preceding
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Return to: Office of Secretary of Se	tate, 107 North Main Stree	t, State House Room 204, Concord	NH 03301	NOTES OF BUREFUL TO THE

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

Type o Full Na	r Print CLEARLY Ime_Marcus Ponce de Leon	Work Address: 11 Industrial Way Bldg. C Salem NH 03079					
Primar	Y Occupation Healthcare Consultant E-mail	info@ponceforthepeople.com Work Phone 603-508-6172 ext. 103					
directo	he office, position, board or commission, committee, board of						
Λ.	List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and	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.	Certified Homecare Consulting - 11 Industrial Way Bldg. C	Salem, NH 03079 - Healthcare Consulting Company					
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Type or Print CLEARLY. Tull Name Marjorie	A. Porter		Work Address:			
rimary Occupation <u>retire</u>	ed	E-mail	maporter	995@ gmail. (Mork Phone	
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JUN 0 8 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	L C.M. Pa	ost	Wo	ork Address:	? Citizenst	tall rd, Ly	ndiboroup NHO
Primary Occupation Ass	t. Town Cler	K, Tax Coll	ctor E-mail Po	stclams	segmail con	1 Work Phone 60	3-654-2955,220
Name the office, position, directors, etc. or employm by you. NO ACRONYMS	board or commission ent with state or cour	, committee, board of	Budget Con Appeals,	mitte Men	whelog School I	Doard, Zoni	ing Board of
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2020 NEW HAMPSHIRE ST	TATEMENT OF FINANCI.	AL INTERESTS - RSA 15-	A
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Type or Print CLEARLY Full Name	SOHN MICHA	EL POTUCEK	Work Address:	18 5UNSET	AVENUE	
Primary Occupation	REMRED	E-mail	DOTUCKK I	18 SUNSET Comersi Nel	Work Phone 60	3-432-9049
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Primary Occup	nation Sty	ake	SIC P	roject.	Man	Ofe E-mail	Sha	nap	otvin@gmai	Work Phone _	603548394
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┌ 7.N.H Systen	I. Retirement n			rrent use land nent program		9. Restaur	rants/		 Sale and distribution beverages 	on of alcoholic	11. Practice of law
	business regul Commission		e Public	Г	13. Horse gambling	or dog racing, o	r other leg	al forms o	f 14. Education	☐ 15. Water	Resources
☐ 16. Ag	griculture		N.H. kes:	Business Profits Tax		Business Interprise Tax		rest and dends Tax		pecify any other area al interest	in which you have a
	ny person w							or know	plete to the best of my ringly files a false state gnature of Reporting Ind	ement shall be gu	
]	Return to:	Office of Secre	etary of St	ate, 107 North I	Main Stre	et, State H	ouse Room 204, Concor	d, NH 0330 DEP	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print CLEARL Full Name	in PrATT	-	Wor	k Address:	Home	(() ()	03 895-9502
Primary Occupation	etirel Fin	le CHI	E-mail CH	het Kev	IN PrATT@91	Work Phone 6	03 895-9502
Name the office, position lirectors, etc. or employn by you. NO ACRONYM	, board or commission, nent with state or count	committee, board	d of				
proprietor, or em calendar year. So	ployee, or served in ar	y other profession nefits other than f	n, business, or other organizational or advisory capacity, and federal retirement and/or disased. Multiple Mentagement and the content of th	from which any	income in excess of \$1	0,000 was derived of	during the preceding
2.							
f you have no qualifying	income indicate by wr	iting your initials	next to the following statemen	nt.	My incom	e does not qualify	
1. Any profes		iness licensed or cer	rtified by the State of New Ham ate, including brokers, relopers, and landlords		such profession,	6. State of New	v Hampshire, county, or
7. N.H. Retireme System	11	rrent use land nent program	9. Restaurants/		10. Sale and distribution beverages		11. Practice of
12. Any business re Utilities Commiss	gulated by the Public	13	3. Horse or dog racing, or other mbling	legal forms of	14. Education	15. Water Re	esources
16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and Dividends Tax		ecify any other area ir interest	n which you have a
I have read RSA 15-A Penalty. Any person	A and hereby swear of who knowingly fails	or affirm that the	e foregoing information is tro the provisions of this chap	rue and comploter or knowin	ete to the best of my k	knowledge and be nent shall be guilt	yrof a misdemeanor.
	1/2020	1 3		Herry	uto		RECEIVED
2000	/				ature of Reporting Indiv	ridual	JUN 17 2020
	Return to:	Office of Secretar	ry of State, 107 North Main S	treet, State Hou	se Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name / PV/N	Prott		W	ork Address:	11 SMITH R	od Ray	mul
Primary Occupation Rt	il Fire	Hier	E-mail <u>C/</u>	105 Keur	Notopa 9 MA	Work Phone	NA
Name the office, position, board lirectors, etc. or employment way you. NO ACRONYMS.	or commission, co		NUSTATO	Repare	notice;		
A. List below the name, as proprietor, or employee calendar year. Sources 1.	e, or served in any of	ther professional of	or advisory capacity, and	from which an	y income in excess of \$1	0,000 was deri	ved during the preceding
f you have no qualifying incom				,		e does not qua	
reportable special inter discipline a licensee or financial effect on you	est in any item on the permittee, or other or a family member ecupation, or busines	nis list if a change decision by govern than it would on the slicensed or certifie	in law, a change in adminment affecting the lister the general public: and by the State of New Har	nistrative rule, a l business, profe mpshire. List eac	a decision whether or no ession, occupation, group	to award a cop o, or matter wo	or matters. A person has a ntract, grant a license or permit, uld potentially have a greater
2. Health Care 3.	Insurance		cluding brokers, ers, and landlords	services	ing or financial		f New Hampshire, county, or employment
7. N.H. Retirement System	8. Current assessment		9. Restaurants/	Г	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	by the Public	T 13. Ho	orse or dog racing, or othe	legal forms of	14. Education	15. Wat	er Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special	cify any other a interest	rea in which you have a
I have read RSA 15-A and he Penalty. Any person who ke	nowingly fails to				igly files a false statem		
					ature of Reporting Indiv	dual	JUN 1 8 2020
	Return to: Off	ice of Secretary of	State, 107 North Main S	Street, State Hou	ise Room 204, Concord,	NH 03301	NEW HAMPSHIRE

