Type or Full Na	r Print CLEARLY meanet_GWall	Work Address:	9 Kelky Rd,	Madbury, NH Work Phone 603	03823
Primary	Occupation <u>State Legislator</u> E-mail		1	Work Phone 6003	)749-3051
director	he office, position, board or commission, committee, board of <u>State</u> In s, etc. or employment with state or county government held NO ACRONYMS.	Representat	n'e		
Α.	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/or	, and from which	any income in excess of	\$10,000 was derived during	the preceding
1.	·	- 10- <u>-</u>			
2.				······································	
lf you h	ave no qualifying income indicate by writing your initials next to the following st	atement.	My inc	ome does not qualify	GW
В.	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:	administrative rule	e, a decision whether or	not to award a contract, gran	t a license or permit,
Γ	1. Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business:	w Hampshire. List e	each such profession,		

Г	2. Health Care	3. Insurance		Real Estate, inclu gent, developers,	•		5. Banki services	ng or f	inancial	6. State of New municipal emp	w Hampshire, county, or bloyment
Г	7. N.H. Retirement System		rent use la ent progra		9. Restauran lodging	ts/	Г	10. Sa bevera	ale and distribution ages	ofalcoholic	11. Practice of law
Г	12. Any business regula Utilities Commission			ambling	or dog racing, or o	her legal fo	orms of		14. Education	15. Water Ro	esources
Γ	16. Agriculture	17. N.H. taxes:				Interest Dividen		Г		ecify any other area ir interest	n which you have a

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

Date	June 3, 2020	Janet Gall	RECEIVED
	-	Signature of Reporting Individual	
			JUN 0 4 2020
		Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

<b>Type or</b> Full Nan	neJohn William Wall Work Address: 72 Holden Shore Rd, Walfeboro NH03894
Primary	Occupation Retired E-mail john. Wall 7@qmail. Convork Phone 603-520-9710
directors	Occupation <u>Refired</u> e office, position, board or commission, committee, board of <u>NH</u> State Representative s, etc. or employment with state or county government held NO ACRONYMS.
	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.	Pension: The world Bank 1818 H StNW, washington DC 20433
2.	Pension: The World Bank 1818 H StNW, Washington DC 20433 Cambridge Education, Cambridge, UK
	ave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
В.	Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

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

	2. Health Care	🗌 3. In	surance	urance u {		Real Estate, including brokers, gent, developers, and landlords			5. Banking or financial services		6. State of New Hampshire, county, or municipal employment				
Γ	7. N.H. Retirement System	it		rrent use la nent progr		9. Restau lodging	irants/			10. Sa bevera	leand distribution	nofal	coholic		11. Practice of law
	12. Any business regu Utilities Commissio		the Public		13. Hors gambling	e or dog racing, c g	orother	legal for	rms of		14. Education	Ľ	15. Water R	esource	es
	16. Agriculture		17. N.H. taxes:	1 1		Business Enterprise Tax		Interest a Dividend			18. Optional: Spe special	ecify a intere	ny other area in est	n which	you have a

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Date June 10, 2020 Signature of Reporting Individual JUN 1 2 2020 3 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Print CLEARLY Full Name <u>SCO 77</u>	WALCHE	· · · · · · · · · · · · · · · · · · ·	Work Address:	227	DW	1-16-46	NY O.	3054
Primary Occupation	MECHANIC	E-mail	Work Address: Scotter M en	MindekTI	M COM	Vork Phone	124-54	144
Name the office, position, board of	or commission, committee, board of h state or county government held		PEPRUSC					
proprietor, or employee,	lress, and type of any profession, bus or served in any other professional o f retirement benefits other than feder	r advisory capacity	, and from which ar	ny income in exc	cess of \$10.0	00 was derived a	luring the prece	artner, eding
1. MBERIMAE			·····				•	
2. BILCHTEDO	5 AUTO + TRUCK	L REPAIL	L INC.					
If you have no qualifying income	indicate by writing your initials next	to the following st	atement.	N	My income d	loes not qualify	ι	
reportable special interes discipline a licensee or p financial effect on you or	you or a family member has a special at in any item on this list if a change is ermittee, or other decision by govern r a family member than it would on the upation, or business licensed or certified of business:	n law, a change in a ment affecting the he general public: d by the State of New	administrative rule, listed business, prof	a decision wheth fession, occupati ch such profession	her or not to on, group, o n,	award a contract	grant a licens	e or nermit
2. Health Care 73. I		cluding brokers, rs, and landlords	5. Banl services	cing or financial s		6. State of New municipal emp	Hampshire, cou loyment	inty, or
<sup>7</sup> . N.H. Retirement System	8. Current use land assessment program	9. Restaura	ints/	10. Sale and dis beverages	stribution of	alcoholic	II. Pra	actice of
12. Any business regulated b Utilities Commission	by the Public 13. Hor gamblin		other legal forms of	☐ 14. Educ	cation [	15. Water Re	sources	
☐ 16. Agriculture	17. N.H. taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	☐ 18. Opti	ional: Specify special inte	y any other area in erest	which you have	a
Penalty. Any person who kn	reby swear or affirm that the fore cowingly fails to comply with the $p$ 0 2 0	going information provisions of this	a is true and comp chapter or knowin	lete to the best ngly files a fals $\mathcal{N}$	of my kno se statemen	wledge and beli t shall be guilty	of a misdeme	A:9 canor.
Date <u>4 ( C</u>			Sigi	nature of Reporti	ing Individu	al	RE	JEWED
	Return to: Office of Secretary	State, 107 North M	ain Street, State Ho	use Room 204, (	Concord, NF	H 03301		N 0 5 2020
							NEW DEPART	HAMPSHIRE MEWY OF PINTE

Type or Print CLEA	ry Jane Wallner		Work Address: 24 Same	cel Drive	Concord
Primary Occupation	State Legislator	retired E-mail	MJWallnernh@b	mail . Com Work Phone	
Name the office, posi directors, etc. or emp by you. NO ACRON	RLY State Legislator ition, board or commission, committee, loyment with state or county governme TYMS.	board of <u>State</u> ent held	Representative		
proprietor, o	he name, address, and type of any profe or employee, or served in any other prof ar. Sources of retirement benefits other	fessional or advisory capacity	, and from which any income in exce	ess of \$10,000 was derived	d during the preceding
1.					
2.					······································
If you have no qualif	ying income indicate by writing your in	nitials next to the following s	atement. M	y income does not qualify	y M.SW
reportable s	low whether you or a family member ha pecial interest in any item on this list if licensee or permittee, or other decision	a change in law, a change in	administrative rule, a decision wheth	er or not to award a contra	act, 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:

	2. Health Care	3. Insurance	ance 4. Real Estate, includin agent, developers, and				5. Banking or financial services			inancial	6. State of New Hampshire, county, or municipal employment		
Γ	7. N.H. Retirement System		rent use la ent progra		9. Restau lodging	irants/		11 .	10. Sa bevera	leand distribution ages	ofalcoholic	11. Practice of law	
	12. Any business regula Utilities Commission			13. Horse gambling	or dog racing, o	or other l	legal fo	rms of		14. Education	15. Water Re	esources	
Γ.;	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	1 1 -	nterest ividenc				cify any other area in nterest	which you have a	

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

Date 6820 Many \_\_\_\_ W\_\_\_\_\_

Full Name THOMAS C. WALSH II	Work Address: 15 BERRY HILL RD, HOOKSETT, N. H
Primary Occupation CARPENTER / CONTRACTOR E-mail	tcwiv 1966@ aol. comWork Phone (603) 315-2942
Name the office, position, board or commission, committee, board of	REP.
A. List below the name, address, and type of any profession, business, or other org proprietor, or employee, or served in any other professional or advisory capacit calendar year. Sources of retirement benefits other than federal retirement and	canization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
1	
2.	
If you have no qualifying income indicate by writing your initials next to the following	tatement. My income does not qualify TW
reportable special interest in any item on this list if a change in law, a change in	f the following businesses, professions, occupations, groups or matters. A person has a a administrative rule, a decision whether or not to award a contract, grant a license or permit, e listed business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the State of Not occupation, or category of business:	ew Hampshire. List each such profession,

Г	2. Health Care 7	. Insurance		Real Estate, inclu gent, developers,	•	Г	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System	8. Current use land assessment program			9. Restaurants	/	10. Sale and distribution beverages			ofalcoholic	11. Practice of law
Г	12. Any business regulated Utilities Commission	by the Public		☐ 13. Horse gambling	or dog racing, or oth	er legal fo	orms of	Г	14. Education	15. Water R	esources
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interest Dividen		Г		ecify any other area i interest	n which you have a

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Date 6-10-20

Signature of Reporting Individual

RECEIVED JUN 2 3 2020

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

**NEW HAMPSHIRE** DEPARTMENT OF STATE

	ne Mary Beth Work Address: State House - NH.
Primar	Occupation deyistator E-mail Mbwalz @ hot mail. com Work Phone 225-1968
directo	e office, position, board or commission, committee, board of <u>State</u> <u>Representation</u> , , etc. or employment with state or county government held NO ACRONYMS.
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, 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.	Accion Group 244 N. Main St. Concoad, NH 03901
2.	Accion Power + Juddesquine 244 N. Mainst Concord NH 03304
If you 1	we 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 methodism accuration or business licensed or certified by the State of New Hampshire. List each such profession
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
Г 	
	occupation, or category of business:
	occupation, or category of business:         2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       5. Banking or financial services       6. State of New Hampshire, county, or municipal employment         7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of laws

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.

2020 Date -6/3RECEIVED Signature of Reporting Individual JUN 0 8 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** 

DEPARTMENT OF STATE

<b>Type or</b> Full Na	me GERALD W.R. WARD Work Address: 10 Middle St Partmouth NH 03801
	Occupation <u>Curator</u> , editor, professor E-mail gwarde ports nouth istay, orgwork Phone <u>n/a</u>
director	he office, position, board or commission, committee, board of <u>State Representative</u> s, etc. or employment with state or county government held NO ACRONYMS.
<b>A</b> .	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

Portsmarth Historical Society, 10 Middle St., Partsmouth NH 03801 Chistorica 1. Statt-Ladd House + Gorden, 154 Market St., Partsmonth NH 03801 Chistoric 2. 3. Massachusetts Colleges & And + Design Huitington Ave Boston, Mass (Milesitz) 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:

Г				Real Estate, including brokers, gent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System		rent use la ent progr		9. Restauran lodging	s/		10. Sale and di beverages	stribution o	falcoholic	$\square \frac{11. \text{ Practice of}}{\text{law}}$	
	12. Any business regulated 1 Utilities Commission	by the Public		□ 13. Horse gambling	or dog racing, or ot	her legal fo	orms of	14. Edu	cation	15. Water Re	esources	
Г	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interest Dividen		Г <sup>18. Opt</sup>	ional: Speci special in	fy any other area in terest	which you have a	

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

Date JUNE 9 2020

Signature of Reporting Individual

Type or Print CLEARLY	Work Address 330 N MAIN STREET NEUPART WE 02 777
Full Name RODD WARD	Work Address: 230 N. MAIN STREET NEWPERT, NH 03773
Primary Occupation telephone / it contracting	E-mail roddward 6 yeloo, com Work Phone 603-543-7961
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	REGISTER OF PROBATE
proprietor, or employee, or served in any other professional or a	ness, or other organization in which you or a family member was an officer, director, associate, partner, advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to	the following statement. My income does not qualify $\mathcal{P}$

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, Г occupation, or category of business:

Г	2. Health Care	3. Insurance	nsurance 4. Real Estate, includi agent, developers, an				5. Bankir services	ng or f	inancial		. State of New unicipal emp	v Hampshire, county, or loyment
Г	7. N.H. Retirement System	11	nrrent use la nent progr		9. Restaurants. lodging			10. Sa bevera	ale and distribution ages	ofalco	holic	11. Practice of law
Г	12. Any business regul Utilities Commission			☐ 13. Horse gambling	or dog racing, or othe	er legal fo	orms of		14. Education	Г	15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes:	⊢ <sup>Bus</sup> Profi		Business nterprise Tax	Interes Divider		R	18. Optional: Special i	cify any interest	other area in	which you have a $com/17$

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Date 14 2020

Rock Word Signature of Reporting Individual

Type or Print CLE Full Name	ARLY Ruth	B. Ward		Work Address: <u>33</u>	N. State	Shreet, Conc	end, N40330	3/
Primary Occupation							3-271-3092	
Name the office, po directors, etc. or em by you. NO ACRO	ployment with state	mission, committee, board o or county government held					or lation Comm.	
proprietor, calendar y	or employee, or ser ear. Sources of retir	and type of any profession, b ved in any other professional ement benefits other than fede	or advisory capacity, eral retirement and/or	and from which any incor disability benefits shall b	me in excess of \$1 <i>he included</i> . (Use a	10,000 was derived dur additional sheets as neo	ring the preceding cessary)	N.Y
1. Fred	Ward - me	teorlogical cons cine Security,	ulting , Soc	cal Scenity,	Am Federa	Inon of Telenis	in & Radio Artists	NY
2. Reets	Ward-56	cine Security,	Pension : the	limited States hij	le mensione	e conpany ?	in the Cog of N.Y	
If you have no qual	fying income indicate	ate by writing your initials ne	ext to the following stat	ement.	My incom	ne does not qualify		
reportable discipline	special interest in an a licensee or permitted	r a family member has a spec ny item on this list if a change tee, or other decision by gove nily member than it would or	e in law, a change in a rnment affecting the li	dministrative rule, a decis	ion whether or no	t to award a contract, g	grant a license or permit,	

