Type or Print Clearly
Full Name ROBERT SACCO Work Address 95 LEDGE ROOD, SEABTOOK, NH
Primary Occupation AUTO Deales e-mail BOB996@ COMCast, NET Work Phone 617-212-377
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county lovernment held by you. 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, parts
roprietor, 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 preced alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Ledge Road classic Auto, Seabtook, NH
RAD REALTY, 18 DOTTANCE ST, BOSTON, Ma
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: WHOLE SALE ANTO DEALER
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty: Any erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misder penalty. Any RECEIVED Date 6/6/22 Signature of Filer Jun 07 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

3

government held by you.

NO ACRONYMS

Type or Print Clearly				
Full Name Herb Salmon		Work Address	249 Federal Nice	Rd
Primary Occupation Retired	e-mail Chip	Sahane	Concast-thed Work Phone	603-673-6977
Name the office, position, board or commission, board of directors, etc. or employment with state or county	-			

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

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2.	-			
1		· · · · · · · · · · · · · · · · · · ·		. 1
If you hav	e no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	H.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 an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, o	upation, or business licensed or ce or category of business:	rtified by the State of New	v Hampshire. List each such	
2. Health Care 3. Insu	irance II I	cluding brokers, ers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated b Utilities Commission	by the Public 13. Hor of gamb	se or dog racing, or other ing	14. Education	15. Water Resources
16 Agriculture			erest and 18. Optional: S dends Tax 18. Optional: S specia	pecify any other area in which you have a al interest —
I have read RSA 15-A and hereby s person who knowingly fails to con	wear or affirm that the foregoing in ply with the provisions of this ch	nformation is true and con apter or knowingly files a	mplete to the best of my knowled false statement shall be guilty of a	ge and belief. RSA 15-A:9 Penalty. And misdemeanor.
Date June 10, 20	22	Signature of Filer	Ach Salm	~ I JUN TOFO
Return	n to: Office of Secretary of State, 10	07 North Main Street, State	e House Room 204, Concord, NH 0	3301 DEPART

Type or Print Clearly	
Full Name Laurie Sanbor.	N Work Address 67 5- Main St, Concord NH
Primary Occupation	e-mail empress. hooville egmail. Work Phone (663)227-1175
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representating

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 Draft LLC 71 Eagle Drive Bedford NH03110 2. Campy LLC 71 Eagle Drive Bedford NH 03110 TBR LLC, IsLing LLC, WinWin Win LLC If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1 Any profession, oc profession, occupation			50 Consulta		e. List each such		
2. Health Care 3. In:	surance	4. Real Estate, ind agent, develope		5. Bank services	ting or financial	6. State of Normanicipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current u assessment		9, Restaurants/		10 Sale and distribution beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	l by the Public	13. Hors of gambli	e or dog racing, or ot ng	her legal forms	14. Education	15. Water F	
16 Agriculture				Interest and Dividends Tax	18. Optional: Specia	pecify any other are I interest —	a in which you have a

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

Date

Signature of Filer JUN 09 NEW HAMPSHIRE

DEPARTMENT OF ST

Type or Print Clearly			
Full Name Michael Sanderson	Work Address	259 Neuport	Rd New Lowpor NH
Primary Occupation Banking e-mail	rchael, sanderson (Omoscome tant con	603-276-8914
Name the office, position, board or commission, board of directors, etc. or employment with state or county	TREASURER		
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.)

[MASCOMA	BANK	67	N.	PARK	ST	LEBANON	NH	
ou hav	have no qualifying income indicate by writing your initials next to the following statement.						wing statement.	My income does not qualify	

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

1. Any profession, oc profession, occupation			sed or cer	tified by the State of I	NewH	lampshir	e List each such	/	
2. Health Care 3. In:	surance			cluding brokers, ers, and landlords	\checkmark	5. Bank services	ing or financial	6. State of Normanicipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System		rrent use land nent program		9. Restaurants/ odging			10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Itilities Commission	by the Public		13. Hors of gambli	e or dog racing, or otl ing	her leg	gal forms	14. Education	15. Water F	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Ta				st and nds Tax	18. Optional: S specia	pecify any other are I interest	ea in which you have a

			mplete to the best of my knowledge and belief. false statement shall be guilty of a misdemeand	
person w	no knowingly fails to comply with the prov	isions of this chapter of knowingly files a	laise statement shall be guilty of a misdemeand	RECEIVED
Date	6-1-22	Signature of Filer	Comine Jamo	JUN 0 6 2022
	Poture to Office of Secr	etary of State, 107 North Main Street, State		NEW HAMPSHIELE DEPARTMENT OF ST. TE

ull Name Maria Santonastaso	Work Address 23 Riv	ver St Jaffrey NH 0345	2
imary Occupation Self-Employed	e-mail mavy@granitebilling.com	Work Phone	978-503-7044
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession endar year. Sources of retirement benefits other than federa	al or advisory capacity, and from which any ind	come in excess of \$10,000 v	was derived during the precedir
ou have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	MS
portable special interest in an item on this list if a change i scipline a licensee or permittee, or other decision by gover	in law, a change in administrative rule, a decision rnment affecting the listed business, profession, o	whether or not to award a co	ontract, grant a license or permit,
 a portable special interest in an item on this list if a change is iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estimation 	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, o the general public: ed or certified by the State of New Hampshire. List state, including brokers, 5. Banking of	whether or not to award a co occupation, group, or matter st each such or financial 6. St	ontract, grant a license or permit, would potentially have a greater ate of New Hampshire, county, o
eportable special interest in an item on this list if a change is liscipline a licensee or permittee, or other decision by gover nancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real E agent, d 7. N.H. Retirement 8. Current use land	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire. List state, including brokers, levelopers, and landlords 9. Restaurants/ 10.	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol	ontract, grant a license or permit, would potentially have a greater ate of New Hampshire, county, o cipal employment
eportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover inancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real E agent, d 7. N.H. Retirement 8. Current use land System 8. Current use land 12. Any business regulated by the Public	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire. List state, including brokers, levelopers, and landlords 9. Restaurants/ 10.	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol erages	ate of New Hampshire, county, o cipal employment holic 11. Practice of
 a licensee or permittee, or other decision by governancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Eagent, d 7. N.H. Retirement System 12. Any business regulated by the Public 	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire. List istate, including brokers, levelopers, and landlords 9. Restaurants/ 9. Restaurants/ 10. bevo 13. Horse or dog racing, or other legal forms	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol erages 14. Education 15	ate of New Hampshire, county, o cipal employment holic 11. Practice of law . Water Resources other area in which you have a
eportable special interest in an Item on this list if a change is discipline a licensee or permittee, or other decision by gover inancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real E agent, d 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public Utilities Commission 00 16. Agriculture 17. N.H. taxes: Profits Tax have read RSA 15-A and hereby swear or affirm that the fore	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire 1 is state, including brokers, levelopers, and landlords 9. Restaurants/ 9. Restaurants/ 10. bevo 13. Horse or dog racing, or other legal forms f gambling Business Enterprise Tax South and complete to the be	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol erages 14. Education 15 <i>18. Optional</i> : Specify any of special interest est of my knowledge and beli	ate of New Hampshire, county, o cipal employment holic 11. Practice of law . Water Resources other area in which you have a
 eportable special interest in an item on this list if a change in the iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Eragent, d 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public Utilities Commission 16. Agriculture 17. N.H. Business taxes: Profits Tax Profits Tax 	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire 1 is state, including brokers, levelopers, and landlords 9. Restaurants/ 9. Restaurants/ 10. bevo 13. Horse or dog racing, or other legal forms f gambling Business Enterprise Tax South and complete to the be	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol erages 14. Education 15 <i>18. Optional</i> : Specify any of special interest est of my knowledge and beli	ate of New Hampshire, county, o cipal employment holic 11. Practice of law . Water Resources other area in which you have a
profession, occupation, or category of business: 2. Health Care 3. Insurance 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public of Utilities 17. N.H. 16. Agriculture 17. N.H.	In law, a change in administrative rule, a decision rnment affecting the listed business, profession, of the general public: ed or certified by the State of New Hampshire 1 is state, including brokers, levelopers, and landlords 9. Restaurants/ 9. Restaurants/ 10. bevo 13. Horse or dog racing, or other legal forms f gambling Business Enterprise Tax South and complete to the be	whether or not to award a co occupation, group, or matter st each such or financial 6. St muni Sale and distribution of alcol erages 14. Education 15 <i>18. Optional</i> : Specify any of special interest est of my knowledge and beli	ate of New Hampshire, county, o cipal employment holic 11. Practice of law . Water Resources other area in which you have a