Type or Print CLEARLY. Full Name Danielle Pray	Work Address:		
Primary Occupation Wom E-mail	daniellepraynh	agmail.com	Work Phone N/A
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, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or	, and from which any inc	come in excess of \$10,	000 was derived during the preceding
1. Spirit Airlines, 2800 Executive Way, N	liramar, FL		
2.			
If you have no qualifying income indicate by writing your initials next to the following st	atement.	My income	does not qualify
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of Net occupation, or category of business: 	administrative rule, a dec listed business, professio	cision whether or not ton, occupation, group,	o award a contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking of services	or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaur lodging	1.4	. Sale and distribution of verages	f alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax		ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this	on is true and complete s chapter or knowingly	to the best of my kn files a false stateme	owledge and belief. RSA 15-A:9 ent shall be guilty of a misdemeanor.
Date 6/9/2020	Wanusis	Pring re of Reporting Individ	

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

Type o Full Na	r Print CLEARL	.Y Joseph Pre	mo		Work Address:	10 Ball Rd, Kings	ton NH 03848	3
Primary	Occupation	Service Mana	ger	E-mail	Joseph.Premo@	bakerhughes.com	Work Phone	978-992-1260
director		nent with state or c	sion, committee, boar county government he					
A.	proprietor, or en	aployee, or served	in any other profession	onal or advisory capacity	y, and from which		\$10,000 was der	director, associate, partner, ived during the preceding ts as necessary)
1.	None				- Total Control Contro			
2.							···	
If you h	nave no qualifying	income indicate b	y writing your initial	s next to the following s	tatement.	My inco	ome does not qua	alify JP
В.	reportable special discipline a licer financial effect of the special	al interest in any ite nsee or permittee, c on you or a family	em on this list if a char or other decision by g member than it would business licensed or co	ange in law, a change in	administrative rule listed business, pr	e, a decision whether or a cofession, occupation, gro	not to award a co	or matters. A person has a ontract, grant a license or permit ould potentially have a greater
	2. Health Care	3. Insurance	1 1	tate, including brokers, velopers, and landlords	5. Ba	inking or financial ces		of New Hampshire, county, or all employment
Г	7. N.H. Retireme System	11	Current use land sessment program	9. Restau	rants/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
	12. Any business re Itilities Commiss	gulated by the Publ	† I	13. Horse or dog racing, o ambling	r other legal forms	of 14. Education		ater Resources
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Ta	11 -	Specify any other ial interest	area in which you have a
	lty. Any person	who knowingly			s chapter or know		ement shall be	nd belief. RSA 15-A:9 guilty of a misdemeanor.
						7		JUN 1 2 2020
		Return	to: Office of Secreta	ary of State, 107 North I	Main Street, State I	House Room 204, Conco	rd, NH 03301	NEW HAMPSINGE DEPARTMENT IN STATE