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

2. Health Care 73. In	nsurance	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		rrent use la nent progr		9. Restaurar lodging	its/		10. Sale and distributi beverages	onofalc	coholic	Γ.	11. Practice of law
12. Any business regulated b Utilities Commission	y the Public		☐ 13. Horse gambling	or dog racing, or o	ther legal f	orms of	14. Education	L.	15. Water Re	source	S
16. Agriculture	17. N.H. taxes:			Business nterprise Tax	<ul> <li>Interes</li> <li>Divider</li> </ul>		18. Optional: S spec	pecify ar al interes		which	you have a

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Date June 10, 2020 Luth ( ward RECEIVED Signature of Reporting Individual

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

Type or Print CLEARLY Mark Warden	Work Address: 4	97 Hookset+ Rd	. 256 Manch. 03/04
Primary Occupation Real estate broker		rden egnail CORWork Phon	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	currently a St	ate lepresentati	le
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal	dvisory capacity, and from which any	income in excess of \$10,000 was d	erived during the preceding
1. <u>Porcupine Leal Estate 49</u> 2. Poal estate brok	7 Hooksett Rd. ;	156 Manchester A	JH
2. É peul estate brok	erage		
If you have no qualifying income indicate by writing your initials next to	the following statement.	My income does not q	ualify
<ul> <li>B. Indicate below whether you or a family member has a special is reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on the</li> <li>1. Any profession, occupation, or business licensed or certified to occupation, or category of business:</li> </ul>	aw, a change in administrative rule, a ent affecting the listed business, profe general public: by the State of New Hampshire. List each	decision whether or not to award a ssion, occupation, group, or matter of such profession,	contract, grant a license or permit, would potentially have a greater
2. Health Care 73. Insurance 4. Real Estate, incluagent, developers		munici	e of New Hampshire, county, or pal employment
7. N.H. Retirement     8. Current use land       System     assessment program	9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Litities Commission Litities Commission	e or dog racing, or other legal forms of	14. Education 15. V	Vater Resources
	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any othe special interest	er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the forego <b>Penalty</b> . Any person who knowingly fails to comply with the pro- Date $\underline{June O^3}, \underline{Jo}20$	rovisions of this chapter or knowin		
Return to: Office of Secretary of S	tate, 107 North Main Street, State Hou	ise Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Fype o</b> Full Na	r Print CLEARI me <u>ANN</u> E	LY 	WARN	er	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Work Ad	dress:	NONE		
Primary	Occupation	RE	TIREI	>		E-mail 🗸	ANNE	UARN	GMALLCON	Work Phone	NONE
lirector	he office, position s, etc. or employ NO ACRONYN	ment with	r commission state or coun	, committee, board ty government hel	d	VONE				<b>`</b>	
A.	proprietor, or en calendar year. S	mployee, of Sources of	or served in an retirement be	ny other profession enefits other than f	nal or advi <i>ederal ret</i> i	isory capacity, irement and/or	, and from v or disability	which any benefits s	y income in excess of shall be included. (Us	\$10,000 was deri e additional sheet	irector, associate, partner, ved during the preceding s as necessary)
1.	MASS	Res	TIREME	NT SYS	TEM	(MY S	POUS	E'S	PENSION	<u>, )</u>	
2.		·		iting was initiala		- following st		<u> </u>	My inc		ie. (1)
f you h	ave no qualifying	g income	ndicate by wi	riting your initials		: Ionowing sta	atement.			ome does not qua	hty <u>(((es</u>
В. Г	reportable speci discipline a lice financial effect	ial interest nsee or pe on you or ssion, occu	t in any item o ermittee, or ot a family men upation, or bus	on this list if a chan her decision by go nber than it would iness licensed or cer	nge in law vernment on the ger tified by tl	, a change in a affecting the l neral public: he State of New	administrati listed busin	ve rule, a ess, profe List eacl	a decision whether or ession, occupation, gr h such profession,	o N	or matters. A person has a ntract, grant a license or permit, uld potentially have a greater
	2. Health Care	☐ 3. Ir	isurance	agent, deve		ng brokers, d landlords		5. Banki services		municipal	f New Hampshire, county, or employment
Г	7. N.H. Retirem System	ent	11	rrent use land nent program		9. Restaura lodging	ants/	Г	10. Sale and distribut beverages	ion of alcoholic	II. Practice of law
	12. Any business ro Itilities Commiss		y the Public		. Horse or nbling	dog racing, or o	other legal f	orms of	14. Education	15. Wat	er Resources
Г	16. Agriculture		17. N.H. taxes:	☐ Business Profits Tax		iness rprise Tax	Interes Divider	t and Ids Tax		Specify any other a ial interest	rea in which you have a
											l belief. <b>RSA 15-A:9</b> wilty of a misdemeanor.
Date	-JUNE	5,	2020	>				) <u>prič</u> Sign	ature of Reporting Ind	lividual	RECEIVED
						•		oigii		ir vidual	JUN - 8 2020
			Return to:	Office of Secretar	y of State,	107 North M	ain Street,	State Hou	ise Room 204, Conco		NEW HAMPSHIRE

EING Work Address: 120 DANIEL WETBSTER HIGHLAND FINANCIAL CONSULTANT E-mail GWARING-115@GMAIL CONSTR Phone 603-279-0352 Type or Print CLEARLY WARING Primary Occupation Jenion BELKNING COUNTY COMMISSIONOL 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. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify 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 **B**. 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, TZ/ HEALTH C'LUR occupation. or category of business: 6. State of New Hampshire, county, or 4. Real Estate, including brokers, 5. Banking or financial 2. Health Care 3. Insurance services municipal employment agent, developers, and landlords 10. Sale and distribution of alcoholic 9. Restaurants/ 11. Practice of 8. Current use land 7. N.H. Retirement lodging assessment program beverages . law System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 15. Water Resources 14. Education gambling Utilities Commission 18. Optional: Specify any other area in which you have a Business Interest and 17. N.H. Business 16. Agriculture special interest ----Profits Tax **Enterprise Tax** Dividends Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Reporting Individual

Type or Print CLEARLY         Full Name       Cinde       Warmington         Primary Occupation       Attorney       E-mail	Work Address: Shaheen & Gordon, PA 107 Storrs Street, Concord NH 03301 cinde@cindewarmington.comWork Phone 603-225-7262
Name the office, position, board or commission, committee, board of	NONE
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
1. Shaheen & Gordon, PA, 107 Storrs Street,	Concord, NH 03301 - Law Firm
2. 107 Storrs Street, LLC, 353 Central Ave.	, Suite 200, Dover, NH 03820 - Real Estate
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	f the following businesses, professions, occupations, groups or matters. A person has a a administrative rule, a decision whether or not to award a contract, grant a license or permit, e listed business, profession, occupation, group, or matter would potentially have a greater
financial effect on you or a family member than it would on the general public:	
<ul> <li>Any profession, occupation, or business licensed or certified by the State of Net occupation, or category of business:</li> </ul>	ew Hampshire. List each such profession, e of Law
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 System8. Current use land assessment program9. Restau lodging	rants/ $\Gamma$ 10. Sale and distribution of alcoholic $\overline{\mathbf{X}}$ 11. Practice of law
12. Any business regulated by the Public Utilities Commission13. Horse or dog racing, or gambling	or other legal forms of 14. Education 15. Water Resources
$\begin{tabular}{ c c c c c c c c c c c c c c c c c c c$	Interest and Dividends Tax       Image: Dividends Tax

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

JUN 0 8 2020 Date 6/8/20 Signature of Reporting Individual NEW HAMPSHIRE DEPARTMENT OF STATE Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY         Full Name       Lawrie Anderson Warnock       Work Address:         Primary Occupation       Educator, Northern NE Poison Ch.       E-mail       Warnol @n         Name the office, position, board or commission, committee, board of       Board of Directors OG         Name the office, position, board or commission, committee, board of       Board of Directors OG         Warnol       Warnol         Warnol       W									
<ul> <li>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)</li> <li>1. Warnock Associates, Inc, Sources of retirement benefits, the second of the s</li></ul>									
<ul> <li>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:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li><u>Emergency Medical fechnician</u>, <u>Hemsel by NHBEMS</u></li> <li>State of New Hampshire, county, or</li> </ul> </li> </ul>									
Image: System     Image: System       Image: System     I	10. Sale and distribution of alcoholic       Image: municipal employment         10. Sale and distribution of alcoholic       Image: municipal employment         beverages       Image: municipal employment         Image: municipal employment       Image: municipal employment         10. Sale and distribution of alcoholic       Image: municipal employment         beverages       Image: municipal employment         Image: municipal employment       Image: municipal employment         Image: municipal employ								
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		2020 NEW HA	MPSHIR	E STATEMENT OF F	INANCIAL IN	ITERES	5TS - RSA 15-A						
Туре о	r Print Clearly												
Full Na	me Robert J. W	latson			Work Address	11 Pa	radis Drive, Rochest	er, NH 03867	,				
Primary	y Occupation	ealtor		e-mail bobwatsor	17@yahoo.com	1	Wo	rk Phone	603-833-6498				
Name the office, position, board or commission, board of directors, etc. or employment with state or county				Strafford County Commissioner									
	rs, etc. or emp ment held by yo	•		Highway Layout Commissioner									
proprie	tor, or employe		professio	nal or advisory capacity	, and from whi	ch any i	income in excess of	\$10,000 wa	ficer, director, associate, partner, as derived during the preceding necessary.)				
1.	Better Homes	& Gardens, The Masiello G	roup, 233	Central Avenue, Dover, N	IH 03820		<u> </u>						
2.	Strafford Cour	nty, 259 County Farm Road	, Dover, N	H 03820 (3) NH Ritirem	nent System, 54	Regiona	al Drive, Concord, NH	1 03301 (spo	use)				
lf you h	ave no qualifyin	g income indicate by writi	ng your in	itials next to the followin	g statement.		My income does	not qualify					
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L :	2. Health Care	T 3. Insurance		Estate, including brokers developers, and landlord		Banking vices	g or financial		e of New Hampshire, county, or pal employment				
IX .	7. N.H. Retirem System	ent 8. Current assessmen		9. Restau Iodging	rants/		<ol> <li>Sale and distributi verages</li> </ol>	ion of alcoho	olic 11. Practice of law				
	2. Any business i ilities Commissi	regulated by the Public ion	٦, T	13. Horse or dog racing of gambling	, or other legal f	orms D	₹ 14. Education	☐ 15.V	Vater Resources				
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest al Dividends		<ul> <li>18. Optional: Specia</li> </ul>	pecify any ot l interest	her 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 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.

Person			RECEIVED	
Date	June 3, 2020	Signeture of Reporting Individual	JUN 032020	
			NEW HAMPSHIRE DEPARTMENT OF STATE	

<b>Type or</b> Full Nar	Print CLEARLY ne A UID /ARP	PER WATTERS	140	Address: 19 MAPLE	ST. DOVER	NHO3820
Primary	Occupation <u>RETI</u>	AED	E-mail []	etters senate agmailie	Mone Werk Phone 6C	13-969-9224
director	ne office, position, board or s, etc. or employment with NO ACRONYMS.	r commission, committee, board o state or county government held	of BOARD, BLACK	KHERITAGE TRAILO NTERBURYSHAKER	FNEW HAM	IPCHIRE
Α.	proprietor, or employee, o	or served in any other professiona	I or advisory capacity, and f	on in which you or a family member w from which any income in excess of \$ bility benefits shall be included. (Use a	0,000 was derived d	uring the preceding
Ι.						
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lf you h	ave no qualifying income i	indicate by writing your initials no	ext to the following stateme	nt. My incor	ne does not qualify 💪	DHW
B.	reportable special interest discipline a licensee or pe	in any item on this list if a chang	ge in law, a change in admin ernment affecting the listed	llowing businesses, professions, occup istrative rule, a decision whether or no business, profession, occupation, grou	t to award a contract,	grant a license or permit,
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Γ	2. Health Care 3. In		, including brokers, opers, and landlords	5. Banking or financial services	6. State of New municipal empl	Hampshire, county, or oyment
Γ_	7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution beverages	n of alcoholic	I1. Practice of law

12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 18. Optional: Specify any other area in which you have a special interest ---17. N.H. Business Business Interest and Dividends Tax 16. Agriculture Г Profits Tax Enterprise Tax taxes:

I have read RSA I5-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 May 30, 2020

not willer

Signature of Reporting Individual

JUN 1 2 2020 MEW MARAPSILLE DEPENDENCE TO LECTE

Type or Print CLEARLY Full Name	Work Address: N/A ·
Primary Occupation Advo Cote	E-mail Sahiya4)qzir 99 Ogmail. Work Phone N/A.
Name the office, position, board or commission, commit directors, etc. or employment with state or county govern by you. NO ACRONYMS.	tee, board of Community action program, Merrimack ment held Valley Day core, Head Start Policy Council.
proprietor, or employee, or served in any other p calendar year. Sources of retirement benefits oth	rofession, business, or other organization in which you or a family member was an officer, director, associate, partner, professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding the the than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Millican NurSeries (	nc. 1000000000000000000000000000000000000
2.	
<ul> <li>reportable special interest in any item on this list discipline a licensee or permittee, or other decist financial effect on you or a family member than</li> <li>1. Any profession, occupation, or business licen occupation, or category of business: Plan</li> </ul>	The range is a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a st if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, sion by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater is twould on the general public: here of the state of New Hampshire. List each such profession, $\mathcal{OU} \cap \mathcal{S} \in \mathcal{OU} \cap \mathcal{S}$ .
	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 assessment prog	
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
	siness Business Interest and Interest and Interest and Dividends Tax Dividends Tax Special interest
I have read RSA 15-A and hereby swear or affirm Penalty. Any person who knowingly fails to com Date $\begin{pmatrix} & & \\ & & \\ & & \\ & & \\ & & \\ & & & & \\ & & & \\ & & & &$	that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 apply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. $\int_{\Omega} \dot{\mu} d\eta = \left[ \lambda \right] \partial \eta d\eta$
Date [N ] C	Signature of Reporting Individual