Type or Print Clearly	
Full Name Matthew Santonastaso Work Address	
Primary Occupation Unemployed e-mail Santonastaso @ chashine liberty Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	

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

1.				
2.	· · · · · · · · · · · · · · · · · · ·			
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lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	mS	

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

1. Any profession, or profession, occupation			tified by the State of N	lew Hampshir	e. List each such		
2. Health Care 3. In			cluding brokers, ers, and landlords	5. Bank services	king or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use assessment pro		9. Restaurants/ lodging		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	d by the Public	13. Hors of gambli	e or dog racing, or oth ng	ner legal forms		15. Water F	
16. Agriculture				nterest and Dividends Tax	18. Optional: Specia	pecify any other are al interest —	ea in which you have a

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

027

022	Signature of Filer	mahalla	RECEIVED
Return to: Office of Secretary of Sta	te, 107 North Main Street, State I	House Room 204, Concord, NH 03301	JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		· ·	1
Full Name Max Santonastaso	Work Address	919 W Swanzey	RO. Swanzey NH
Primary Occupation Truck Prives	e-mail Max. Santonas	7950 @gmailwork phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which a	any income in excess of \$10,000 wa	as derived during the preceding

1.	Associate of Schotzy All	
2.	During Un	
lf you hav	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify

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

1. Any profession, 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 N municipal er	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program Iodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Utilities Commission 15. Water	Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax 18. Optional: Specify any other and special interest —	rea 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. Be 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 1, 2022 Signature of Filer	JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STAT
Betwee to: Office of Secretary of State 107 North Main Street State Hourse Boom 204 Concord NH 02201	DEPARTMENT

Type or Print Clearly	
Full Name Edward J Sapici	Work Address 1000 Elm St Marchester NHT 03101
Primary Occupation Security Guard	e-mail esapira obrady sulliver, com 603-851-3657
Name the office, position, board or commission, board of directors, etc. or employment with state or county	
government held by you. NO ACRONYMS	

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

1. derman Ward-8 Marchosters employee inchester NH 031015 I variace an NHK 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

	ccupation, or business lie n, or category of busines	censed or certified by the s s:	State of New Hampshire	listeach such		
2. Health Care 3. In	surance li l	eal Estate, including broke ent, developers, and landlo		ing or financial	6. State of Ne municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use la assessment progr		aurants/	10. Sale and distributi beverages	on of alcoholic	RECEIVED
12. Any business regulated Utilities Commission	by the Public	13. Horse or dog racin of gambling	ng, or other legal forms	14. Education	15. Water Re	sourcesJUN 06 2022
16 Agriculture	17. N.H. Busine taxes: Profits		Interest and Dividends Tax	18. Optional: Sp specia	ecify any other are l interest	IN WHICH YOU THE SHIRE

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

Date

Signature of Filer

Type or Print Clearly			•	
Full Name Gregory M. Sargent	Work Address	1138 Elm	St., Manches	tr. NH 03101
Primary Occupation Attorney	e-mail greg, sargental	HAINC. com	Work Phone	623-625-5547
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	indidate for State R	ep. Dist.), Mearima	& county, NH

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

1.	Lamont, Hanley & Associates, Inc.		
2.	· · · · · · · · · · · · · · · · · · ·		
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	

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

	occupation, or business licensed or ce on, or category of business:	tified by the State of New H for Ney	lampshire. List each such	
2. Health Care 3. In		cluding brokers,	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulate Utilities Commission	d by the Public 13. Hor of gambl	se or dog racing, or other le ing	14. Education	15. Water Resources
16. Agriculture		Business Intere	st and 18. Optional: S nds Tax specia	pecify any other area in which you have a I interest

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

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

Full Name Nicholas Sarwark	Work Address 269 Orange St,	Munchester, NH 03104
Primary Occupation A Horney	e-mail nsarwark @ wedge squard. Work Phone	6035132503
Name the office, position, board or commission, board of directors, etc. or employment with state or county	N/A	
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. LLC 269 Orange St, 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, profession, occupation			ed or certified by the '	State of New Ham	pshire. Lis	t each such		
2. Health Care 3.	Insurance		Estate, including broke developers, and landlo		Banking o vices	r financial	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System		rrent use land nent program		aurants/		Sale and distributi rages	ion of alcoholic	11. Practice of law
 12. Any business regulat Jtilities Commission	ed by the Public		13. Horse or dog racin of gambling	ng, or other legal	orms] 14. Education	15. Water	
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a Dividends		18. Optional: Specia	pecify any other ar I interest —	ea in which you have a

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

Date

2072

Signature of Filer

Type or Print Clearly		
Full Name VAICRIE SARWARK	Work Address 269 ORANGE St Manch	
Primary Occupation analyst	e-mail VSARWARK C gmail Com Work Phone 703 30	3 2308
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	none	
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, a nal or advisory capacity, and from which any income in excess of \$10,000 was derived durir <i>ral retirement and/or disability benefits shall be included</i> . (Use additional sheets as necessary.)	
1. Wedse Savarea 269	ORange St manchester NH 03104 consulting	
2.		
If you have no qualifying income indicate by writing your ini	itials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change	becial interest in any of the following businesses, professions, occupations, groups, or matters. A in law, a change in administrative rule, a decision whether or not to award a contract, grant a lic ernment affecting the listed business, profession, occupation, group, or matter would potentially in the general public:	ense or permit,
1. Any profession, occupation, or business license profession, occupation, or category of business:	sed or certified by the State of New Hampshire. List each such	
I I Z. DEMUN VALE I D. INSURANCE II I	Estate, including brokers, 5. Banking or financial 6. State of New Hamp developers, and landlords services financial municipal employmen	
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of aw
	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in whice special interest	h you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my knowledge and belief.	Penalty Any
Date 6/10/2022	Signature of Filer	I-2022 APSHIRE