ype or	Print CLEARL	Y	Larie Pre	ntiss				3 17		Romote	-prij Boto	heldor t	Ave	West obra	ACAL IL	14 12784
uii Nar rimary	Print CLEARL ne Sucar Occupation	ecutiv	e Directo	r-Ame	encan	Traum	_ Socie	- wo	MUM	orenti	<u>ss1</u>	Dgmael	, co	Work Phone	e03 38	31-9195
ame th	ne office, position, s, etc. or employm NO ACRONYM	board on ent with	r commission,	committe	e, board	of Ø										
A.	List below the na proprietor, or em calendar year. So	ployee, o	or served in ar	y other pi	rofession	al or advis	sory capaci	ity, and	from w	hich any	incom	e in excess o	of \$10	,000 was derive	d during	the preceding
1.				***												
2.																_
f you h	ave no qualifying	income i	indicate by wr	iting your	initials	next to the	following	statem	ent.			My i	ncome	does not qualif	fy <u></u>	el P
Γ		isee or pe on you or sion, occu	ermittee, or of a family men apation, or bus	her decision her than iness licens	on by go it would sed or cer	vernment a on the gen tified by th	affecting theral public	he listed :	d busine	ess, profe	ssion, o	occupation, porofession,		or matter woul	i polenti	at a license or permit. ally have a greater
Γ	2. Health Care	3. Ir	isurance			e, includin clopers, and	g brokers, l landlords			5. Banki services	ng or fi	nancial	Į	6. State of I	mployme	pshire; county; or ent
Г	7. N.H. Retireme System	nt	11	rrent use la		Г	9. Resta lodging	urants/		Г	10. Sa bevera	le and distrib iges	ution	of alcoholic	Γ	11. Practice of law
	12. Any business retilities Commiss					. Horse or on the holing	dog racing,	or othe	r legal fo	orms of		14. Educatio	on	15. Water	Resourc	es
Г	16. Agriculture		17. N.H. taxes:	Profi	iness ts Tax	Enter	iness prise Tax		Interest Dividen	ds Tax		st	ecial i	rify any other are nterest		
	e read RSA 15-A		owingly fail	s to comp	oly with	the provi	sions of the	his cha	apter for	krlowin	ıgly fil	es a false s	tatem			
			•				, -			,	_	V				Mary of the

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

Type or Print CLEARLY Joe! PleScott		Work Address:	47 Pisheru	11e Rd	concold NH 03.
Primary Occupation Retail	E-mail_	Doel 200	8a Comastin	Work Phone	603-333-5588
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.			1		
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advacalendar year. Sources of retirement benefits other than federal retirement	isory capacity, a	nd from which ar	y income in excess of \$	10,000 was derive	ed during the preceding
1.					
2. If you have no qualifying income indicate by writing your initials next to the	ne following state	ment.	My incom	ne does not qualif	y JCP
 B. Indicate below whether you or a family member has a special intereportable special interest in any 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 get 1. Any profession, occupation, or business licensed or certified by to occupation, or category of business: 	v, a change in adr t affecting the list eneral public:	ninistrative rule, ed business, prof	a decision whether or no ession, occupation, grou	t to award a contr	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, includi agent, developers, an	-	5. Bank services	ing or financial	6. State of N	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	 9. Restaurant lodging 	s/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
· · · · · · · · · · · · · · · · · · ·	dog racing, or oth	er legal forms of	14. Education	15. Water	Resources
17. N.H. Business Bus	siness erprise Tax	Interest and Dividends Tax		ecify any other area	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin Penalty. Any person who knowingly fails to comply with the prov	g information is	true and comp	lete to the best of my langly files a false statem	knowledge and linent shall be gui	pelief. RSA 15-A:9 ilty of a misdemeanor.
Date		Sign	nature of Reporting Indiv	idual	RECEIVED
Return to: Office of Secretary of State	, 107 North Mair	Street, State Ho	use Room 204, Concord,	NH 03301	2020 פ מ ואטע