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	ry Occupation	2 CIN	DO JR	E-mail TA	MFSWEBA	1/A 1490@GMAIL&	Work Phone A	JA	
			sion, committee, board						
			county government hel						
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	discipline a lice financial effect 1. Any profe occupation, or 2. Health Care 7. N.H. Retireme System 12. Any business re Utilities Commiss 15. Agriculture	ial interest in any it nsee or permittee, on you or a family ssion, occupation, or category of busines as category of busines as as category of busines as as as as as as as as as as as as as	or other decision by gov member than it would of r business licensed or cert s: 4. Real Estate agent, deve . Current use land sessment program lic 13. gam Business Profits Tax ear or affirm that the f fails to comply with the	nge in law, a change in adm vernment affecting the liste on the general public: tified by the State of New Ha te, including brokers, elopers, and landlords 9 Restaurants/ lodging 1. Horse or dog racing, or other mbling Business Enterprise Tax foregoing information is the provisions of this charge	inistrative rule, a d business, profes impshire. List each 5. Bankin services r legal forms of Interest and Dividends Tax true and comple apter or knowing function of Signat	decision whether or no sion, occupation, group such profession, g or financial 10. Sale and distribution peverages 14. Education 18. Optional: Spe special te to the best of my k ly files a false statem WWW ure of Reporting Indiv	6. State of N municipal en of alcoholic 15. Water 1 cify any other area interest cnowledge and b nent shall be guil idual	ew Hampshire, county, or nployment 11. Practice of law Resources in which you have a elief. RSA 15-A:9	

<b>Type o</b> Full Na	me Lucy McVitty Webr Work Address: 217 Old Koone Road
Primary	Occupation State Legislator E-mail LUMEV@ COMCAST, NEWork Phone 603-499-0282
director	he office, position, board or commission, committee, board of <u>nonc</u> s, etc. or employment with state or county government held NO ACRONYMS.
A.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	none
2.	
If you h	have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify <u>frue</u>
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 developers, and landlords for the services 6. State of New Hampshire, county, or municipal employment
Г	7. N.H. Retirement     8. Current use land assessment program     9. Restaurants/ lodging     10. Sale and distribution of alcoholic beverages     11. Practice of law
	12. Any business regulated by the Public Itilities Commission I 3. Horse or dog racing, or other legal forms of gambling I 4. Education I 5. Water Resources
Г	16. Agriculture 17. N.H. taxes: Tofits Tax Tofits
l have <b>Pena</b>	e read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Ity. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date	3 Jun 2020 Jun 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 08 2020

NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print CLEARLY Charles F Weed Work Address: 28 DAWON CH KEENE NH 03431
Primary Occupation Retired; County Commission of E-mail weed Gco. Cheshire. Nh. us Work Phone 603 49 1407
Name the office, position, board or commission, committee, board of <u>COUNTY</u> <b>VEASURE</b> <u>COUNTY</u> <u>COUNT</u>
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. Cheshive County Commissioner
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     8. Current use land     9. Restaurants/     10. Sale and distribution of alcoholic     11. Practice of law       System     Image: system     Image: system     Image: system     Image: system     Image: system
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Resources
I6. Agriculture       I7. N.H. taxes:       Business Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest —

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

Date

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Signature of Reporting Individual

	uid A. Welch	w	ork Address:	N/A		
Primary Occupation <	etifed	E-mail 1	welchy	OIL COUTIO	Work Phone	
Name the office, position, board or directors, etc. or employment with s by you. NO ACRONYMS.	commission, committee, board of tate or county government held					
proprietor, or employee, or calendar year. Sources of re-	ess, and type of any profession, business served in any other professional or adv etirement benefits other than federal re Technologies	visory capacity, and	d from which any	income in excess of \$	10,000 was derived of	during the preceding
1. <u> </u>	1-01110 109123					
	dicate by writing your initials next to the	ne following staten	nent.	My incor	ne does not qualify	۰
reportable special interest i discipline a licensee or per financial effect on you or a 1. Any profession, occup	ou or a family member has a special inter- in any item on this list if a change in law mittee, or other decision by governmen family member than it would on the ge- nation, or business licensed or certified by	w, a change in adm t affecting the liste eneral public:	iinistrative rule, a d business, profe	decision whether or no ssion, occupation, grou	t to award a contrac	t, grant a license or permit,
occupation, or category of	4. Real Estate, includ		5. Banki	ng or financial		v Hampshire, county, or
2. Health Care 5. Ins 7. N.H. Retirement	urance 4. Real Estate, includi agent, developers, ar 8. Current use land	nd landlords 9. Restaurants/	5. Banki services	ng or financial 10. Sale and distributio	municipal emp	
2. Health Care     3. Ins       7. N.H. Retirement       System       12. Any business regulated by	urance 4. Real Estate, includi agent, developers, ar 8. Current use land assessment program	nd landlords	5. Banki services	ng or financial	municipal emp	loyment 11. Practice of law
C     2. Health Care     3. Ins       7. N.H. Retirement     System       12. Any business regulated by       Utilities Commission	urance 4. Real Estate, includi agent, developers, ar 8. Current use land assessment program the Public 13. Horse or gambling 17. N.H. Business Bu	nd landlords 9. Restaurants/ lodging	5. Banki services	ng or financial 10. Sale and distributio beverages 14. Education 18. Optional: Sp	municipal emp	loyment 11. Practice of law esources

Type or Print CLEARLY Full Name	Lawrence Andrew Welkowitz		Work Address: 22	9 Main St., K <del>ee</del> ne, Ni	1 03435
Primary Occupation	Professor	E-mail	Lwelkowi@keene.edu	Work Phone	6033582517
	board or commission, committee, board of ant with state or county government held		Professor, Keene State College		

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)

Profes	sor, Keene State College	, 229 Main St., Keene	, NH 03435

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

1.

2.

My income does not qualify \_\_\_\_\_

DEMORY CAR AND AND A

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:

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

<b>X</b>	2. Health Care	3. Insurance	11	Real Estate, inclu gent, developers,	•	Γ-	5. Bankin services	ng or f	inancial	<b>X</b>	6. State of New municipal emp		shire, county, or nt
Γ	7. N.H. Retiremen System		rrent use la nent progr		9. Restaurant	s/	11 .	10. Sa bevera	ale and distribution ages	nofa	lcoholic	۲ <u>–</u>	11. Practice of law
Γ	12. Any business reg Utilities Commissio	ulated by the Public		☐ 13. Horse gambling	or dog racing, or ot	ner legal fo	orms of	۲x	14. Education		15. Water Re	esource	S
Γ	16. Agriculture	17. N.H. taxes:			Business nterprise Tax	Interest Dividen		<b>F</b>	18. Optional: Sp special			which	you have a

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

Date June 4, 2020	4 Hum	
	Signature of Reporting Individual	JUN 1 2 2320
Return to: Office of Secretary of State, 107 North M	1ain Street, State House Room 204, Concord, NH 03301	EXCOLORIDAL WEIG

<b>Type or</b> Full Nar	ne <u>OCIAN</u>	× W	ellin	nez	Wor	k Addı	ress: 55 Railroad R	low, white R	iver Junction, VT
Primary	Occupation	onsult	ing		E-mail Orio	N.W	ess: <u>55</u> Railroad R elling@rsginc.com	1 Work Phone <u>85</u>	7-206-2091
directors		ent with state		, committee, board of _ ty government held -					
Α.	proprietor, or em	ployee, or set	ved in ar	ny other professional or	advisory capacity, and f	rom w	which you or a family member which any income in excess of \$1 enefits shall be included. (Use a	0,000 was derived d	uring the preceding
1.	RSG, 55	Railroad	h Row	, white River J	unction VT O:	500	, Transportation Re	search & Con	sulfing
2.					······································				
If you h	ave no qualifying	income indic	ate by wr	riting your initials next	to the following stateme	nt.	My incon	ne does not qualify	
В.	reportable specia discipline a licen	al interest in a usee or permit	ny item c tee, or ot	on this list if a change i	n law, a change in admin ment affecting the listed	istrativ	businesses, professions, occup e rule, a decision whether or no ss, profession, occupation, grou	t to award a contract	, grant a license or permit,
Г	1. Any profess occupation, or c			iness licensed or certified	d by the State of New Ham	pshire.	List each such profession,		
Г	2. Health Care	☐ 3. Insura	nce		cluding brokers, rs, and landlords	Γ.	5. Banking or financial services	6. State of New municipal emp	Hampshire, county, or loyment
	7 N LI Detiramo		<u> </u>	rent use land	Q Pestaurants/		10 Sale and distribution	n of alcoholic	11 Practice of

Γ	System	R	assessment progr		lodging	urants/		bevera	ages	alconolic			law
Г	12. Any business regulated by Utilities Commission	y the F	Public	ambling		or other legal for	rms of	Г	14. Education	☐ 15. Wa	ater Re	esources	3
Г	16. Agriculture	17. N taxes		iness its Tax	Business Enterprise Tax	☐ Interest a Dividend			18. Optional: Special in		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 and belief. **RSA 15-A:9 Penalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

RECEIVED Date June 9,2020 JUN 11 2020

Dim Signature of Reporting Individual

	E JEAN WEUS	Work Addres	: 125 Collins	ROAD Way	RNRE NH
nary Occupation	etikon	E-mail Nataliev	uells40hagmil.or	Work Phone	H-456-28
ne the office, position, board ctors, etc. or employment wi rou. NO ACRONYMS.	or commission, committee, board of th state or county government held				· · · · · · · · · · · · · · · · · · ·
proprietor, or employee	dress, and type of any profession, busine , or served in any other professional or a of retirement benefits other than federal r	dvisory capacity, and from whic	h any income in excess of \$1	0,000 was derived d	uring the preceding
1.				·	
2.					
reportable special intere discipline a licensee or financial effect on you	you or a family member has a special in est in any item on this list if a change in la permittee, or other decision by governme or a family member than it would on the cupation, or business licensed or certified by of business:	aw, a change in administrative r ent affecting the listed business, general public:	ıle, a decision whether or not profession, occupation, group	to award a contract,	grant a license or permit,
2. Health Care 3.	Insurance 4. Real Estate, inclu agent, developers,	<b>2</b> / II	Banking or financial ices	6. State of New municipal emplo	Hampshire, county, or oyment
	8. Current use land	9. Restaurants/	10. Sale and distribution	of alcoholic	11. Practice of
7. N.H. Retirement System	assessment program	lodging	beverages		law
	assessment program	l lodging l or dog racing, or other legal form	of 14. Education	15. Water Res	ources
System 12. Any business regulated	by the Public 13. Horse gambling		of [ 14. Education [ 18. Optional: Spe	15. Water Res	ources

Date June 4,2020

Signature of Reporting Individual

RECEIVED JUN 0 8 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type or</b> I Full Nam	Print CLEARLY ne DAVID CHARLES WERNPH	Work Address: <u>۲۲۶</u>	Ridge Road 182 CRNONLLA (Dm 9	VIIIS, NH 03019
Primary (	Occupation <u>Retired</u>	E-mail DAVIDNOW	CRNCNUP Work Phone 9	49-244-1566
directors,	e office, position, board or commission, committee, board of, etc. or employment with state or county government held NO ACRONYMS.	Nonl		
. 1	List below the name, address, and type of any profession, busines proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal r	dvisory capacity, and from which any inco- retirement and/or disability benefits shall b	me in excess of \$10,000 was derived d be included. (Use additional sheets as n	during the preceding necessary)
1.	None - my Retirement	ACCOUNT-401K/	TRA - Equity Th	uest c/o 148
2.	None - my Retirement Ridge Road Hollis; Also must Adness 15 148	- Trust owns 645 SI	errarose Reno	neurta
If you hav	we no qualifying income indicate by writing your initials next to t	the following statement.	My income does not qualify _	<u> </u>
1	Indicate below whether you or a family member has a special interportable special interest in any item on this list if a change in la discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the generation. Any profession, occupation, or business licensed or certified by occupation, or category of business:	aw, a change in administrative rule, a decis nt affecting the listed business, profession, general public:	ion whether or not to award a contract occupation, group, or matter would po profession,	t, grant a license or permit,
	2. Health Care Non C 3. Insurance 4. Real Estate, includ agent, developers, a	- 11	financial 6. State of New municipal empl	v Hampshire, county, or loyment
	7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. S	ale and distribution of alcoholic ages	11. Practice of
		, louging	-8-0	l law
	2. Any business regulated by the Public 13. Horse of	or dog racing, or other legal forms of	14. Education 15. Water Re	
Ut	2. Any business regulated by the Public tilities Commission  17. N.H. Business Busi			esources
	2. Any business regulated by the Public tilities Commission  17. N.H. Business Busi	or dog racing, or other legal forms of usiness Interest and Dividends Tax ing information is true and complete to	14. Education 15. Water Re 18. Optional: Specify any other area in special interest the best of my knowledge and beli	which you have a ief. RSA 15-A:9
I have Penalt	2. Any business regulated by the Public       13. Horse of gambling         16. Agriculture       17. N.H. taxes:       Business regulated by the Public         read RSA 15-A and hereby swear or affirm that the foregoin	or dog racing, or other legal forms of usiness nterprise Tax ing information is true and complete to ovisions of this chapter or knowingly fi	14. Education       If 15. Water Re         18. Optional: Specify any other area in special interest         the best of my knowledge and belies a false statement shall be guilty	which you have a ief. <b>RSA 15-A:9</b> y of a misdemeanor.
I have Penalt	2. Any business regulated by the Public       13. Horse of gambling         16. Agriculture       17. N.H. taxes:       Business       Business         read RSA 15-A and hereby swear or affirm that the foregointy. Any person who knowingly fails to comply with the product of th	or dog racing, or other legal forms of usiness nterprise Tax ing information is true and complete to ovisions of this chapter or knowingly fi	14. Education 15. Water Re 18. Optional: Specify any other area in special interest the best of my knowledge and beli	which you have a ief. RSA 15-A:9
I have Penalt	2. Any business regulated by the Public 13. Horse of gambling 16. Agriculture 17. N.H. taxes: Profits Tax Business Profits Tax En read RSA 15-A and hereby swear or affirm that the foregoin ty. Any person who knowingly fails to comply with the pro- June 3, 2020	or dog racing, or other legal forms of usiness nterprise Tax ing information is true and complete to ovisions of this chapter or knowingly fi	14. Education       If 15. Water Re         18. Optional: Specify any other area in special interest         the best of my knowledge and belies a false statement shall be guilty         of Reporting Individual	which you have a ief. <b>RSA 15-A:9</b> y of a misdemeanor.