Type or Print Clearly
Full Name MATTILLEW SAVNDERS Work Address 14 CEDAR ST. AMESBURY MA 01917
Primary Occupation ATTORNEY e-mail Matthew Saman egnail.cn Work Phone 978-463-9101
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. SAUNDERS + SILVERSTEIN LUP IN GEONE ST. AMESSINY MA GIGI JAW FINM
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
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, 5. Banking or financial 6. State of New Hampshire, county, or
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law 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 Resources
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/ 10. Sale and distribution of alcoholic law 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 Resources 16. Agriculture 17. N.H. Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
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1. Any profession, occupation, or business licensed or certified by the State of New Hampsbire_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 Hampsbire, county, or municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest — Libave 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

Type or Print Clearly	
Full Name THOMAS SAVASTANO Work Address PO Box 721. MEGNE, NH	0343/
Primary Occupation Minister. e-mail tosava outlouh. Com Work Phone 6	03-352-7447
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was de calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary calendar year.	rived during the preceding
1. Landlord (Private - not organized as business), 75 Winter St., KEENE NH 0343. Able to be used for Short term rental, but montane currently used for residential leases	
2. More to be used tor short term rental, but mananel currently used for residential leases	
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 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: $M_{Eals + R_Entuls} T_{ax} O_{PErnturs} Listense (in rase of sector)$, grant a license or permit,
2 Health Care B Insurance 4. Real Estate, including brokers, 5. Banking or financial 6. State of	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	r Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other a special interest —	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. R person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	ISA 15-A:9 Penalty. Any
	RECEIVED
Date 6/10/22 Signature of Filer	JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name RICHAND E. SAWIER	Work Address 101 NONTH NO. BRENTWOOD NH.
Primary Occupation DEPLTY SHEATER e-mail	esjr/640msn.com WorkPhone 603-396-4458
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	BPUTY ROCKENGHAN COUNTY SHAREFTS OFFECK

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

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: ChatTEFERD Fulce-TIMA	
	v Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res Utilities Commission 15. Water Res	sources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area special interest	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 06/01/2022 Signature of Filer Mult Samps	JUN 01 2022 NEW HAMPSHIRE DEPARTMENT OF STA

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name Stephen Checkles Sciels Work Address 20 Easy brook Read, Suit 24 Dedhom, MA 02020
Primary Occupation Residential Instructor e-mail SSCARCOgnail.com Work Phone 603400 1390
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partn 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 precedi calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Vivid Cloud 150 Admiral F. tot the Brunawick ME 04011
2. TILL 20 East Brook Road Suit 201 Dedham, MA 02026
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 greate 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, of municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. 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 JUN 03 2022 06/03/2022

Signature of Filer

Hephan C. Scool

NEW HAMPSHIRE DEPARTMENT OF STATE

Date

Type or Print Clearly
Full Name Ellen G. Scarponi Work Address 103 Claugh Pond Road, Carterbury NH03224
Primary Occupation Refined - Consultant e-mail ellenscarp 1 egmail.com Work Phone 603-783-9594
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Scarponi Solutions LLC, 103 Claugh Pond Rozd, Canterbury NH 03224 (Consulting) 2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 1, 2022 Signature of Filer Signature of Filer JUN 02 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly					
Full Name Tom Schamberg		Work Address	10 CLARKE	Rd, Wil	mot, NH 03287
Primary Occupation Retined	e-mail toma	R YOUR PROMOSO	plution - com	Work Phone	603-715-6778
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					

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

1. Promotional Solutions Inc. 10 Clarkerd, Wilmot, NH, 03287. Otto State Teachers Retinement System, Columbus, OHID 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

2. Health Care B. Insurance	4. Real Estate, including brok	kers, 5. Banking	or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement		taurants/). Sale and distribution verages	on of alcoholic	11. Practice of law
12. Any business regulated by the Utilities Commission	Public 13. Horse or dog rac	ing, or other legal forms	14. Education	15. Water R	
16. Agriculture 17. N.I taxes:	H. Business Business Profits; Tax Enterprise Ta	x Interest and Dividends Tax	18. Optional: Sp special	interest —	a in which you have a
have lead RSA 15-A and hereby sweat person who knowingly fails to comply	or affirm that the foregoing information i with the provisions of this chapter or know	s true and complete to the wingly files a false statement	best of my knowledg at shall be guilty of a	e and belief. RS misdemeanor.	RECEIVE
Date June 2, 2022	Signat	ure of Filer Tom	Schambe	5	JUN - 3 2022 NEW HAMPSHI

Type or Print Clearly
Full Name JOSEPH Schop VO Work Address VERVet
Primary Occupation Net Wed e-mail Schap 1 VO De Quial Com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
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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 agent, developers, and landlords
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 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
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 6622 Signature of Filer Areph Schapped

Type or Print Clearly		
Full Name Paul H. Schirduan	Work Address	RECEIVED
Primary Occupation Retired - Engineer	e-mail paulschirduant hot mail can	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None	NEW HAMPSHIRE DEPARTMENT OF \$TA
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession	n, business, or other organization in which you or a family men al or advisory capacity, and from which any income in excess al retirement and/or disability benefits shall be included. (Use addit	of \$10,000 was derived during the preceding
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reportable special interest in an item on this list if a change i	ecial interest in any of the following businesses, professions, occunn n law, a change in administrative rule, a decision whether or not nment affecting the listed business, profession, occupation, grow the general public:	to award a contract, grant a license or permit,
1. Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hampshire. List each such	
	state, including brokers, evelopers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distrib lodging beverages	oution of alcoholic 11. Practice of law
	3. Horse or dog racing, or other legal forms 14. Education gambling	n 15. Water Resources
16. Agriculture 17. N.H. taxes: Business	Business Interest and Interest	Specify any other area in which you have a cial interest —
have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to the best of my knowl this chapter or knowingly files a false statement shall be guilty c	edge and belief. RSA 15-A:9 Penalty. Any of a misdemeanor.