Walliam Political

Full Na			Pries Hey		Work Address:	8 Charles	town :	St Deve	ns MA 01434
Primary	Occupation Proje	ct Accoun	ntant 1	E-mail _S	priestley e	ymcpt, con	η,	Work Phone	<u> 178 - 487 - 1120</u>
Name the	he office, position, boars, etc. or employment NO ACRONYMS.	ard or commission	n, committee, board	of <u>Rockingla</u>	in Cou	intig 7	vecus	uur	<u>ns MA 01434</u> 178 - 487 - 1120
A.	proprietor, or employ	ee, or served in	any other profession	business, or other organizal or advisory capacity, and deral retirement and/or a	nd from which a	ny income in exc	ess of \$10,0	000 was derived	during the preceding
1.		n/a	,,,,						
2.									
f you h	ave no qualifying inco	me indicate by w	vriting your initials r	next to the following state	ment.	Ŋ	My income	does not qualify	<u> </u>
Г —	discipline a licensee of financial effect on your land of the second of	or permittee, or or u or a family me occupation, or bu	other decision by government than it would desire the state of cert state. 4. Real Estate	vernment affecting the list on the general public: tified by the State of New H	ted business, pro Iampshire. List ea	fession, occupati	on, group, o	or matter would	act, grant a license or permit, potentially have a greater ew Hampshire, county, or
<u> </u>				lopers, and landlords	service	s 10. Sale and di	-turiburtian ad	municipal en	
Γ	7. N.H. Retirement System	- 11	urrent use land sment program	9. Restaurant lodging	s' [beverages	stribution of	alcononc	11. Practice of law
	12. Any business regulate tilities Commission	ed by the Public		. Horse or dog racing, or oth bling	er legal forms of	14. Edu	cation	15. Water I	Resources
Γ	16. Agriculture	17. N.H. taxes:	Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Opti	ional: Specif special int	y any other area erest	in which you have a
I have Penal	read RSA 15-A and ty. Any person who	l hereby swear of knowingly fail	or affirm that the f Is to comply with t	oregoing information is the provisions of this c	s true and comp papter or knowi	plete to the best ingly fales a fals	of my kno se statemer	wledge and bottent shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Penal	read RSA 15-A and ty. Any person who	knowingly fail	or affirm that the i	Foregoing information is the provisions of this c	papter or knowi	ingly files a fals	se statemer	nt shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Penal	ty. Any person who	knowingly fail	or affirm that the fils to comply with t	foregoing information in the provisions of this c	papter or knowi	nety files a fals	se statemer	nt shall be guil	ty of a misdemeanor.