<b>Type o</b> Full Na	meDANA WEST	Work Addr	ESS: BOSTON MEDIC	x1 center.	OLB BMC PLACE, BOSTON
Primary	y Occupation NRE	E-mail diana	West CloucAst	Work Phone 617	ONB BMC PLACE, BOSTON 2-414-4991 02118
director	he office, position, board or commission, committee, board of rs, etc. or employment with state or county government held NO ACRONYMS.	N/A	, <sub>(</sub> , ,		
Α.	List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or adv calendar year. Sources of retirement benefits other than federal ret	isory capacity, and from wh	nich any income in excess of \$10	),000 was derived durin	ng the preceding
1.					
2.					
If you h	have no qualifying income indicate by writing your initials next to th	e following statement.	My income	e does not qualify	
B.	Indicate below whether you or a family member has a special inte reportable 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 ge	w, a change in administrative t affecting the listed busines	e rule, a decision whether or not	to award a contract, gra	ant a license or permit
Г	1. Any profession, occupation, or business licensed or certified by t	the State of New Hampshire.	List each such profession,		

occupation, or category of business:

Г	2. Health Care $\Box$ 3. Ir	surance		Real Estate, inclu gent, developers,			Banking or vices	financial		<ol> <li>State of New municipal emp</li> </ol>	-	ire, county, or
Г	7. N.H. Retirement System		rent use li ient progr		9. Restaurants/ lodging	Г		Sale and distribution rages	ofalo	coholic	Г	11. Practice of law
Г	12. Any business regulated b Utilities Commission	y the Public		F 13. Horse gambling	or dog racing, or other	legal forms	<sup>s of</sup>	14. Education	Г	15. Water Ro	esources	
Г	16. Agriculture	17. N.H. taxes:				Interest and Dividends T		18. Optional: Special special	ecify a intere	ny other area in st	n which y	ou have a

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

11 Suned Date

Signature of Reporting Individual

RECEIVED JUN 15 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Johnstham A.Z. W1	Work Address: 70 Zachary Rd Manchester NH03109 1654 E-mail JUCSTO APVILASTECH. COM Work Phone (603) 793-1454
Primary Occupation InSo: Motion Techn	E-mail JUPSTO APVIP95Tech COM Work Phone (603) 793-1454
Name the office, position, board or commission, committee, directors, etc. or employment with state or county governme by you. NO ACRONYMS.	board of <u>M/.4</u> nt held
proprietor, or employee, or served in any other pro-	ession, business, or other organization in which you or a family member was an officer, director, associate, partner, ressional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. Turbotek Computer	Corporation
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, Nietor of Technology + Scalees at Turbotely

	, F,	0.1					<u> </u>									
Γ	2. Health Care	∫ 3. In:	surance	Irance 4. Real Estate, inclu agent, developers,						financial		6. State of New municipal emp	•	•		
Γ	7. N.H. Retiremen System	it		urrent use ment prog			9. Restau lodging	irants	/	Г	10. S bever	ale and distribution ages	ofal	coholic		11. Practice of law
Г	12. Any business reg Utilities Commissio		the Public		11	. Horse nbling	or dog racing, o	orothe	er legal fo	rms of	Г	14. Education		15. Water Re	esources	
<b>–</b>	16. Agriculture		17. N.H. taxes:		siness fits Tax	_	Business nterprise Tax	Γ	Interest Dividend		Г	18. Optional: Spe special			n which y	ou have a

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

Date 6/8/2020

occupation, or category of business:

Ŕ

Jahnotlan A.E. Wist Signature of Reporting Individual

RECEIVED JUN 0 9 2020 MENT HAMPSHIRE APTMENT OF STATE

Type or Print CLEARLY Jan.	e D. Westla	Ke wo	ik Adidiress:/z	pl	
	etired			Work Phone	
Name the office, position, board or co directors, etc. or employment with sta by you. NO ACRONYMS.	mmission, committee, board of				
A. List below the name, address proprietor, or employee, or s calendar year. Sources of ret	, and type of any profession, bu erved in any other professional lrement benefits other than fede	or advisory capacity, and	from which any income in exce	ss of \$10,000 was derived du	ing the preceding
1.	Nor	ne			
2		ang na mang sang sang sang sang sang nang nang n	1990-199 (1991-1991 1991-1992 1997 1991	aada aray ya uu	
If you have no qualifying income ind	cate by writing your initials ne	at to the following stateme	nt. M	ly income does not qualify	yow
discipline a licensee or perm financial effect on you or a f	any item on this list if a change ittee, or other decision by gover amily member than it would on ion, or business licensed or certifi usiness: 4. Real Estate, f	in law, a change in admir mment affecting the listed the general public: ed by the State of New Ham ncluding brokers,	istrative rule, a decision wheth business, profession, occupation pshire. List each such profession 5. Banking or financial	er or not to award a contract, j on, group, or matter would pot , 6. State of New F	grant a license or permit, entially have a greater Hampshire, county, or
- 7. N.H. Retirement	8. Current use land	pers, and landlords	Services	municipal emplo	yment 11. Practice of
System	assessment program	lodging	beverages		law
12. Any business regulated by the Utilities Commission	Sarrow	lorse or dog racing, or other			
	N.H. Business Kes: Profits Tax		Interest and 18. Optim Dividends Tax	onal: Specify any other area in w special interest	nhich you have a
I have read RSA 15-A and herek Penalty. Any person who know	y swear or affirm that the for ingly fails to comply with th	regoing information is t e provisions of this char	rue and complete to the best oter or knowingly files a fals	of my knowledge and belie e statement shall be guilty o	ef. RSA 15-A:9 of a misdemeanor,
			-		RECEIVED
Date June 16, 20			Jane D - W Signature of Report	ng Individual	JUN 17 2020
	Return to: Office of Secretary of	of State, 107 North Main S	treet, State House Room 204, (	Concord, NH 03301	NEW HAMPSHIRE

<b>Type o</b> Full Na	or Print CLEARLY	JOYCE	WESTON	Work Address:	204 Loon Lak	ke Rd. Plym	10 ith, NH 03264
Primar	y Occupation <u>Refi</u>	red		E-mail Weston 14	@ roadruner	Work Phone	23.276.0862
	the office, position, board c rs, etc. or employment with . NO ACRONYMS.	r commission, co state or county f	ommittee, board of <u>711</u> government held	lember of NHH	buse of Repr	esontatives	
Α.	proprietor, or employee,	or served in any	other professional or advis	or other organization in which ory capacity, and from which rement and/or disability benefi	any income in excess of <b>S</b>	\$10,000 was derived d	luring the preceding
1.							
2.							
If you	have no qualifying income	indicate by writi	ng your initials next to the	following statement.	My inco	ome does not qualify	JOW
B.	Indicate below whether	you or a family r	nember has a special intere	est in any of the following busi	nesses, professions, occu	pations, groups or ma	tters. 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, Г occupation, or category of business:

Г	2. Health Care $\Box$ 3.	Insurance		Estate, including brokers, developers, and landlords	5. Bankin services	ng or financial	6. State of New municipal emp	Hampshire, county, or loyment
Г	7. N.H. Retirement System		ent use land nt program	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	□ 11. Practice of law
Г	12. Any business regulated Utilities Commission	by the Public	Г	13. Horse or dog racing, or other gambling	legal forms of	☐ 14. Education	☐ 15. Water Re	sources
Г	16. Agriculture	17. N.H. taxes: Г	<ul> <li>Business</li> <li>Profits Tax</li> </ul>		Interest and Dividends Tax		ecify any other area in interest	which you have a

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

Date <u>6/3/2020</u>

Signature of Reporting Individual

RECEIVED JUN 1 0 2020 DEPARTMENT OF ST

State Representative Rechingham 13 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) Air Force Reserve American Air lines IRA 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, My san whe lives with me has a HVAC license occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of 7. N.H. Retirement lodging beverages law assessment program System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources gambling Utilities Commission Business Profits Tax 18. Optional: Specify any other area in which you have a 17. N.H. Business Interest and 16. Agriculture special interest ----Enterprise Tax Dividends Tax taxes: I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

6/3/20

Date

Signature of Reporting Individual

RECEIVED JUN 0 8 2020 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Print CLEARLY Full Name CHRISTOPHER JOHN WHEELER Work Address: 292-A RTE, 13, BROOKLINE, NK 03033
Primary Occupation
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.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
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:          I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:         Image: Comparison of the state of the st
$\sim$ 7. N.H. Retirement $\sim$ 8. Current use land $\sim$ 9. Restaurants/ $\sim$ 10. Sale and distribution of alcoholic $\sim$ 11. Practice of
System assessment program lodging beverages law
$   \begin{bmatrix}     12. Any business regulated by the Public \\     Utilities Commission   \end{bmatrix}   \begin{bmatrix}     13. Horse or dog racing, or other legal forms of gambling   \end{bmatrix}   \begin{bmatrix}     14. Education   \end{bmatrix}   \begin{bmatrix}     15. Water Resources   \end{bmatrix} $
16. Agriculture       17. N.H. taxes:       Business Profits Tax       Business Enterprise Tax       Interest and Dividends Tax       18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY WITD K WHEELER Work Address: 523 MASON RD Milford
Type or Print CLEARLY JD K WHEELER Work Address: 523 MASON RD Milford Full Name DAVID K WHEELER Work Address: 523 MASON RD Milford Primary Occupation Flooring, Construction, Farming E-mail DAVE @miracle acres Work Phone
Name the office, position, board or commission, committee, board of <u>Executive Couver</u> Dist 5 irrectors, 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)
Marawathy CHRpet-Construction + printing DBA
2 miracle acres farm DBA T
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
$\Gamma \frac{7. \text{ N.H. Retirement}}{\text{System}} \qquad \boxed{\Gamma} \frac{9. \text{ Restaurants}}{\text{lodging}} \qquad \boxed{\Gamma} \frac{10. \text{ Sale and distribution of alcoholic}}{\text{beverages}} \qquad \boxed{\Gamma} \frac{11. \text{ Practice of}}{\text{law}}$
I2. Any business regulated by the Public Utilities Commission       I3. Horse or dog racing, or other legal forms of gambling       I4. Education       I5. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Performance Frequencies Tax Interest and Dividends Tax Profits Tax P