Date

2022

Signature of Filer

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Type or Print Clearly	
Full Name Clandeffe Schmidt Work Address	
Primary Occupation home Maker e-mail for schmidting 23 agmail Work Phone	
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you. 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 roprietor, 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 palendar 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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you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
	r permit,
Ilscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a inancial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Any profession, occupation, or category of business: Any profession, occupation, or category of business: Any profession, occupation, or category of business: 	a greater
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discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a inancial 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, or municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law 11. Pra law 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	county, or actice of
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a 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, or municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Pralaw 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	county, or actice of
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discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a 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, or municipal employment 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Pra law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 14. Aericulture 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you interest and	a greater county, or actice of have a ty. Any

Type or Print Clearly
Full Name Cheri Schmitt Work Address 108 Liberty Hill Rd. Bedford NH 03110.
Primary Occupation Fracher e-mail Schmith for Nh @ Gmail. Convort Phone (603) 472-3951
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Bedford School District SAU25
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System Image: System
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
Thave 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 CHIRE person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date: 6/9/2022 Signature of Filer Cheri Joult Schmitt.

Type or Print Clearly
Full Name JOHN SCHMITT Work Address RETIRED
Primary Occupation RETIRED e-mail JSCHMITTS& CYAHOD. COM Work Phone NONE
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
$\frac{1}{2}$
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Image: Construction of the state of the
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/1/22 Signature of Filer Christer JUN 0 3 2022 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Peter B, Schmidt	Work Address PO Box 1468 Dover NH 03821
Primary Occupation retired/landlord e-mail peter	barrett. Schmidt gmail, Wark Phone 623-769-1043
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Unnamed 3 unit apartment blog. at 5:	3 Fourth St. Dover, NH 03820
2.	
If you have no qualifying income indicate by writing your initials next to the followir	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, sted business, profession, occupation, group, or matter would potentially have a greater
profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	ds services municipal employment
7. N.H. Retirement 8. Current use land 9. Restau System assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Profits Tax 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 tr person who knowingly fails to comply with the provisions of this chapter or knowin	ngly files a false statement shall be guilty of a misdemeanor. $\mathbf{R} = \frac{1}{2}$
Date June 1st, 2022 Signature	

Type or Print Clearly
Full Name John Schneller Work Address 86 Brick M. 11 Rd, Beller, NH
Primary Occupation Retired e-mail holdenct is @ 9 mail. Gr Work Phone 917. 225-8041
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read DSA 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

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 bellet. As a person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

Signature of Filer

IIIN 1 2022 4 NEW MAMPSHIRE

TE

100 J. SZ HATO: BECD CILL CLERK	2022 NEW HAMPSHIRE	STATEMENT OF FINANC	IAL INTERESTS - R	SA 15-A		
Type or Print Clearly			East Con	est Acro Club		
	P. Schoneman	Work Ac	Idress 10/lerine	ter Rd. Mash		
Primary Occupation Fligh	tinstructor	e-mail david, sch	noneman@gm	a: L. CoWork Phone	603-2	18-1923
Name the office, position, board directors, etc. or employmen government held by you.	d or commission, board of					-
A. List below the name, address proprietor, or employee, or ser calendar year. Sources of retirer	ved in any other professional	I or advisory capacity, and from	m which any income	in excess of \$10,000 w	vas derived during	
1.						
2.		· · · · · · · · · · · · · · · · · · ·				
the second se		ч. <u>к</u> . / ч. м	1 H H H H H	* * * * * * * *		
If you have no qualifying income B. Indicate below whether you reportable special interest in ar	or a family member has a spec	cial interest in any of the followi	ing businesses, profess		ups, or matters. A p	
 B. Indicate below whether you reportable special interest in ar discipline a licensee or permitte financial effect on you or a fam 1. Any profession, or 	or a family member has a spec item on this list if a change in ee, or other decision by govern ily member than it would on t	cial interest in any of the follow law, a change in administrative ment affecting the listed busin	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire. List each	tions, occupations, grou ner or not to award a co ation, group, or matter of a such	ups, or matters. A pontract, grant a licen would potentially h	nse or permit, have a greater
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B. Indicate below whether you reportable special interest in ar discipline a licensee or permitte financial effect on you or a fami 1. Any profession, oc profession, occupation 2. Health Care 3. In 7. N.H. Retirement	or a family member has a spec i item on this list if a change in see, or other decision by govern ily member than it would on t ccupation, or business licensed n, or category of business: surance 8. Current use land assessment program	cial interest in any of the following law, a change in administrative of the listed busing the general public:	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire_List each 5. Banking or finar services 10. Sale a beverages legal forms	ions, occupations, grounder or not to award a content of a such for a such fo	ate of New Hampsh cipal employment nolic 1 water Resources	nse or permit, have a greater hire, county, or 1. Practice of w
B. Indicate below whether you reportable special interest in ar discipline a licensee or permitte financial effect on you or a fami 1. Any profession, oc profession, occupation 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated	or a family member has a spec i item on this list if a change in see, or other decision by govern ily member than it would on t ccupation, or business licensed n, or category of business: surance 8. Current use land assessment program	cial interest in any of the following law, a change in administrative of the general public: I or certified by the State of New state, including brokers, velopers, and landlords 9. Restaurants/ lodging 8. Horse or dog racing, or other gambling	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire_List each 5. Banking or finar services 10. Sale a beverages legal forms	ncial 6. Sta municipal distribution of alcoh	ate of New Hampsh cipal employment nolic 1 water Resources	nse or permit, have a greater hire, county, or 1. Practice of w
B. Indicate below whether you reportable special interest in ar discipline a licensee or permitte financial effect on you or a fami 1. Any profession, oc profession, occupation 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated Utilities Commission 16. Agriculture	or a family member has a spec i tem on this list if a change in se, or other decision by govern ily member than it would on t ccupation, or business licensed or, or category of business: surance 4. Real Est agent, de 8. Current use land assessment program by the Public 13. of f 17. N.H. taxes: Profits Tax	cial interest in any of the following law, a change in administrative of the state of the general public: Lor certified by the State of New state, including brokers, velopers, and landlords 9. Restaurants/ lodging 8. Horse or dog racing, or other gambling Business Enterprise Tax Division information is true and compared to the state of the	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire_List each 5. Banking or finar services 10. Sale a beverages legal forms 14. erest and idends Tax 18.	ions, occupations, grouner or not to award a co ation, group, or matter of a such Incial 6. Sta munic Ind distribution of alcoh Education 15. <i>Optional</i> : Specify any co special interest	ate of New Hampsh cipal employment nolic 1 awater Resources other area in which	hire, county, or 1. Practice of w you have a enalty. Any
B. Indicate below whether you reportable special interest in an discipline a licensee or permitter financial effect on you or a family 1. Any profession, or profession, occupation 1. Any profession, oc profession, occupation 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated Utilities Commission 16. Agriculture	or a family member has a spec i tem on this list if a change in se, or other decision by govern ily member than it would on t ccupation, or business licensed or, or category of business: surance 4. Real Est agent, de 8. Current use land assessment program by the Public 13. of f 17. N.H. taxes: Profits Tax	cial interest in any of the following law, a change in administrative of the state of the general public: Lor certified by the State of New state, including brokers, velopers, and landlords 9. Restaurants/ lodging 8. Horse or dog racing, or other gambling Business Enterprise Tax Division information is true and compared to the state of the	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire_List each 5. Banking or finar services 10. Sale a beverages legal forms 14. erest and idends Tax 18.	ions, occupations, grouner or not to award a co ation, group, or matter of a such Incial 6. Sta munic Ind distribution of alcoh Education 15. <i>Optional</i> : Specify any co special interest	ate of New Hampsh cipal employment nolic 1 awater Resources other area in which	hire, county, or 1. Practice of w you have a enalty. Any
B. Indicate below whether you reportable special interest in ar discipline a licensee or permitte financial effect on you or a fami 1. Any profession, oc profession, occupation 2. Health Care 3. In 7. N.H. Retirement System 12. Any business regulated Utilities Commission 16. Agriculture	or a family member has a spec i tem on this list if a change in se, or other decision by govern ily member than it would on t ccupation, or business licensed or, or category of business: surance 4. Real Est agent, de 8. Current use land assessment program by the Public 13. of f 17. N.H. taxes: Profits Tax	cial interest in any of the following law, a change in administrative of the state of the general public: Lor certified by the State of New state, including brokers, velopers, and landlords 9. Restaurants/ lodging 8. Horse or dog racing, or other gambling Business Enterprise Tax Division information is true and compared to the state of the	ing businesses, profess e rule, a decision wheth ess, profession, occupa w Hampshire_List each 5. Banking or finar services 10. Sale a beverages legal forms 14. erest and idends Tax 18.	ions, occupations, grouner or not to award a co ation, group, or matter of a such Incial 6. Sta munic Ind distribution of alcoh Education 15. <i>Optional</i> : Specify any co special interest	ate of New Hampsh cipal employment nolic 1 water Resources other area in which ef. RSA 15-A:9 P	have a greater hire, county, or 1. Practice of w