Type or Print Cle	arly								
Full Name Victo	or Prieto				Work Ad	ddress 4	2 Kearsarge Valley Rd. \	Vilmot, NH 0	3287
Primary Occupation	on Executive	Director		e-mail	victor@prietos.us		Wo	ork Phone	603-456-8531
Name the office, p directors, etc. or government held	r employmer		or county						
proprietor, or em	ployee, or sei	rved in any o	ther profession	nal or adviso	ory capacity, and fro	m which a		f \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
1. Foundat	ion for Cathol	ic Education, l	Inc 42 Kearsa	rge Valley Ro	i. Wilmot, NH 03287	nonprofit			1
2. Cross Fir	nancial Adviso	rs, LLC - 42 Ke	arsarge Valley	Rd. Wilmot, I	NH 03287 - partnersh	ip			
If you have no qua	alifying incom	e indicate by v	writing your in	tials next to	the following statem	ent.	My income doe	s not qualify	
discipline a license financial effect on 1. Any	ee or permitte you or a fami	e, or other dealy member that cupation, or b	cision by gover an it would on ousiness license	rnment affec the general	ting the listed busine	ess, profess	sion, occupation, group		tract, grant a license or permit, ould potentially have a greater
2. Health C	are 3. Ir	nsurance	11		ling brokers, and landlords	_ 5. Bar service	nking or financial es		te of New Hampshire, county, or ipal employment
7. N.H. Res	tirement	11	rrent use land ment program		9. Restaurants/ lodging		Sale and distribu beverages	tion of alcoh	olic 11. Practice of law
12. Any busi Utilitles Com	ness regulate nmission	d by the Publi		13. Horse of gambling	r dog racing, or othe	legal form	14. Education	☐ 15.	Water Resources
16. Agricul	ture	17. N.H. taxes:	Business Profits Tax			erest and idends Tax		pecify any o al interest	ther area in which you have a
							the best of my knowled ment shall be guilty of		ef. RSA 15-A:9 Penalty. Any nor.
Date 06/09/20	120						Jum		RECEIVED
00/09/20	/20				the state of the s	Signat	ure of Reporting Individ	fual	JUN 1 2 2020
	Ret	urn to: Office	of Secretary of	State, 107 N	orth Main Street, Sta	te House R	oom 204, Concord, NH	03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or	Print Clearly				
Full Nam	ne Andrew Prout		Work Address	244 Wood Street, Lexington, MA 024	21
Primary	Occupation Compute	r Engineer	e-mail andrew@andrewprout.com	Work Phone	603-265-0771
directors	•	d or commission, board of t with state or county NO ACRONYMS	State Representative		
propriet	or, or employee, or ser	ved in any other profession	on, business, or other organization in whenal or advisory capacity, and from whicled ral retirement and/or disability benefits sha	h any income in excess of \$10,000 w	as derived during the preceding
1.	Massachusetts Institute	e of Technology, 244 Wood S	Street, Lexington, MA 02421; Academic no	on-profit	
2.	Homology Medicines,	1 Patriots Park, Bedford, MA	01730; For-profit corporation		
lf you ha	ve no qualifying incom	e indicate by writing your ini	tials next to the following statement.	My income does not qualify	
reportab discipline	le special interest in an e a licensee or permitte effect on you or a famil 1. Any profession, oc	item on this list if a change i e, or other decision by gover y member than it would on cupation, or business license	ecial interest in any of the following busin n law, a change in administrative rule, a d rnment affecting the listed business, profe the general public:	lecision whether or not to award a con ession, occupation, group, or matter w	tract, grant a license or permit,
1	profession, occupation	, or category of business:			
厂 2.	Health Care 3. In		Estate, including brokers, 5. Edevelopers, and landlords serv	· II	ate of New Hampshire, county, or cipal employment
l	. N.H. Retirement vstem	8. Current use land assessment program	9. Restaurants/	Sale and distribution of alcoh beverages	olic 11. Practice of law
	Any business regulated ties Commission	· 11	13. Horse or dog racing, or other legal fo of gambling	rms 14. Education 15.	Water Resources
Γ 1e	6. Agriculture	17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T	11	other area in which you have a
			egoing information is true and complete f this chapter or knowingly files a false sta		
Date	03 Jun 2020		angher	Proud- nature of Reporting Individual	RECEIVED
			Sign	nature of Reporting Individual	JUN 0 5 2020
	Ret	urn to: Office of Secretary of	State, 107 North Main Street, State House	Room 204, Concord, NH 03301	MEW HAMPSHIRE

Type o	or Print Clearly					
Full Na	ame Anthony Brian Pugh	Work Address	2 Commerce Dr, Hooksett, NH 03106			
Primar	y Occupation Retail sales	e-mail apugh75@yahoo.com	Work Phone	(603) 541-5200		
directo	the office, position, board or commission, board of ors, etc. or employment with state or county of ment held by you. NO ACRONYMS	N/A N/A				
proprie	below the name, address, and type of any professietor, or employee, or served in any other profession aryear. Sources of retirement benefits other than federal	nal or advisory capacity, and from which	h any income in excess of \$10,000 w	as derived during the preceding		
1.	N/A					
2.	N/A					
lf you l	nave no qualifying income indicate by writing your ir	nitials next to the following statement.	My income does not qualify	ABP		
reporta discipl	cate below whether you or a family member has a spable special interest in an item on this list if a change ine a licensee or permittee, or other decision by gove al effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in administrative rule, a cernment affecting the listed business, profer the general public:	decision whether or not to award a con ession, occupation, group, or matter w	tract, grant a license or permit,		
Γ	/ Health Care II 3 Inclirance II	Estate, including brokers, developers, and landlords	<u> </u>	te of New Hampshire, county, or ipal employment		
Γ	7. N.H. Retirement 8. Current use land assessment program	11 11	Sale and distribution of alcoh beverages	olic — 11. Practice of law		
	2. Any business regulated by the Public tilities Commission	13. Horse or dog racing, or other legal for of gambling	orms	Water Resources		
Γ	16. Agriculture 17. N.H. Business taxes: Profits Ta	I I	11 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ther area in which you have a		
I have persor	read RSA 15-A and hereby swear or affirm that the for who knowingly fails to comply with the provisions	oregoing information is true and complete of this chapter or knowingly files a false st	to the best of my knowledge and belie atement shall be guilty of a misdemear	nor.		
Date	June 5, 2020	Side	nature of Reporting Individual	RECEIVED		
	Return to: Office of Secretary o	f State, 107 North Main Street, State House	e Room 204, Concord, NH 03301	JUN - 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE		