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

Dividends Tax

Enterprise Tax

2020 Date

Signature of Reporting Individual

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



Profits Tax

<b>Гуре or</b> Full Nar	Print CLEARLY ne <u>Nichalas Da</u>	mian h	hite		Work	Address:	935 Borough	Road	, Pembralia	,NH 03	75
Primary	Occupation <u>Netwo</u>	le Ergin	000	E-ma			CGMAIL C				
directors	e office, position, board o s, etc. or employment with NO ACRONYMS.	r commissior state or cour	n, committee bo hty government	bard of held							
A.	List below the name, add proprietor, or employee, of calendar year. Sources of	or served in a <i>retirement b</i>	ny other profes enefits other the	sional or advisory capa an federal retirement an	city, and fr ad/or disab	om which any ility benefits si	income in exces hall be included.	s of \$10. (Use ad	000 was der	ived during	the preceding
1.	Virtual V.	sice The	apr LLC	935 Burra	gh Ro	, Pend	nola, A/H	/			
2. If you h	ave no qualifying income					·			does not qua	llify	WN.D.W.
B.	Indicate below whether y reportable special interes discipline a licensee or po financial effect on you or	t in any item ermittee, or o a family me	on this list if a other decision by mber than it wo	change in law, a change y government affecting	in admini the listed b ic:	strative rule, a usiness, profe	decision whether ssion, occupation	r or not t	o award a co	ntract, grar	nt a license or permit
M	occupation, or category		siness neensed of	Juformatin/echai							
K	2. Health Care 73. In	nsurance		Estate, including brokers developers, and landlord		5. Bankin services	ng or financial	Г		of New Ham l employm	pshire, county, or ent
Γ	7. N.H. Retirement System		urrent use land ment program	9. Rest lodging	aurants/	Г	10. Sale and distr beverages	ibution o	ofalcoholic	Г	11. Practice of law
	12. Any business regulated b tilities Commission	by the Public	1	13. Horse or dog racing gambling	, or other le	gal forms of	14. Educa	tion	Γ 15. Wε	ter Resourc	ces
Г	16. Agriculture	17. N.H. taxes:	Business Profits Ta		T Ir	terest and vidends Tax	□ <sup>18.</sup> Option	<i>ial</i> : Spec special in	ify any other nterest	area in whic	h you have a
Pena	e read RSA 15-A and he lty. Any person who kn	lowingly fai	or affirm that Is to comply v	the foregoing information the provisions of	ation is tru this chapt	e and compl er or knowin	ete to the best o gly files a false	of my kr statem	nowledge ar ent shall be	nd belief. guilty of a	RSA 15-A:9 a misdemeanor.
Date	070-22	)				Sign	ature of Reportin	g Indivi	dual		CEVED

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

JUN 1 2 2020

NEW DOLDERORE SPREAT OF STATE

<b>Type or P</b> Full Name Primary O	verint CLEARLY Susanne F. White Work Address: 60 Barden Hill Road Hillsborough NH0324 Mass. TRIAL couler Decupation Retired, Change Mogort TeamLead, E-mail Susanne Swhite Ocomcast. Work Phone 617 504-8024
Name the directors, o	office, position, board or commission, committee, board of <u>NONE</u> etc. or employment with state or county government held IO ACRONYMS.
p c:	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 salendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1. 2.	Commonwealth of Masszehusetts -pension
If you hav	ve no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

Г					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. Retiremer System	nt		rrent use la nent progr		□ 9. Restand lodging	urants/		F	10. S bever	ale and distributior ages	ofalco	oholic	II. Practice of law
	☐ 12. Any business regulated by the Public Utilities Commission			☐ 13. Horse gambling	or dog racing,	or other	r legal fo	orms of	Г	14. Education	Г	15. Water Re	esources	
Г	16. Agriculture		17. N.H. taxes:			Business nterprise Tax		Interest Dividen		Г	18. Optional: Special			which you have a

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

Date June 3, 20,20 Signature of Reporting Individual RECEIVED JUN 0 8 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE

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<b>Type o</b> Full Na	or Print-CLEARL	X WHATFIE	20	······································	Work Address:			
	y Occupation	REINER	· · · · · · · · · · · · · · · · · · ·	E-mail	KWHI AN	YFAIRABANTINE	Work Phone	
directo		, board or commission nent with state or coun IS.						
A,	proprietor, or en	ployee, or scrved in a	y other professiona	business, or other organ al or advisory capacity, a deral retirement and/or	and from which any	y income in excess of \$	10,000 was derived	during the preceding
1.					: 			· · ·
2.								
If you ]	have no qualifying	income indicate by wi	iting your initials n	ext to the following stat	cment.	My incom	ne does not qualify	ali)
В. Г	reportable specia discipline a licer financial effect o 1. Any profes occupation, or o	al interest in any item on see or permittee, or ot on you or a family men sion, occupation, or busi category of business:	n this list if a chang her decision by gov Iber than it would o ness licensed or certi	ge in law, a change in ad ernment affecting the lis in the general public: ified by the State of New I	Iministrative rule, a sted business, profe Hampshire. List eacl	a decision whether or no ession, occupation, grou h such profession,	t to award a contra p, or matter would	ct, grant a license or permit, potentially have a greater
<u>Г</u>		· · · · · · · · · · · · · · · · · · ·	agent, devel	opers, and landlords	services	-	municipal em	ployment
Γ	7. N.H. Retireme System			lodging		beverages		
					her legal forms of	14. Education	15. Water R	Resources
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 license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:         1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of businesse:       6. State of New Hampshire, county, or municipal employment         2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of law         7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of gambing         12. Any business regulated by the Public       gambing       13. Horse or dog racing, or other legal forms of the decing molecular term of the profits Tax       18. Optioned: Specify any other area in which you have a special interest         16. Agriculture       17. N.H.       Business       Business       Interest and Dividends Tax <td< td=""></td<>								
I hav Pena Date	e read RSA 15-A Ity. Any person	who knowingly fails	to comply with th	oregoing information he provisions of this c – of State, 107 North Mai	hapter or knowin Sign	gly files a false staten	nent shall be guilt Idual	elief. RSA 15-A:9 ty of a misdemeanor. <b>RECEIVED</b> JUN 10 2020 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print CLEARLY Full Name Rebecca Garland WI	nitley work	Address: 59 Turn	berry Lane	Hopkinton, NH 03229
Primary Occupation attorney - Self employ	ed E-mail rel	Decca Whitleyn	he Work Phone	603-746-1327
Name the office, position, board or commission, committee, board of	Running for	New Hampshin	gmail.com e	
directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Senate Distr	nct 15		

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

1.	My husband Steven was a partner at Mitchen municipal Group, a law Firm, 25 Beacon St Ett Laconia,	Ntt
		until
2.	He's now a partner at Drummand Woodsum, a law firm, 1001 Elm St # 303, Manchester, sine 1/1/20.	12/231
	I was an employee at New Fitnes, 100 N, main St., # 400 Concord until 10/31/19 and a consultant until 1/3/20.	19
	My income does not evelify	111

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, My husband Steven unity and I are both licensed to practice law K occupation, or category of business:

					1		,			I'M NH	+ mr
Γ	2. Health Care	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. Retiremen System		rrent use land nent program		9. Restaurants/ lodging	Γ-	10. Sale and beverages	d distribution	ofalcoholic	${\color{red} \overleftarrow{k}} 11. \ {\color{black}{Practice of}} \\ {\color{black}{law}} \\ 1$	
Γ-	12. Any business reg Utilities Commissi	gulated by the Public on	Г	13. Horse gambling	e or dog racing, or other	legal forms of	<b>F</b> 14. <b>I</b>	Education	T 15. Water Ro	esources	_
Γ-	16. Agriculture	17. N.H. taxes:	⊢ Busines Profits T			Interest and Dividends Tax	Г <sup>18.</sup>		cify any other area ir nterest	n which you have a	

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

5/29/20 Date Signature of Reporting Individual JUN 1 2 2020 NEW MAU Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Full Name Matt Whitlock	Work Address:	n/a	
Primary Occupationretired	E-mail Matt@whitloo	k name Work Pl	hone $n/a$
Name the office, position, board or commission, committee, board of	e	,	
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retired	y capacity, and from which any	income in excess of \$10,000 was	derived during the preceding
1. <u>None</u>	. :		1
2.			
If you have no qualifying income indicate by writing your initials next to the fo	llowing statement.	My income does not	t qualify MLW
<ul> <li>B. Indicate below whether you or a family member has a special interest reportable special interest in any item on this list if a change in law, a discipline a licensee or permittee, or other decision by government aff financial effect on you or a family member than it would on the gener.         <ol> <li>Any profession, occupation, or business licensed or certified by the S occupation, or category of business:</li> </ol> </li> </ul>	change in administrative rule, a ecting the listed business, profe al public: State of New Hampshire. List each	decision whether or not to award ssion, occupation, group, or matte such profession,	a contract, grant a license or permit, r would potentially have a greater
2. Health Care       3. Insurance       4. Real Estate, including based on the set of the set			ate of New Hampshire, county, or cipal employment
	9. Restaurants/ odging	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
12. Any business regulated by the Public13. Horse or dogUtilities Commissiongambling	gracing, or other legal forms of	14. Education 15	. Water Resources
Image: Interpretation17. N.H.BusinessBusinessInterpretation <td></td> <td><i>18. Optional</i>: Specify any ot special interest</td> <td>her area in which you have a</td>		<i>18. Optional</i> : Specify any ot special interest	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing in <b>Penalty</b> . Any person who knowingly fails to comply with the provision	formation is true and comple ns of this chapter or knowing	te to the best of my knowledge gly files a false statement shall	e and belief. RSA 15.A.9 be guilty RECEIVED
Date 3 June 2020	/k	andra h Mitte	JUN <b>0 4</b> 2020
	Signa	ture of Reporting Individual	NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 10	7 North Main Street, State Hous	e Room 204, Concord, NH 0330	

Type or Print CLEARLY Full Name Carl Wikstrom	Work Address: 7 Charron Circle
Primary Occupation Refined E-mail	Exeter Water/Sewer Advisor Committee - volunteer
Name the office, position, board or commission, committee, board of $T_{\overline{\partial \omega h}} = \frac{T_{\overline{\partial \omega h}}}{T_{\overline{\partial \omega n}}} + \frac{1}{T_{\overline{\partial \omega n}}}$ by you. NO ACRONYMS.	Exeter Water/Sewer Advisor Committee - Wunteer Exeter River Advisory Committee - Volunteer
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/	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	
2	
If you have no qualifying income indicate by writing your initials next to the following s	My income does not qualify <u>CVW</u>
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater $N/N$
1. Any profession, occupation, or business licensed or certified by the State of Ne occupation, or category of business:	w Hampshire. List each such profession,

Γ	2. Health Care 3. In	surance II	Real Estate, inclu gent, developers,	11	Banking vices	g or financial	6. State of New Hampshire, county, or municipal employment		
Г	7. N.H. Retirement System	8. Current use assessment prog		9. Restaurants/ lodging		<ol> <li>Sale and distribution everages</li> </ol>	ofalcoholic		
Γ	12. Any business regulated by Utilities Commission	the Public	ambling	or dog racing, or other	legal form	ns of	14. Education	15. Water Re	sources
Г	16 Agriculture				Interest and Dividends 7		□ 18. Optional: Special special	cify any other area in interest	which you have a

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

Date June 4, 2020

Justin Signature of Reporting Individual

RECEIVED JUN 0 8 2020 NEW HAMPSHIRE

Type or Print CLE Work Address: 101 Manchester St. Full Name E-mail Mbwilhelmegnil. Comwork Phone 603 Primary Occupation State Representative (Hills. 42), Board Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held M+ (50163 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)

for America, Inc. 1. harter School Spouse work 2 ncome does not qualify If you have no qualifying income

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

-٦	2. Health Care $\Box$ 3.	Insurance	118	Real Estate, inclu ent, developers,	-	Г		5. Bankin ervices	g or f	inancial		<ol> <li>State of New municipal emp</li> </ol>		oshire, county, or ent
ا	7. N.H. Retirement System		rrent use la nent progra		← 9. Restaur lodging	ants/	ſ		10. Sa	ale and distribution ages	ofal	coholic	Γ-	11. Practice of law
Γ	12. Any business regulated Utilities Commission	by the Public		13. Horse gambling	or dog racing, o	other leg	gal forr	ms of	R	14. Education		15. Water Re	esource	es
Γ	16. Agriculture	17. N.H. taxes:	⊢ Busir Profits		Business nterprise Tax		erest ai idends		Г	18. Optional: Spe special			which	n you have a

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

13/2020 Signature of Reporting Individual JUN 1 2 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204. Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STATE

Type or Print CLEARLY Full Name	William		k Address: <u> </u>		
Primary Occupation	rel	E-mailKe	mit. u!llaw (olg. stt	Work Phone	n/a
Name the office, position, boar directors, etc. or employment w by you. NO ACRONYMS.	d or commission, committee, board of with state or county government held				
proprietor, or employe	address, and type of any profession, business, of ee, or served in any other professional or advise s of retirement benefits other than federal retire	ory capacity, and f ement and/or disal	rom which any income in excess of bility benefits shall be included. (Us	\$10,000 was derived	during the preceding
1. Etrale,	671 North Glebe Ro	al Ballista	Tour Arlington UP	\$ 22203	
2. If you have no qualifying incom	ne indicate by writing your initials next to the	following statemer	nt. My inc	ome does not qualify	· · · · · · · · · · · · · · · · · · ·
reportable special inter discipline a licensee or	er you or a family member has a special intere rest in any item on this list if a change in law, a r permittee, or other decision by government a n or a family member than it would on the gene	a change in admini ffecting the listed l	istrative rule, a decision whether or	not to award a contrac	t, grant a license or permit,
1. Any profession, or occupation, or catego	occupation, or business licensed or certified by the ry of business:	State of New Hamp	oshire. List each such profession,		·
2. Health Care	3. Insurance 4. Real Estate, including agent, developers, and		5. Banking or financial services	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	by the Public I3. Horse or de gambling	og racing, or other h	egal forms of [- 14. Education	15. Water Re	esources
16. Agriculture	17. N.H. Business Busin taxes: Profits Tax Enterp			Specify any other area in ial interest	which you have a
I have read RSA 15-A and <b>Penalty</b> . Any person who Date $\int \mathcal{A} \mathcal{A} \mathcal{A}$	hereby swear or affirm that the foregoing knowingly fails to comply with the provision Low	information is tru ions of this chapt	ter or knowingly files a false stat	ement shall be guilty	ief. RSA 15-A:9 of a misdemeanor.
	Return to: Office of Secretary of State, 1	107 North Main St	reet, State House Room 204, Conco	rd, NH 03301	JUN 0 8 2020
					NEW HAMPSHIRE