Type or Print Clearly
Full Name DANIEL L SEXROTH Work Address
Primary Occupation RETIRED e-mail Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
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 DLS
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System Image: System
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any

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 belier. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

Signature of Filer

Type or Print Clearly
Full Name DIANNE E. SCHUETT Work Address
Primary Occupation RETIRED e-mail schwettforrep@yahas.com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. NH RETIREMENT SYSTEM, 54 REGIONAL DR, CONCORD NOT 03301
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or services Net Fen CR, un municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest - RENTAL PROFERTY OUT OF STATE
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 6/6/2022 Signature of Filer Disence & Schuelt JUN 08 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly		_			
Full Name Kirsten Larsen Sch	ultz	Work Address	121 Pa	ost Rd	North Hampton
Primary Occupation Consultant	e-mail LARS	SENSCHULT	z ogranil.	- Work Phon	e (603) 722-0441
Name the office, position, board or commission, board of directors, etc. or employment with state or county	State .	Represer	tative	D 23	Rockingham
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. Act Local Inc. 50103 - Same Address 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: Licensed Real Estate Sales agent						
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment						
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic 11. Practice of law		
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources						
16 Agriculture		Business Interest and Interprise Tax Dividends Tax	18. Optional: Spec special in	ify any other area in which you have a iterest		

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

Date	6	9	2022	Signature of Filer	Kins	2 Sam	JUN 1 0 2022
			Return to: Office of Secretary o	of State, 107 North Main Street, State Ho	ouse Room 204, Concord	l, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		
Full Name Kristing M. Schl	14 tZ Work Address 806 Alton WOOds D	0
Primary Occupation NON profit consul	Hove mail Kris@ Schultzfor COWork Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county e		
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. Sienens 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, o profession, occupatio		business licensed or cer of business:	tified by the State of N	lew Hampshin	e. List each such		
2. Health Care 3. I	nsurance	4. Real Estate, in agent, develope	cluding brokers, ers, and landlords	5. Bank services	ting or financial	6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System		rrent use land ment program	9. Restaurants/		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	d by the Public	c 13. Hors of gamble	e or dog racing, or oth ng	er legal forms	14. Education	15. Water	
16. Agriculture	17. N.H. taxes:			nterest and ividends Tax	18. Optional: Specia	pecify any other ar l interest	ea in which you have a

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

15 Date

Signature of Filer

MEW HAMPSHIRE

DEPARTMENT OF STATE

ype or Prin	it clearly								
ull Name	Il Name Lisa Scott			Work Address	Work Address 95 Water Village Road, Ossipee NH 0				
rimary Occi	upation Register of	Deeds	e-mail LSc	ott@CarrollCour	tyNHDeeds.gov	Work Phone	603-539-4872		
rectors, et	ffice, position, board or tc. or employment w held by you.		Carroll County	Register of Dee	ds				
prietor, o	or employee, or served		nal or advisory cap	acity, and from which	ch any income in exc	ess of \$10,000 v	officer, director, associate, partner was derived during the preceding as necessary.)		
Lis	sa Scott, Personal	Agent							
ou have n	o qualifying income inc	dicate by writing your ini	tials next to the fol	lowing statement.	My income	does not qualify	/		
scipline a hancial effe	licensee or permittee, o ect on you or a family n	prother decision by gove member than it would on pation, or business licens category of business: 4. Real l	rnment affecting t the general public	he listed business, pro c: <u>he State of New Ham</u> okers, 5.	ofession, occupation, g pshire. List each such Banking or financial	group, or matter	ontract, grant a license or permit, would potentially have a greater ate of New Hampshire, county, or cipal employment		
7. N.H Syster	I. Retirement	8. Current use land assessment program		estaurants/	vices 10. Sale and dis beverages	tribution of alcol			
12. Any	y business regulated by Commission	the Public		acing, or other legal f		tion 15	. Water Resources		
] 16. Ag	griculture 17. tax	N.H. Business	Business	Tax Dividends		nal: Specify any special interest -	other area in which you have a 		
rson who l		ear or affirm that the for bly with the provisions o	f this chapter or kn				ief. RSA 15-A:9 Penalty. Any anor. RECEIVED JUN 0 3 2022		
	Return	to: Office of Secretary of	State, 107 North M	ain Street, State Hous	se Room 204, Concord	, NH 03301	NEW HAMPSHIR		

Theef Iof Z

Full Name John Scrutor	Work Address	
Primary Occupation CONSUTTON	e-mail Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative Farming	rton

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

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

	occupation, or business licensed or contract on the second s	ertified by the State of New Ha	mpshire. List each such		
2. Health Care 3. In			5. Banking or financial ervices	6. State of New municipal emplo	Hampshire, county, or oyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
12. Any business regulate	d by the Public 13. Ho	rse or dog racing, or other lega bling		15. Water Res	
16. Agriculture	17. N.H. Business Laxes: Profits Tax	Business Interest Enterprise Tax Dividence		pecify any other area i I interest	in which you have a

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

Date

D. L. A. MILL A.

Signature of Filer

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

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2022 NEW HAMPSHIRE	STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Sheet of Z
Type or Print Clearly	
Full Name John Scruton	Work Address 10 Meaderboro Rd Farmington NH
Primary Occupation ConsulTant	e-mail JSCru Ton @ Metrocagt, Met Work Phone 60333320652
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative FarmingTon
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding

VRJ 66 Main St Suite 1. New 2. B

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

My income does not qualify

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

1. Any profession, occup profession, occupation, o	upation, or business licensed or cert or category of business:	tified by the State of New Ham	pshire_List each such	
2. Health Care 3. Insu	irance 4. Real Estate, inc agent, developer		. Banking or financial vices	6. State of New Hampshire, cour municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distributi beverages	ion of alcoholic 11. Practic law
12. Any business regulated by Utilities Commission	y the Public 13. Horse of gamblin	e or dog racing, or other legal i ng		15. Water Resources
16 Agriculture		tusiness Interest a Interest a Dividends		pecify any other area in which you have I interest —

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

Date

Signature of Filer

100 8 .22 HITO: 19 KEC.D CILL CREKK DELL

Type or Print Clearly		
Full Name Kevin Sculty	Work Address	
Primary Occupation Retred	e-mall Scully WARd 6 Cgmail, com W	ork Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other professional	, business, or other organization in which you or a family memi I or advisory capacity, and from which any income in excess I retirement and/or disability benefits shall be included. (Use additi	of \$10,000 was derived during the preceding
I. [· · · · · · · · · · · · · · · · · · ·	
2.	· · · · · · · · · · · · · · · · · · ·	
f you have no qualifying income Indicate by writing your initia	als next to the following statement. My income doe	es not qualify KJS
financial effect on you or a family member than it would on t	nment affecting the listed business, profession, occupation, grou the general public: d or certified by the State of New Hampshire. List each such	ip, or matter would potentially have a greater
	tate, including brokers, 5. Banking or financial evelopers, and landlords services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution	ution of alcoholic 11. Practice of law
	3. Horse or dog racing, or other legal forms 14. Education gambling	
16. Agriculture 17. N.H. taxes: Business	Business Interest and It. Optional: Enterprise Tax Dividends Tax Spec	Specify any other area in which you have a cial interest
have read RSA 15-A and hereby swear or affirm that the foregoes on the second s	going Information is true and complete to the best of my knowle this chapter or knowingly files a false statement shall be guilty of	f a misdemeanor.
Date 6/8/22	Signature of Filer	Level JUN 0.9 2022
Return to: Office of Secretary of St	tate, 107 North Main Street, State House Room 204, Concord, NH	03301 NEW HAMPSHIRE

Full Name BRIAN SEQUORTH	Work Address	161	BUCK ST.	PEMBROKE
Primary Occupation SOFTWARE CONSULTANT e-mail			Work Phone	(603) 722 -0807
Name the office, position, board or commission, board of				

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

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

1. SEAWORTH CONSULTING LLC 161 BUCK ST. PEMBRORE NIT GOFF WILSON PA 1000 ELM ST. 20TH FLOOR MANCHESTER NIT 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

	, occupation, or busine tion, or category of bus	ss licensed or certified iness:	by the State of Ne	ew Hampshire.	List each such		
2. Health Care	. Insurance	4. Real Estate, includin agent, developers, and	-	5. Bankin services	ng or financial	6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current u assessment p		9. Restaurants/ odging		10. Sale and distributi peverages	on of alcoholic	11. Practice of law
12. Any business regula Utilities Commission	ted by the Public	13. Horse or d of gambling	log racing, or othe	er legal forms	14. Education	15. Water	
16. Agriculture	-	ofits Tax Busine		terest and vidends Tax	18. Optional: Si specia	pecify any other ar l interest	ea in which you have a
I have read RSA 15-Å and her	eby swear or affirm that	t the foregoing inform	ation is true and c	omplete to th	e best of my knowledg	ge and belief. RS	A 15-A:9 Penalty. Any

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. As 15-A.9 remarks represented to the best of my knowledge and belief. The second person who knowledge and belief.

Date

6-3-22

Signature of Filer

1 //	
12 pm	RECEIVED
House Poom 204 Concord NH 02201	JUN 1 0 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly		_
Full Name Alvin B. See	Work Address	
Primary Occupation Retired	e-mail absee 4 Liberty. net Work Phone -	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative, Merrimack district 26	
A. List below the name, address, and type of any profession	on, business, or other organization in which you or a family member was an officer, director, associate, partne	er,

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.			
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lf you hav	re no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	ABS

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

2. Health Care		eal Estate, including brokers, nt, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, of municipal employment
7. N.H. Retirement System	8. Current use la assessment progr		10. Sale and distrib beverages	ution of alcoholic 11. Practice of law
12. Any business regul Utilities Commission	ated by the Public	13. Horse or dog racing, or othe of gambling	r legal forms 14. Education	15. Water Resources
16. Agriculture	17. N.H. Busine taxes: Profits		terest and 18. Optional: vidends Tax spec	Specify any other area in which you have a cial interest —
have read RSA 15-A and he erson who knowingly fails hate $c/1/2$	to comply with the provisior	foregoing information is true and c s of this chapter or knowingly files Signature of Filer	omplete to the best of my knowle a false statement shall be guilty o <i>Chim B</i> , -	fa misdemeanor. RECEIVED JUN 0 2 2022 JUN 0 2 2022 DEPARTMENT OF STATE

Type or Print Clearly	_					
Full Name CHRISTINE SEIBERT	Work Address	96 EVE ST	REET NAM	WHESTER, NH 0310		
Primary Occupation Activist Politician e-mail CHR	ISTINEA NHO	BGMAL.COM WO	ork Phone 60	3-892-2685		
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS						
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and/or d	ity, and from which	any income in excess o	f \$10,000 was deriv	ved during the preceding		
1.						
2.						
If you have no qualifying income indicate by writing your initials next to the follow	ving statement.	My income does	s not qualify	C.S.		
 B. Indicate below whether you or a family member has a special interest in any or reportable special interest in an item on this list if a change in law, a change in and discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business: 	Iministrative rule, a c listed business, prof	lecision whether or not to ession, occupation, group	award a contract, g	grant a license or permit,		
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle		anking or financial ces	6. State of Ne municipal em	ew Hampshire, county, or ployment		
7. N.H. Retirement 8. Current use land 9. Rest System lodging	aurants/	10. Sale and distribut beverages	tion of alcoholic	11. Practice of law		
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources						
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —						
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	true and complete vingly files a false sta	to the best of my knowled tement shall be guilty of	lge and belief. RS a misdemeanor.	A 15-A:9 Penalty. Any		
	ire of Filer	Streep A	am	JUN 0 8 2022		
Return to: Office of Secretary of State, 107 North Mair	Street, State House	Room 204, Concord, NH	03301	NEW HAMPSHIRE DEPARTMENT OF STATE		

Type or Print Clearly
Full Name Shaila Cacila Saidal Work Address -
Primary Occupation ReLierd e-mail 777 toothpic @qmail.com Work Phone _
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

une 2, 2022

Signature of Filer

Type or Print Clearly			N4 03461
Full Name Jeffrey Sella	Work Address	39 Sunn Point	RD, FINDLE
Primary Occupation Ref. Acs	e-mail Jeff. Scabo Sclandcl Q C	C. Work Phone	203 558 5043
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			