Type or Print CLEARLY Full Name PATRICIA R Pustell Work Address: FETIRED
Primary Occupation RETIRED E-mail PATRICE JUSTELL GAMEN Work Phone 603-986-3148
Name the office, position, board or commission, committee, board of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Anserican Airlines Flight Attendant Pension
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 any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Interest and
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

Type or Print CLEARLY Robert J. Pustell Full Name	Work Address: retired
Primary Occupation 12th red E-mail	FIPUSTEll@gmail.com Work Phone (603) 986-0161
Name the office, position, board or commission, committee, board of	
calendar year. Sources of retirement benefits other than federal retirement and/o	, 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 str	atement. My income does not qualify CHO
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 — NONE— Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura system lodging	Ints/ I O. Sale and distribution of alcoholic 11. Practice of law
Utilities Commission 13. Horse or dog racing, or o	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax 18 Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date	chapter or knowingly files a false statement shall be guilty of a misdemeanor.
•	Signature of Reporting Individual

Type or Print CLEARLY Richmond Qualey III	Work Address: N/A									
Primary Occupation Retived E-mail	SimQ@SimQualeyforNH.Com Work Phone	N/A								
Name the office, position, board or commission, committee, board of										
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived a disability benefits shall be included. (Use additional sheets as	d during the preceding								
1. Souvces of Retirement Income: Mutual funds	in IRAs									
2.										
If you have no qualifying income indicate by writing your initials next to the following sta	My income does not qualify	<i>'</i>								
 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: None 										
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of N municipal en	ew Hampshire, county, or nployment								
7. N.H. Retirement System 8. Current use land 9. Restaura lodging	ants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law								
12. Any business regulated by the Public	other legal forms of 14. Education 15. Water	Resources								
117 N.H. Purings	Interest and Dividends Tax 18. Optional: Specify any other area special interest	in which you have a								
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty. Any person who knowingly fails to comply with the provisions of this Date 6/10/2020 Return to: Office of Secretary of State, 107 North M.	s chapter or knowingly files a false statement shall be gui Signature of Reporting Individual	JUN 1 2 2020								
	•	NEW HAMPSHIRE								