Type or Print CLEARLY Full Name	Banington
Type or Print CLEARLY         Full Name       Jenny O.liveras Wilson         Work Address:       34 Edgewater Dr. J.         Primary Occupation       Refived         E-mail       Chica 2@metrocast. Work Phone	
Name the office, position, board or commission, committee, board of <u>State Rep</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived or calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as a	during the preceding
1. none	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	<i>ن</i> .
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mare reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would p financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	t, 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 municipal emp	Hampshire, county, or loyment
7. N.H. Retirement     8. Current use land     9. Restaurants/     10. Sale and distribution of alcoholic       System     ssessment program     odging     beverages	11. Practice of law
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Ref	esources
Image: 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise TaxInterest and Dividends Tax18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and bel <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty	ief. <b>RSA 15-A:9</b> of a misdemeanor.
Date JUNE 8, 2020 Signature of Reporting Individual	and the second
Signature of Reporting Individual	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUM 0 9 20 <b>2</b> 0
	REACTION CONTRACTORS IN THE CONTRACTORS INTE CO

Full Name Brende Michelle Willis	Work Address: 24 Maxwell Dr. Dorry, NH030?
Primary Occupation <u>executive director NHPTAE-main</u>	il brende 2733 Ocom cas Work Phone 603 965 4942
Name the office, position, board or commission, committee, board of	
	rganization in which you or a family member was an officer, director, associate, partner, ity, and from which any income in excess of \$10,000 was derived during the preceding d/or disability benefits shall be included. (Use additional sheets as necessary)
1. New Hampshire PTA (parent teac	cher association) 24 maximum Dr Derry NTH
2.	
reportable special interest in any item on this list if a change in law, a change in	of the following businesses, professions, occupations, groups or matters. A person has a in administrative rule, a decision whether or not to award a contract, grant a license or permit, ne listed business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the State of No occupation, or category of business:	ew 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 System8. Current use land assessment program9. Restau lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or gamblingUtilities Commissiongambling	or other legal forms of 14. Education / 15. Water Resources
If 16. Agriculture17. N.H. taxes:Business Profits TaxBusiness Enterprise Tax	□ Interest and Dividends Tax □ 18. Optional: Specify any other area in which you have a special interest

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

Date 1020

Signature of Reporting Individual

e or 1 Nam	Print CLEA e <u>THD</u>	MAS	C. W	OD			Work Ad	dress:	1/4			
		Rettree				E-mail	havene	erfguni	willtravel@gma.	Work Phone	Ις	
ctors,		ition, board or loyment with s IYMS.										-
I	proprietor, o	r employee, or	served in an	y other pr	ofessional or a	dvisory capacity,	and from	which any	u or a family member wa income in excess of \$10 hall be included. (Use ad	,000 was derived	during the preceding	
1.					<u> </u>							-
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ou hav	ve no qualify	ying income in	dicate by wr	iting your	initials next to	the following sta	atement.		My income	e does not qualify	<u>50 m 65</u>	, 2020 -
I C	reportable sp discipline a l	pecial interest i licensee or per	in any item o mittee, or oth	n this list her decisio	if a change in l on by governme	aw, a change in a	administrat	ive rule, a	eses, professions, occupa decision whether or not ssion, occupation, group	to award a contract	et, grant a license or perm	1
	••	rofession, occup , or category of		ness licens	ed or certified b	by the State of New	v Hampshire	e. List each	such profession,			
2	. Health Care	e 🖵 3. Ins	urance		Real Estate, inclu ent, developers,	-	Г	5. Bankin services	ng or financial	6. State of New municipal emp	w Hampshire, county, or ployment	_
	V. N.H. Retire ystem	ement		rent use la ent progra		9. Restaura	ants/	Г	10. Sale and distribution beverages	ofalcoholic	11. Practice of law	
	Any busines lities Comm	ss regulated by nission	the Public		ambling	or dog racing, or	other legal	forms of	☐ 14. Education	☐ 15. Water R	esources	

18. Optional: Specify any other area in which you have a special interest ---17. N.H. Business Business Interest and Г Г 16. Agriculture Г Г Profits Tax Enterprise Tax Dividends Tax taxes:

ave 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 **nalty**. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of **RE** VED 

Jate hune 5, 2020

Wood Signature of Reporting Individual JUN - 8 2020

**NEW HAMPSHIRE** DEPARTMENT OF STATE

	me DAVID Woodbury Work Address: 37 McCurry Rd. Now Bostow, NH 03070
	me <u>David Woodbury</u> Work Address: <u>37 McCurry</u> RJ., <u>New Boston, NH 03070</u> Occupation <u>BTIRED</u> E-mail <u>Lavid w 8785 e ganail.com</u> Work Phone <u>603 487 - 26.34</u>
director	he office, position, board or commission, committee, board of <u>State</u> Representive
Α.	List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
If you h	nave no qualifying income indicate by writing your initials next to the following statement. My income does not qualify DU
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:
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care $\Box$ 3.	Insurance		Real Estate, inclu gent, developers,	Г	5. Bank services	÷	inancial	6. State of New Hampshire, county, or municipal employment		
ন	7. N.H. Retirement System		rrent use la nent progr		9. Restaurants	5/	Г	10. Sa bever	ale and distribution ages	n of alcoholic	Law 11. Practice of law
Г	12. Any business regulated Utilities Commission	by the Public		☐ 13. Horse gambling	or dog racing, or oth	er legal fo	orms of	Г	14. Education	☐ 15. Water F	Resources
Г	16. Agriculture	17. N.H. taxes:			Business rterprise Tax	Interest Dividen		Г		ecify any other area	in which you have a

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June 3, 2020 RECEIVED Date Signature of Reporting Individual JUN 0 4 2020

NEW HAMPSHIRE DEPARTMENT OF STATE

<b>Type o</b> Full Na	r Print CLEARI me	N PHEN	2	WOO Dea	dC		Work	Address:		N (A				
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director	ne office, positior s, etc. or employr NO ACRONYM	ment with state			1d	tre R	-cpRese	~7474	<b>د</b> -	House		Recenta-	πκι	
A.	List below the n proprietor, or en calendar year. S	nployee, or set	ved in an	y other profession	onal or adv	isory capaci	ty, and fro	m which an	ny income	in excess of \$	10,000 was de	erived during	g the preced	
1.														
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If you h	ave no qualifying	; income indic	ate by wri	ting your initial	s next to th	e following	statement.			My inco	me does not q	ualify	h	
В. Г	Indicate below reportable specie discipline a licer financial effect of 1. Any profes occupation, or	al interest in a nsee or permit on you or a far ssion, occupatio	ny item of tee, or oth nily mem n, or busin	n this list if a cha er decision by g	ange in law overnment d on the ge	v, a change i affecting the neral public	n administ ie listed bu : 'ew Hampsl	rative rule, siness, prof	a decisio fession, o	n whether or n ccupation, grou	ot to award a	contract, gra	nt a license	or permit,
Γ	2. Health Care	☐ 3. Insura	nce		,	ng brokers, d landlords	Г	- 5. Bank services	king or fin s	ancial	11	of New Ham bal employm	• ·	ty, or
ſ	7. N.H. Retireme System	ent [		rent use land ent program	ſ	9. Restau	urants/	Г	10. Sale beverag	e and distributions	on of alcoholic		11. Prac law	tice of
	2. Any business re tilities Commiss		Public	11	3. Horse or mbling	dog racing,	or other leg	al forms of		14. Education	☐ 15. W	ater Resourd	ces	
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	e read RSA 15-A ty. Any person							pr knowi	ngly file	s a false state	ment shall be		RSA 15-A	:9 
								Sig	nature of	Reporting Indi	vidual	JUN	- 8 2020	

<b>Type o</b> Full Na	mea	ry L	owis L	Nood	\$			Wo	ork Addr	ess: <b>3</b>	80	Zvange	olyn	Dr, E	30 N,	NH 0330
Primary	Occupation	Rat	ived				E-m	ail <u>qw</u>	pops	.05	4.	q mail.co	<b></b> W	ork Phone 6	03- Z	<u>NH 0</u> 330 28-3827
director	he office, position s, etc. or employr NO ACRONYN	nent with s					1/ א		· ,			J				
Α.	List below the n proprietor, or en calendar year. S	nployee, or	r served in a	ny other pr	ofessiona	al or adv	visory capa	city, and	l from wl	nich any	y incoi	me in excess o	of \$10,00	0 was derived	during the	preceding
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lf you h	ave no qualifying	; income in	dicate by w	riting your	initials n	next to th	ne followin	g statem	ent.			My in	ncome do	es not qualify	GLH	1
Г 	financial effect of 1. Any profest occupation, or 2. Health Care	ssion, occup category of	ation, or bus	iness license	ed or certi	ified by	-	New Har				profession, financial	_ <i>N/</i> 	6. State of Ner municipal em		re, county, or
<u> </u>	7. N.H. Retireme System	ent		urrent use lai nent progra	nd			aurants/			10. S bever	ale and distriburages	ution of a			11. Practice of aw
	12. Any business re tilities Commiss		the Public	1		Horse of	r dog racing	g, or other	r legal for	ms of	-	14. Educatio	n [	15. Water R	esources	
Γ	16. Agriculture		17. N.H. taxes:	⊢ Busir Profits	iess	- Bu	siness erprise Tax		Interest a Dividend		Г		Specify ecial inter	any other area in rest	n which yo	u havea
	e read RSA 15-A lty. Any person Jane	who kno	wingly fails	s to compl												
Date				<u> </u>						Sign	ature	of Reporting I	ndividua	<b>&gt;</b>	RE	CEIVED
			Determine	066400	<b>1</b>		107	4.34.1			T	204 0		02201	JU	N 0 8 2020
			Keturn to:	Once of a	secretary	oi State	e, 107 Nort	in iviain S	Street, St	ate Hot	ise Ko	oom 204, Conc	ora, NH			HAMPSHIRE

<b>Type o</b> Full Na	ame John G. WOZWAL Work Address: 64 Main ST, Keene NH 03431
Primar	ry Occupation Director of Human Resources E-mail worke gunal. com Work Phone 283. 1570
directo	the office, position, board or commission, committee, board of <u>Choshile County</u> <u>Commissioner</u>
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.	Monadnoch femily Services
2.	NH Retirement System
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 permi 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:
Г	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
Г	2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
×	7. N.H. Retirement     8. Current use land     9. Restaurants/     10. Sale and distribution of alcoholic     11. Practice of       System     assessment program     Image: second se

12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of 14. Education 15. Water Resources Utilities Commission gambling 17. N.H. 18. Optional: Specify any other area in which you have a Business Business Interest and X 16. Agriculture Profits Tax special interest Enterprise Tax **Dividends** Tax KSAEB NH Frimer taxes:

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

Date 6520

Reporting Individual Signature o

JUN 0 5 2020 **NEW HAMPSHIRE** 

DEPARTMENT OF STATE

Full Name Bonne WRIGHT	Work Address:
Primary Occupation <u>Returnel</u>	E-mail Bonnie Bonnie 4 Saler Work Phone 603-722-0714
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Salem Zoning Board of Adjustment (chair)
proprietor, or employee, or served in any other professional or	iness, or other organization in which you or a family member was an officer, director, associate, partner, r advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding al retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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2.	
reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the	
1. Any profession, occupation, or business licensed or certified occupation, or category of business:	d by the State of New Hampshire. List each such profession,
	cluding brokers, rs, 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	
Image: 16. Agriculture17. N.H. taxes:Business Profits Tax	Business Enterprise Tax Interest and Dividends Tax I 18. Optional: Specify any other area in which you have a special interest

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Date June 5 2020

Signature of Reporting Individual ت الاحداث JUN 0 8 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 **NEW HAMPSHIRE** DEPARTMENT OF STATE

<b>Type o</b> Full Na	or Print CLEARLY Jame WILLIAM HARLEN WRIGHT				DR LACONIA		
Primar	ry Occupation DEPUTY SHEREAFF	E-mail <b>bill ارم</b>	y htforshe	eriff@gm	gil. ComWork Phone 60	3 729 12	921
director	the office, position, board or commission, committee, board of ors, etc. or employment with state or county government held a. NO ACRONYMS	BELKMAP County	SHERIFS	Dept.	Deputy Sherit	f-Serg	eent
A.	List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal	dvisory capacity, and from retirement and/or disabilit	n which any in ty benefits shal	come in exces <i>ll be included</i>	ss of \$10,000 was derived	l during the press necessary)	eceding .
1.	TERESA WAIGHT, 309 BROWN Hill Rd	Kelment NIT	03220	<u> </u>	minsingne	4325617	<u>~~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
2. If you h	have no qualifying income indicate by writing your initials next to	the following statement.		M	y income does not qualify	tutos.	(1) 
В.	Indicate below whether you or a family member has a special is reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by governm financial effect on you or a family member than it would on the	law, a change in administra ent affecting the listed busi	ative rule, a de	ecision whethe	er or not to award a contra	act, grant a lice	ense or permit,
	1. Any profession, occupation, or business licensed or certified b	by the State of New Hampshi	re. List each su	ich profession,		<b>A</b>	

V	occupation, or category	▲ ·		_ <b>P</b>	isk Jock	eg, Dep	why SH	teas	FF. LAw Enfe	preement office	<u>ln</u>
	2. Health Care 3. I	Insurance [			uding brokers, and landlords		5. Bankin ervices	g or f	inancial	6. State of New municipal emp	Hampshire, county, or loyment
	7. N.H. Retirement System		ent use land nt program		9. Restaur lodging	ants/		10. Sa bevera	le and distribution ages	ofalcoholic	11. Practice of law
Γ.	12. Any business regulated 1 Utilities Commission	by the Public		13. Horse gambling	e or dog racing, or	other legal for	rms of	Г	14. Education	☐ 15. Water Re	esources
Г	16. Agriculture	17. N.H. taxes: Г	<ul> <li>Busines</li> <li>Profits T</li> </ul>		Business Interprise Tax	☐ Interest a Dividend				ecify any other area in interest	which you have a

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

Date 62200

Signature of Reporting Individual

JUN 0 3 2020

RECEIVED

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03 01 NEW HAMPSHIRE DEPARTMENT OF STATE

government held by you.