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

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If you hav	ve no qualifying income indicate by writing your initials nex	t to the following statement.	My income does not qualify	

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

	occupation, or busines on, or category of busi	ness:	rtified by the State o				ccue:4	Card
	insurance il r	I. Real Estate, in	cluding brokers, ers, and landlords	5. E serv	Banking or fi	nancial	6. State of Ne municipal em	ew Hampshire, county, or
7. N.H. Retirement System	8. Current us assessment pr		9. Restaurants lodging	5/	10. Sale beverag	e and distributions	on of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	ed by the Public	13. Hors of gambli	e or dog racing, or c ng	other legal fo	rms 1	4. Education	15. Water F	Resources
16. Agriculture			Business Interprise Tax	Interest and Dividends T			ecify any other are interest	ea in which you have a
I have read REA 15 A and hereb		4h - f	f		4 - 4	£ [and halist DC	

I have read RSA 15-A and hereby swear or affirm that the foregoi person who knowingly fails to comply with the provisions of thi	5	, , ,	
Date Juive 3 No 2022	Signature of Filer	AL	JUN 0 3 2022
	e 107 North Main Street State	House Boom 204 Concord NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

lale, 107 North Main Street, State house Room 204, Concord, NH 05501

Type or Print Clearly	
Full Name Loren Selig	Work Address 10 DWTAR Rd, Dover MH 03820
Primary Occupation Real Estate Sales e-mail Lore-	Seligegnail.com Work Phone 6039533641
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
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If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business: $Real Est$	
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Restau System Indext assessment program Indext assessment program	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is to	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

2022

Signature of Filer

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

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Type or Print Clearly
Full Name John Sellers Work Address Refired
Primary Occupation Rating de mail John, Sellers, Gove Protonnuil, Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county
government held by you. NO ACRONYMS non-
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. Non-
2. Nonc
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 4/1/22 Signature of Filer JUN 0 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name BENJTAMIN SHARPE Work Address 146 HILLDALE	AVE HAVERHILL MA OIS
Primary Occupation MANALER e-mail BSHANDE@PDFINC.COM Work	k Phone 978 3440300
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NH
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use addition	\$10,000 was derived during the preceding
1. MELISSA SHARPE IMETALOMET LAKE DR. SANDOWN	NA 03873
1. MELISSA SHARPE IMETALOMET LAKE DR. SANDOWN 2. 25 HICHLAND DD. NEWBORNED RT MM. DIRELTOR. 15HALPEPLASTIC DISTRIBUTORS, 146 HILDALE AVE HAVERHULL MA DIS If you have no qualifying income indicate by writing your initials next to the following statement. My income does not a statement.	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupate 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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or the result of the member and the member and the member approximate the member and the m	award a contract, grant a license or permit,
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate including brokers	award a contract, grant a license or permit,
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of 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	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of 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 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of 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 7. N.H. Retirement System 12. Any business regulated by the Public Utilities Commission 14. Education	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment on of alcoholic 11. Practice of law 15. Water Resources
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of 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 Hampsbire. 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 7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution beverages 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 16. Agriculture 17. N.H. Business Business Interest and Dividends Tax 18. Optional: Sp special	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment on of alcoholic 11. Practice of law 15. Water Resources recify any other area in which you have a interest —
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or 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 7. N.H. Retirement System 3. Current use land assessment program 4. Real end by the Public 1. Any business regulated by the Public 1. Horse or dog racing, or other legal forms 14. Education 16. Agriculture 17. N.H. Business Profits Tax Business Interprise Tax Interest and Dividends Tax Interest and Divi	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment on of alcoholic 11. Practice of law 15. Water Resources ecify any other area in which you have a interest — ge and belief. RSA 15-A:9 Penalty. Any
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 a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, of financial effect on you or a family member than it would on the general public:	award a contract, grant a license or permit, or matter would potentially have a greater 6. State of New Hampshire, county, or municipal employment on of alcoholic 11. Practice of law 15. Water Resources recify any other area in which you have a interest re and belief. RSA 15-A:9 Penalty. Any misdemeanor.

Type or Print Clearly	
Full Name Vanessa L. Sheehan Work Address Z Cote Ln. #18 Bedford, M	24 03110
Primary Occupation Realtor e-mail Vanessa Sheelan. reality@ Smail.con Work Phone 603	3-931-3003
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessa	ed during the preceding
1. John Sheehan, Dasis Systems, 200 Summit Dr. Burligton, MA - Employee, projec	+ manager
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 mater 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, gradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pot financial effect on you or a family member than it would on the general public:	ant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New municipal employed	v Hampshire, county, or loyment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System Image: System 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	sources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 6/1/22 Signature of Filer Vinen K. Steelan	JUN 0 3 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Know Shotspht	Work Address 10 BOX 52 Hampton falls, NH
Primary Occupation Laadscaftag er	nall W. Shoot @ xchoo. COMWork Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	shompshike State Representative

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.		
	la see en la seconda de la	
Ifyou has	a no qualifying income indicate by writing your initials part to the following statement	

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:

\triangleleft	1. Any profession, or profession, or profession, occupation				1.	eop		e. List each such		
	2. Health Care 3. In	surance			cluding broker ers, and landlor		5. Ban services	king or financial	6. State of Normal English Sta	ew Hampshire, county, or ployment
	7. N.H. Retirement System		rrent use la ment progra		9. Restar	urants/		10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	12. Any business regulated Itilities Commission	by the Publi	c [13. Hor of gambl	se or dog racing	g, or other leg	al form	14. Education	15. Water F	
	16 Agriculture	17. N.H. taxes:	Busine Profits		Business Interprise Tax	Divide	st and nds Tax	18. Optional: S specia	pecify any other are al interest —	ea in which you have a