Type o r Full Nar	Print CLEARLY The Joshus Fle	Echer Que	~		Work Address:	80 Beecht	171 Ave L	Int 5
Primary	Print CLEARLY The Source Floor	employed		E-mail 🔰	ochquery	egmail.com	Y Work Phone	lnr45 317-752-550
director	ne office, position, board of s, etc. or employment wit NO ACRONYMS.					<u> </u>		
A.	List below the name, ade proprietor, or employee, calendar year. Sources of	or served in any oth	er professional or	advisory capacity, as	nd from which an	y income in excess of	\$10,000 was derive	d during the preceding
1.		10011-		- A g all and any	And the state of t			
2.			11.44					1/
f you h	ave no qualifying income	indicate by writing	your initials next to	o the following state	ment.	My inc	ome does not qualify	gh
	Any profession, occupation, or category	er a family member the	han it would on the	e general public: by the State of New H	lampshire. List eac		6. State of N	ew Hampshire, county, or
<u>'</u>	7. N.H. Retirement	8. Current u	agent, developers	s, and landlords 9. Restaurant	services	10. Sale and distribut	municipal er	nployment11. Practice of
Γ	System	assessment pr	ogram	lodging	ļl	beverages		law
	12. Any business regulated tilities Commission	by the Public	T 13. Hors	se or dog racing, or oth	ner legal forms of	14. Education	15. Water	Resources
Γ	16. Agriculture	I I		Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Optional: spec	Specify any other area ial interest	in which you have a
	e read RSA 15-A and he ty. Any person who ki							
Date	June 3, 20	20					7	RECEIVED
	•		-		Sigr	nature of Reporting In	dividual	JUN 0 5 2020
		Return to: Offic	e of Secretary of S	state, 107 North Mai	n Street, State Ho	use Room 204, Conco	ord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	IE MARIE	QUEVED			1 Niccow		
Primary Occupation D/	RECTOR OF	OPERATIONS	E-mail NA	TALIEQU	IEVEDU OGNAIL	Work Phone 97	78-727-6295
Name the office, position, directors, etc. or employmer you. NO ACRONYM!	ent with state or count						
proprietor, or em calendar year. <i>So</i>	ployee, or served in ar nurces of retirement be	of any profession, busine ny other professional or a mefits other than federal i	dvisory capacity, and tretirement and/or disa	rom which any hility henefits s	income in excess of \$1 hall be included. (Use a	0,000 was derived additional sheets as	during the preceding necessary)
CHESH	IRE COUNT	y consteva-	TION DISTRIC	T, 11	INDUSTRIAL	PARK D	RIVE, WALPOLE, NH
2. SOLAR OF 3. NY STATE If you have no qualifying	SOLAR jincome indicate by wr	2. // WILLOW 385 WEST JOI riting your initials next to	RD. AYER, MI HN STREET () the following stateme	4 01432 UNIT 100 nt.	HICKS VILLE My incon	ne does not qualify	
reportable special discipline a licent financial effect of the	al interest in any item of usee or permittee, or of on you or a family men		law, a change in adminent affecting the listed general public: by the State of New Ham	istrative rule, a business, profe pshire. List eac	decision whether or no ession, occupation, grou	t to award a contract p, or matter would to award a contract p, or matter would to be a contract to award a contract p, or matter would to be a contract p, or matter would be a contract p, or matter	et, grant a license or permit, potentially have a greater w Hampshire, county, or
	<u> </u>	agent, developers,	, and landlords 9. Restaurants/	services	10. Sale and distribution	municipal em	ployment 11. Practice of
7. N.H. Retirement System	11	rrent use land nent program	lodging	Γ	beverages	ir or atconorte	law
12. Any business reg Utilities Commissi	gulated by the Public on	13. Horse gambling	e or dog racing, or other	legal forms of	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	18. Optional: Sp specia	ecify any other area i l interest	n which you have a
I have read RSA 15-A Penalty. Any person DateOG /C	who knowingly fails	or affirm that the foregons to comply with the pr	oing information is treestories of this char	oter or knowing	lete to the best of my orgly files a false states nature of Reporting Indi	nent shall be guil	ty of a misdemeanor.
	Return to:	Office of Secretary of St	tate, 107 North Main S	treet, State Ho	use Room 204, Concord	I, NH 03301	JUN 0 5 2020

Fype or Full Nar	Print CLEARL	y Sasti	thaly	(D) U	NN		Work Ad	ldress:	16 -	TUC	KAN	AY	5/10	X25	RO	
Primary	Occupation	-	-			E-mail _7	Lygu	. @ c	\ 6 \ \ \	1077	NET	Work F	Phone _	03 3 60	70	11 \$ 3
directors	ne office, position, s, etc. or employm NO ACRONYM	ent with state														
A.	List below the na proprietor, or em calendar year. So	ployee, or serv	ed in any ot	her professio	nal or advis	ory capacity,	and from	which any	incom	e in ex	cess of \$1	0,000 wa	ıs derive	d during th	he precedin	er, Ig
1.	QUINN	FINAL	KIAL (COUSU	LTING	LLC	26	TUCH	AWA	145	HORE	RO	No	TTINGI	4AM A	1110
2.																
f you ha	ave no qualifying	income indicat	e by writing	your initials	next to the	following sta	tement.			1	My incon	ne does n	ot qualif	У		
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16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax Dividends Tax Special interest																
	read RSA 15-A															
Date	6-9	-2020		_		-		Signa	ature of	f Repor	ting Indiv	idual		RE	CEIV	ED
										•	-					าาก

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

JUN 0 9 2020

NEW HAMPSHIRE DEPARTMENT OF STATE