NO ACRONYMS

Type or Print Clearly						
Full Name SALLY WUELLENWE	EBER	Work Address	60 WE	ST ST	CONCOR	D, NH 03301
Primary Occupation Self-employed	_	3gırls@gm	ail.com	Work Pho	ne 603	774-7477
Name the office, position, board or commission, board of directors, etc. or employment with state or county	ALA					

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. The Tot SPOT LLC, Child Care business 60 West St. Concord, NH 03301 2. 60 West St Property LLC, real estate, 60 West St. Concord, NH 03301 3. State of NH DNCR, 172 pembroke Rd Concerd, NH 03301 If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

R	<ol> <li>Any profe profession, oc</li> </ol>					fied by the State of N hild Care	lew Hai	mpshire.	List each such		· · · · · · · · · · · · · · · · · · ·
Г	2. Health Care	☐ 3. lr	isurance	11 1	4. Real Estate, inc agent, develope	luding brokers, rs, and landlords		5. Banki services	ng or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
Γ	7. N.H. Retirem System	ent		urrent us sment p	-	P. Restaurants/ lodging     lodging     lodging			10. Sale and distributi peverages	ion of alcoholic	☐ 11. Practice of law
Г	12. Any business Utilities Commiss	-	d by the Publ	lic	☐ 13. Hors of gambli	e or dog racing, or ot ng	her leg	al forms	1 14. Education	T 15. Water R	
Г	16. Agriculture		17. N.H. taxes:				Interes Divider		☐ 18. Optional: Specia	pecify any other are I interest	a in which you have a

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Date 06/12/2020	Salleshull	
Date 06 12 2020	Signature of Reporting Individual	
Return to: Office of Secretary of Stat	e, 107 North Main Street, State House Room 204, Concord, NH 03301	

Type or Print CLEARLY         Full Name         KURT         Work Address:         Primary Operation         Return to the set of the se	
Primary Occupation RETIRED E-mail CCSCOMETRO CAST. NET Work Phone	· · ·
Name the office, position, board or commission, committee, board of	
<ul> <li>A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as</li> <li>CROWD Ridge, Condown WWW A Scoc (ATION - BOAR &amp; Manual Loop KW)</li> </ul>	during the preceding
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<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or mare reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would perform the financial effect on you or a family member than it would on the general public:         <ul> <li>1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> <li>A performance of the profession of the sector of the</li></ul></li></ul>	t, grant a license or permit, potentially have a greater
agent, developers, and landlords services municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic         System       sssessment program       Iddging       beverages	11. Practice of law
12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of gambling       14. Education       15. Water Reference	esources
Interest and taxes:       Business       Interest and Profits Tax       Interest Tax       Interest and Dividends Tax       Interest and Special interest	a which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and bel <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty Date $\frac{U/4/20}{WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW$	lief. <b>RSA 15-A:9</b> y of a misdemeanor.
Signature of Reporting Individual	RECEIVED
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN 0 8 2020
	NEW HAMPSHIRE

Full Name Findlig T. Wyortt Work Address: 34 (concord) Street North Reading, M
Primary Occupation Support Specia list E-mail time yett 10 june - con-Work Phone 176 601287001864
Name the office, position, board or commission, committee, board of Hudsen Sestimusia it Counter - Sometice y 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)
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:         2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       5. Banking or financial services       6. State of New Hampshire, county, or municipal employment         7. N.H. Retirement       8. Current use land       9. Restaurants/       10. Sale and distribution of alcoholic       11. Practice of
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <ul> <li>2. Health Care</li> <li>3. Insurance</li> <li>4. Real Estate, including brokers, agent, developers, and landlords</li> <li>5. Banking or financial services</li> <li>6. State of New Hampshire, county, or municipal employment</li> </ul> <ul></ul>
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:         2. Health Care       3. Insurance       4. Real Estate, including brokers, agent, developers, and landlords       5. Banking or financial services       6. State of New Hampshire, county, or municipal employment         7. N.H. Retirement       8. Current use land assessment program       9. Restaurants/ lodging       10. Sale and distribution of alcoholic       11. Practice of law         12. Any business regulated by the Public       13. Horse or dog racing, or other legal forms of Utilities Commission       14. Education       15. Water Resources         15. Arrivaliture       17. N.H.       Business       Business       Business       Interest and       18. Optional: Specify any other area in which you have a
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <ul> <li>2. Health Care</li> <li>3. Insurance</li> <li>4. Real Estate, including brokers, agent, developers, and landlords</li> <li>5. Banking or financial services</li> <li>6. State of New Hampshire, county, or municipal employment</li> <li>7. N.H. Retirement</li> <li>8. Current use land segment, developers, and landlords</li> <li>9. Restaurants/</li> <li>10. Sale and distribution of alcoholic</li> <li>11. Practice of law</li> <li>12. Any business regulated by the Public</li> <li>13. Horse or dog racing, or other legal forms of utilities Commission</li> <li>16. Agriculture</li> <li>17. N.H.</li> <li>Business</li> <li>Business</li> <li>Interest and Dividends Tax</li> <li>18. Optional: Specify any other area in which you have a special interest</li> </ul> <li>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</li> <li>Penaity. 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.</li> <li>Date</li> <li>Date</li>
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <ul> <li>2. Health Care</li> <li>3. Insurance</li> <li>4. Real Estate, including brokers, agent, developers, and landlords</li> <li>5. Banking or financial</li> <li>6. State of New Hampshire, county, or municipal employment</li> </ul> <ul> <li>7. N.H. Retirement</li> <li>8. Current use land</li> <li>9. Restaurants/</li> <li>10. Sale and distribution of alcoholic</li> <li>11. Practice of law</li> </ul> <ul> <li>7. N.H. Retirement</li> <li>8. Current use land</li> <li>9. Restaurants/</li> <li>10. Sale and distribution of alcoholic</li> <li>11. Practice of law</li> </ul> <ul> <li>12. Any business regulated by the Public</li> <li>13. Horse or dog racing, or other legal forms of</li> <li>14. Education</li> <li>15. Water Resources</li> <li>16. Agriculture</li> <li>17. N.H.</li> <li>Business</li> <li>Business</li> <li>Interest and</li> <li>Dividends Tax</li> <li>Specify any other area in which you have a special interest</li> </ul> <ul> <li>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</li> </ul> <ul> <li>Pate</li> <li>II. WW20</li> <li>III. W200<!--</td--></li></ul>

<b>Type o</b> Full Nat	r Print CLEAR me	LY Sterre	Ĵ.	WYRSCH		W	ork Add	ress:	20	Village #	Joine Do	ver N	H 03820
	Occupation	Retived	<u>s</u>		. []	E-mail	teven	JW1	rsd	Concust.~	et Work Phone E	28 (20,	1 H 03820 4 - 0832
director	ne office, positio s, etc. or employ NO ACRONYI	ment with state			oard of								
Α.	proprietor, or e	mployee, or se	rved in a	ny other profes	sion, business, or oth sional or advisory o an federal retiremen	apacity, an	d from w	hich any	y incor	ne in excess of \$	10,000 was derive	d during th	e preceding
1.													
2. If you h	ave no qualifyin	g income indic	ate by w	riting your initi	ials next to the follo	wing staten	nent.			My incor	ne does not qualif	y (8	~
B.	reportable spec discipline a lice financial effect 1. Any profe	ial interest in a ensee or permit on you or a fa	ny item of tee, or of mily mer	on this list if a other decision by nber than it wo	a special interest in change in law, a cha y government affect ould on the general p r certified by the Stat	ange in adm ing the liste public: e of New Ha	ninistrativ ed busine	ve rule, a ss, profe	a decisi ession,	ion whether or no occupation, grou	ot to award a contr	act, grant a	license or permit,
	2. Health Care	3. Insura	nce	11	Estate, including bro developers, and land	kers,		5. Banki services	-	inancial	6. State of N municipal er		hire, county, or
Г	7. N.H. Retirem System	ent [		rrent use land nent program		Restaurants	/	Г	10. Sa bevera	ale and distributio ages	n of alcoholic	Г	11. Practice of law
	12. Any business r tilities Commis			Г	13. Horse or dog ra gambling	cing, or othe	er legal fo	orms of	Г	14. Education	15. Water	Resources	
Г	16. Agriculture	17. 1 taxe	N.H. s:	⊢ Business Profits Ta	$ \Gamma \xrightarrow{Business}_{Enterprise} $	<sub>Fax</sub> Γ	Interest Dividen		Г		ecify any other area l interest	in which y	o <b>u have a</b>
I have	read RSA 15-	A and hereby	swear o	or affirm that	the foregoing info	rmation is	true and	l compl	lete to	the best of my	knowledge and l	elief. RS	SA 15-A:9
Penal Date	ty. Any perso $\left(2 \right) \left(1 \right)$	n who know $r$	igly fail	s to comply w	vith the provisions	of this ch	apter or	5	4	X L		nc	CEIVED
Duit		(					/	S(gp	ature o	of Reporting Indi	vidual		N 232020
		Re	turn to:	Office of Secr	etary of State, 107 1	North Main	Street, S	tate Hou	use Roo	om 204, Concord	, NH 03301		HAMPSHIRE MENT OF STATE

<b>Type o</b> Full Na	ame Victor	Y NQ.t	t.xiao		·	Work /	ddress:	Dartmonth	College, t	tanover, N	H
Primar	y Occupation	Stud	entat	Daitmon	h Lovege E-m	ail Victo	svia.h.	Davtmonth Xiao. 22@da	Work Phone	603-443-	7047
directo	the office, position ors, etc. or employn a. NO ACRONYM	nent with				-		······································	· .		• ,
Α,	proprietor, or em	ployee, c	or served in an	y other profess	ional or advisory capa	city, and from	n which an	ou or a family member wy income in excess of \$ shall be included. (Use	0,000 was derived	during the preceding	,
1.											
2.									· · · · · · · · · · · · · · · · · · ·		
If you I	have no qualifying	income i	ndicate by wr	iting your initia	ls next to the following	g statement.	· •	My incon	ne does not qualify	<u> </u>	
В.	reportable specia discipline a licen	l interest see or pe	in any item o rmittee, or oth	n this list if a cl her decision by	hange in law, a change	in administration in administration the listed bus	ative rule, a	sses, professions, occup decision whether or no ession, occupation, grou	t to award a contrac	t, grant a license or pe	ermit,
Γ	1. Any profess occupation, or c			ness licensed or o	certified by the State of	New Hampshi	ire. List eacl	h such profession,		· · · · · · · · · · · · · · · · · · ·	
Г	2. Health Care	☐ 3. In	surance		state, including brokers, evelopers, and landlords		5. Banki services	ng or financial	6. State of New municipal emp	v Hampshire, county, o loyment	T
Г	7. N.H. Retiremen System	nt		rent use land ent program	□ 9. Restand	aurants/	Г	10. Sale and distribution beverages	n of alcoholic	Il. Practice o	of
	12. Any business reg Utilities Commissi		the Public		13. Horse or dog racing, ambling	, or other lega	l forms of	<b>□</b> 14. Education	15. Water Re	esources	
Г	16. Agriculture		17. N.H.	Business	Business		rest and lands Tax		ecify any other area in interest	which you have a	

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

Enterprise Tax

Profits Tax

Dividends Tax

12/2020 6 Date

taxes:

Signature of Reporting Individual

special interest ----

020 NEW HAMPSHIRE STATEMENT OF FINAN	CIAL INTERESTS - RSA 15-A
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ull Nar			Work Address:	Domail com	Work Dhone	
rimary	Occupation	E-mail/11/	Chael Minic		work Phone	
lame th irectors y you.	Occupation	Hooksett	presento Budget	ative Committee	Member	
Α.	List below the name, address, and type of any profession, bu proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than fede	or advisory capacity, an	nd from which an	y income in excess of \$	10,000 was derived	during the preceding
Ι.						
2.						
`you h	nave no qualifying income indicate by writing your initials ne	xt to the following state	ement.	My inco	me does not qualify	JUN.
B.	Indicate below whether you or a family member has a spec	ial interest in any of the	e following busine	esses, professions, occup	pations, groups or m	atters. A person has a
В.	Indicate below whether you or a family member has a spec reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on 1. Any profession, occupation, or business licensed or certif occupation, or category of business:	e in law, a change in ad rnment affecting the lis 1 the general public:	ministrative rule, ated business, prof	a decision whether or n ression, occupation, grou	ot to award a contra	ct, grant a license or per
В. Г <sup></sup>	<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on</li> <li>1. Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>2. Health Care</li> </ul>	e in law, a change in ad rnment affecting the lis 1 the general public:	ministrative rule, ated business, prof Hampshire. List eac	a decision whether or no fession, occupation, grou ch such profession,  king or financial	ot to award a contra up, or matter would	ct, grant a license or per potentially have a great 
В. Г Г	<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on</li> <li>1. Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>2. Health Care</li> </ul>	e in law, a change in ad ernment affecting the lis i the general public: fied by the State of New F 	ministrative rule, ated business, prof Hampshire. List eac 5. Bank service	a decision whether or no fession, occupation, grou ch such profession,  king or financial	ot to award a contra up, or matter would 6. State of Ne municipal em	ct, grant a license or per potentially have a great w Hampshire, county, or aployment
	<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business licensed or certific occupation, or category of business:</li> </ol> </li> <li>Health Care          <ol> <li>Insurance</li> <li>Real Estate, agent, develo</li> <li>N.H. Retirement</li> <li>Current use land assessment program</li> </ol> </li> </ul>	e in law, a change in ad ernment affecting the lis in the general public: fied by the State of New H including brokers, opers, and landlords 9. Restauran- lodging Horse or dog racing, or ot	ministrative rule, and business, prof Hampshire. List each 5. Bank service ts/	a decision whether or no fession, occupation, grou ch such profession, cing or financial s 10. Sale and distribution beverages	ot to award a contra up, or matter would 6. State of Ne municipal em	ct, grant a license or per potentially have a great ew Hampshire, county, or ployment 11. Practice of law
	<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business licensed or certific occupation, or category of business:</li> <li>Health Care 3. Insurance 4. Real Estate, agent, develo             </li> <li>N.H. Retirement 8. Current use land assessment program             </li> <li>Any business regulated by the Public 13. Head System 13. Head Sy</li></ol></li></ul>	e in law, a change in ad ernment affecting the lis in the general public: fied by the State of New H including brokers, opers, and landlords 9. Restauran- lodging Horse or dog racing, or ot	ministrative rule, and business, prof Hampshire. List each 5. Bank service ts/	a decision whether or no fession, occupation, grou ch such profession, ch such profess	ot to award a contra up, or matter would 6. State of Ne municipal em on of alcoholic	ct, grant a license or per potentially have a greate ew Hampshire, county, or aployment 11. Practice of law Resources
	<ul> <li>reportable special interest in any item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business licensed or certifoccupation, or category of business:</li> <li>Health Care 3. Insurance 4. Real Estate, agent, develo             </li> <li>N.H. Retirement 8. Current use land assessment program             </li> <li>Any business regulated by the Public 13. H gamb             </li> <li>Any business regulated by the Public 13. H gamb             </li> </ol> </li> </ul>	e in law, a change in ad rmment affecting the lis i the general public: fied by the State of New H including brokers, opers, and landlords 9. Restaurant lodging Horse or dog racing, or ot bling - Business Enterprise Tax pregoing information	ministrative rule, and business, prof Hampshire. List each 5. Bank service ts/ ts/ ther legal forms of Interest and Dividends Tax is true and comp	a decision whether or no fession, occupation, grou ch such profession, king or financial s 10. Sale and distribution beverages 14. Education 18. Optional: S species	ot to award a contra up, or matter would 6. State of Ne municipal em on of alcoholic [ 15. Water I pecify any other area al interest knowledge and b	ct, grant a license or per potentially have a greate w Hampshire, county, or aployment 11. Practice of law Resources in which you have a elief. <b>RSA 15-A:9</b>

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

Full Name Josh Yokelo	Work Addre	ss: 146 NH-125, Kingsto	N.M. 03848
Primary Occupation Accounting	E-mail info@Jo	ss: 146 NH-125, Kingsto shyokelaFor NH. COM Work Phone	603-642-5555
Name the office, position, board or commission, comm directors, etc. or employment with state or county gove by you. NO ACRONYMS.	ittee, board of <u>Member</u> Of Frame ernment held <u>Toning Board of A</u>	it Budget Committee, Me adjustments, State Repres	Meur of Fremont entitue for Rockingham
	profession, business, or other organization in wh r professional or advisory capacity, and from whi other than federal retirement and/or disability be	ich any income in excess of \$10,000 was deriv	ector, associate, partner, ed during the preceding
1. Campers Inp RV,	146 NH-125, Kings+	on, NH 03848	· · · · · · · · · · · · · · · · · · ·
2. Self Employed, 16 Tib	betts Rd, Fremont NH,	03044	
If you have no qualifying income indicate by writing yo	our initials next to the following statement.	My income does not quali	fy
reportable special interest in any item on this I discipline a licensee or permittee, or other dec financial effect on you or a family member that	ensed or certified by the State of New Hampshire. L 4. Real Estate, including brokers, 5	rule, a decision whether or not to award a cont , profession, occupation, group, or matter woul ist each such profession, 	ract, grant a license or permit,
7. N.H. Retirement     8. Current use       System     assessment pro	e land 9. Restaurants/	<ul> <li>10. Sale and distribution of alcoholic beverages</li> </ul>	11. Practice of law
☐ 12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal form gambling	ns of	Resources
	usiness ofits Tax Business Interest ar Enterprise Tax Dividends		a in which you have a
I have read RSA 15-A and hereby swear or affirm Penalty. Any person who knowingly fails to cor Date $\frac{6/3}{20}$	n that the foregoing information is true and c nply with the provisions of this chapter or k	complete to the best of my knowledge and cowingly files a false statement shall be gu	ilty of a misdemeanor.
	· · · ·	Signature of Reporting Individual	RECEIVED
Return to: Office	of Secretary of State, 107 North Main Street, Stat		JUN 0 8 2020

L.

<b>Type o</b> Full Na	r Print CLEA	RLY WIL	LIAM	ZOWARD	ZACKELOF	F v	ork Address:			
Primary	Occupation _	Dis Al	5650			E-mail			Work Phone	
Name th director	he office, posit	ion, board or syment with	commission	, committee, bo ty government	pard of <u>STATE</u> held	E RE	,P			
A. 1.	proprietor, or	employee. c	or served in a	ny other profes	sional or advisory c	capacity, ar	nd from which ar	ou or a family member by income in excess of <i>s</i> <i>shall be included</i> . (Use	\$10.000 was derived	during the preceding
2.										
If you h	ave no qualify	ing income i	ndicate by w	riting your initi	ials next to the follo	owing state	ment.	My inco	me does not qualify	witz
Г 	financial effe	et on you or ofession, occu or category c	a family mer	mber than it wo	r certified by the Star	public: te of New II	ampshire. List ea	ch such profession.	6. State of Ne	potentially have a greater
	7. N.H. Retire	`		agent.	developers, and land	llords Restaurant	s/ service	s 10. Sale and distributi	n of alcoholic	ployment 11. Practice of
	System		assess	ment program	lodį	ging		beverages		law
Γ ι	12. Any busines Jtilities Comm	s regulated by	y the Public		13. Horse or dog ra gambling	acing, or otl	her legal forms of	14. Education	☐ 15. Water R	lesources
<u> </u>	16. Agricultu	re	17. N.H. taxes:	Business Profits Ta			Interest and Dividends Tax	18. Optional: S	specify any other area i ial interest	n which you have a
Pena	e read RSA 1 <b>Ity</b> . Any personal $6/(1)$	son who kn	owingly fail	ls to comply v	vith the provision	s of this c	hapter or know	plete to the best of my ingly files a false stat mature of Reporting Inc ouse Room 204. Conco	tividual - K	ty of a misdemeanor. RECEIVED JUN 15 2020

Full Name JEREMY ZELANES	Work Address:
Primary Occupation CONSULTANT E-mail	JZelanes Qqmail. Com Work Phone 617-872-7284
Name the office, position, board or commission, committee, board of <u>NONE</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	
	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. BEACON SPORTS GROUP 126 CH	ANDLER CT HUDSON, NH 03051
2.	
If you have no qualifying income indicate by writing your initials next to the following s	tatement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, a listed business, profession, occupation, group, or matter would potentially have a greater w Hampshire. List each such profession,
2. Health Care <b>3</b> . Insurance <b>4</b> . 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 System8. Current use land assessment program9. Restaut lodging	rants/ T 10. Sale and distribution of alcoholic beverages T 11. Practice of law
12. Any business regulated by the Public13. Horse or dog racing, or gamblingUtilities Commissiongambling	rother legal forms of $\Box$ 14. Education $\Box$ 15. Water Resources
Image: 16. Agriculture17. N.H. taxes:Image: Business Profits TaxBusiness 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	on is true and complete to the best of my knowledge and belief. RSA 15-A:9
	s chapter of knowingly files a false statement shall be guilty <b>RECEIVED</b>
Date 05-28-2020	Signature of Reporting Individual JUN - 8 2020
Return to: Office of Secretary of State 107 North	Main Street, State House Room 204, Concord, NH 03301

Type or Print CLEARLY Full Name	JAMES C. ZIEGRA	V	Work Address:	22 CHERRY N	ILL DRIVE	DANVERS, MA
Primary Occupation	MANAGER	E-mail	JZIEGRE	E ABIUMED, ON	Work Phone 978-	01923
	bard or commission, committee, board of t with state or county government held	Νομ	IE			
proprietor, or emplo	e, address, and type of any profession, bus oyee, or served in any other professional o ces of retirement benefits other than feder	r advisory capacity, a	nd from which any	income in excess of \$10	,000 was derived duri	ng the preceding
ıN	ONE				· · · · ·	
2.						
<ul> <li>B. Indicate below whe reportable special in discipline a licensee financial effect on y</li> <li>1. Any profession</li> </ul>	ther you or a family member has a special ether you or a family member has a special interest in any item on this list if a change i e or permittee, or other decision by govern you or a family member than it would on the h, occupation, or business licensed or certified	l interest in any of the n law, a change in adr ment affecting the list he general public:	following busines ninistrative rule, a ed business, profe	ses, professions, occupa decision whether or not ssion, occupation, group	to award a contract, gr	ant a license or permit.
occupation, or cate	4 Real Estate in	cluding brokers,	5. Banki	ıg or financial	- 6. State of New Ha	mpshire, county, or
2. Health Care	3. Insurance agent, develope	rs, and landlords	services		municipal employ	ment
<sup>7.</sup> N.H. Retirement System     System     System	8. Current use land assessment program	9. Restaurants	11	10. Sale and distribution beverages	of alcoholic	11. Practice of law
☐ 12. Any business regula Utilities Commission	ted by the Public T 13. Hor gamblin	rse or dog racing, or oth ng	er legal forms of	14. Education	15. Water Resou	rces
16. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		tify any other area in whiterest	ich you have a
I have read RSA 15-A ar	nd hereby swear or affirm that the fore	going information is	s true and comple	ete to the best of my kr	nowledge 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.

0 Date

za ame

Signature of Reporting Individual

Type or Print CLEARLY Full Name <u>CLIFFORD EDNARD ZETTERSTROM</u> Work Address: <u>SO DOU</u>	AR RD
Primary Occupation CARpenTER-ReTIRed E-mail	Work Phone 603-817-0479
Name the office, position, board or commission, committee, board of <u>MONR</u> 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 me proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in exce calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included	ess of \$10,000 was derived during the preceding
1	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	y income does not qualify $2.2$ .
<ul> <li>B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation financial effect on you or a family member than it would on the general public:         <ul> <li>Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:</li> </ul> </li> </ul>	er or not to award a contract, grant a license or permit, n, group, or matter would potentially have a greater
2. Health Care     3. Insurance     4. Real Estate, including brokers, agent, developers, and landlords     5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System8. Current use land assessment program9. Restaurants/ lodging10. Sale and dist beverages	ribution of alcoholic II. Practice of law
Image: 12. Any business regulated by the Public Utilities Commission     Image: 13. Horse or dog racing, or other legal forms of gambling     Image: 14. Education of gambling	ation T 15. Water Resources
Image: The second sec	mal: 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 <b>Penalty</b> . Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false	

Date 6-5-2020

RECEIVED Chifford & Marson Signature of Reporting Individual

JUN 08 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE

DEPART

2020 NEW HAM	PSHIRE STATEMENT	Γ OF FINANCIAL INTERESTS – RSA 15-A
Independent Am Son Dealer earning 27 Name the office, position, board or commission, committee, boa directors, etc. or employment with state or county government h	ard of	Same as home: 43 Mulvay Pord Rd, POBOLYS Work Address: <u>New London, NH 03357</u> Same as home: <u>Cell Mome</u> : 603-545-1380 Zurheides @ adl.com Work Phone 603-545-1380 ate for NH State Representative
proprietor, or employee, or served in any other profession	on, business, or other orga onal or advisory capacity	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.     2.     If you have no qualifying income indicate by writing your initia	ls next to the following si	tatement. My income does not gualify K72

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

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

Г	2. Health Care 73. In	urance 4. Real Estate, including broke agent, developers, and landlo			÷.		5. Banking or financial services			6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System	8. Curre	ent use la ent progra		9. Restau lodging	rants/		10. Sa bevera	le and distribution ages	ofalcoholic	☐ 11. Practice of law
Г	12. Any business regulated by Utilities Commission	the Public		☐ 13. Horse gambling	e or dog racing, o	r other lega	l forms of		14. Education	15. Water R	esources
Г	16. Agriculture	17. N.H. taxes:			Business Enterprise Tax		est and ends Tax			ecify any other area in interest	n which you have a

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

Date 9/15/20

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Signature of Reporting Individual