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

Date

Signature of Filer

JUN 10 **NEW HAMPSHIF**

DEPARTMENT OF STATE

Type or Prin	nt Clearly						
Full Name	Tom Sherman		Work Addr	ess	296 Harbor Rd,	Rye NH 0387	0
Primary Occ	cupation retired, former doctor	e-mail	tomshermannh@	gma	il.com	Work Phone	6038289620
directors, e	ffice, position, board or commission, board of etc. or employment with state or county t held by you. NO ACRONYMS	State Sen	ator				
proprietor,	w the name, address, and type of any profession or employee, or served in any other profession ar. Sources of retirement benefits other than federation	onal or advisor	ry capacity, and from	which	any income in exc	ess of \$10,000 wa	as derived during the preceding
1. C	ore Gastroenterology					<u></u>	
2. No	ortheast Dermatology						
If you have r	no qualifying income indicate by writing your ir	nitials next to t	he following statement		My income	does not qualify	
reportable : discipline a financial eff	below whether you or a family member has a s special interest in an item on this list if a change licensee or permittee, or other decision by gov fect on you or a family member than it would o . Any profession, occupation, or business licen ofession, occupation, or category of business:	e in law, a chan rernment affect n the general	ge in administrative ru ting the listed business public:	le, a d , profe	lecision whether or r ession, occupation, o	ot to award a con	tract, grant a license or permit,
2. Hea	airn Lare i is insurance it i	Estate, includi developers, ar	-	5. Ba	anking or financial ces		e of New Hampshire, county, or pal employment
7. N.H Syste	H. Retirement 8. Current use land assessment program		9. Restaurants/ lodging		10. Sale and dist beverages	ribution of alcoho	olic 11. Practice of law
	y business regulated by the Public	13. Horse or of gambling	dog racing, or other leg	al for	ms 14. Educat	tion 15.V	Vater Resources
16. Ag	griculture 17. N.H. Business taxes: Profits Tax	Busin Enterp	ess prise Tax			pecial interest	her area in which you have a
	SA 15-A and hereby swear or affirm that the fo knowingly fails to comply with the provisions						
Date 6/8	3/2022		Signature of Filer	K	MA		JUN 08 2022
	Return to: Office of Secretary of	State, 107 No	rth Main Street, State H	ouse	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Harold Shurtleff	Work Address 146 Powder Mill Rd Alton, NL
Primary Occupation Director	e-mail Shurtleffhale aul-GON Work Phone 857-498-1309
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other professional	, business, or other organization in which you or a family member was an officer, director, associate, partner, I or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding I retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

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

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

1. Any profession, occupation, or business licensed profession, occupation, or category of business:	d or certified by the State of N	lew Hampshire. List each such	
	tate, including brokers, velopers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ lodging	10. Sale and distribut beverages	tion of alcoholic 11. Practice of law
	3. Horse or dog racing, or oth gambling	er legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax		nterest and ividends Tax 18. Optional: S specia	pecify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t			
Date 6/7/22	Signature of File	Harolet &	Shut C NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
Full Name Stephen J. Shurtleft Work Address Il Vinton D. Peaco.	+ NH 03303
	7534563
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, direct proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
1. Nove	1 111 FORM 1 1
2.	
If you have no qualifying income indicate by writing your initials next to the following statement Sp 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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, gran discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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 	t a license or permit,
profession, occupation, or category of business:	анараланын алар нь х х н н на нах байн 10 - ¹⁰ на нах н
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Insurance	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System Image: System syst	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resc	burces
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	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 12 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 6601/2022 Signature of Filer Stul Schuld	JUN 01 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly				
Full Name Stephen J. Shw	Hoff	Work Address	Il Vinton Dr. F.	enacort NH 03203
Primary Occupation Ret, red	e-mail	Steve Shurth	off DAOL.GR Work Phone	6037534503
Name the office, position, board or commission, board of directors, etc. or employment with state or county	State	Representa	tive	
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. Nove 2. If you have no qualifying income indicate by writing your initials next to the following statement (SSM) income does not qualify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 5. Banking or financial 4. Real Estate, including brokers, 6. State of New Hampshire, county, or 2. Health Care 3. Insurance municipal employment agent, developers, and landlords services 7. N.H. Retirement 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land 9. Restaurants/ law lodging beverages assessment program System 13. Horse or dog racing, or other legal forms 12. Any business regulated by the Public 15. Water Resources 14. Education of gambling Utilities Commission 18. Optional: Specify any other area in which you have a 17. N.H. Interest and **Business** Business special interest ---16. Agriculture Enterprise Tax **Dividends** Tax Profits 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 In a single files a false statement shall be quilty of a misdemeanor

person	who knowingly fail	is to comply with the provisions of th	is chapter of knowingly files a	laise statement shar be guity of a misdemeanor.	RECEIVED
Date	66/01	12022	Signature of Filer	Sty Senley	JUN 0 2 2022
					NEW HAMPSHIRE
-		Poturn to: Office of Secretary of Stat	e 107 North Main Street, State	e House Room 204, Concord, NH 03301	DEPARTMENT OF STATE

Type or Print Clearly					
Full Name JEnny L Sicks	2>	Work Address	195 1604	RD FIG 1	CODE N.H.
Primary Occupation	e-mail JJJ	55678 e 1	Walles Wa	ork Phone 60	73 903 8567
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE	KEP	w.tl.		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federated as the served of the serve	onal or advisory capacity,	and from which	any income in excess o	f \$10,000 was deri	ived during the preceding
1.				· · · · · · · · · · · · · · · · · · ·	
2.					
If you have no qualifying income indicate by writing your in	nitials next to the following	g statement.	My income does	s not qualify	525-
 B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business: 	e in law, a change in admi rernment affecting the list n the general public:	nistrative rule, a d red business, prof	ecision whether or not to ession, occupation, group	award a contract,	grant a license or permit,
	Estate, including brokers, developers, and landlord		inking or financial	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land System assessment program	9. Restau		10. Sale and distribut beverages	tion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, of gambling	, or other legal for	ms 14. Education	15. Water	Resources
16. Agriculture 17. N.H. taxes: Business		Dividends Ta		Specify any other an al interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	oregoing information is tru of this chapter or knowing	ue and complete t gly files a false sta	o the best of my knowled tement shall be guilty of	dge and belief. RS a misdemeanor.	
Date 10/10/22	Signature		FLS	rlel.	JUN 13 2022
Return to: Office of Secretary of	f State, 107 North Main St	reet, State House	Room 204, Concord, NH	03301	NEW HAMPSHIRE DEPARTMENT OF STATE

	2022 NEW HAMPSHIRE	STATEMENT OF FINAL	NCIAL INTER	RESTS - RSA 15-A		
Type or Print Clearly						
Full Name TAM	My MAR'E Sieky	ann Work	Address	89 Holovey	Road	
Primary Occupation	NA	e-mail Tansie	Kuanna	guail.cog Wo	rk Phone	
	on, board or commission, board of ployment with state or county u. NO ACRONYMS					
proprietor, or employed	e, address, and type of any profession e, or served in any other professiona of retirement benefits other than federa	l or advisory capacity, and	from which an	y income in excess of	\$10,000 was derive	d during the preceding
1.	A	· · · · · · · · · · · · · · · · · · ·				
2. Milling	A gincome indicate by writing your initia	als next to the following stat	ement.	My income does	not qualify	NAK
reportable special inter discipline a licensee or	her you or a family member has a spe est in an item on this list if a change in permittee, or other decision by goverr or a family member than it would on t	law, a change in administra ment affecting the listed bu	tive rule, a deci	ision whether or not to	award a contract, gra	ant a license or permit,
	ssion, occupation, or business license cupation, or category of business:	d or certified by the State of J	New Hampshire	e. List each such		
2. Health Care	B Insurance II I	tate, including brokers, velopers, and landlords	5. Bank services	ing or financial	6. State of Nev municipal emp	v Hampshire, county, or loyment
7. N.H. Retireme System	ent 8. Current use land assessment program	9. Restaurants/		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
12. Any business r Utilities Commission		3. Horse or dog racing, or ot gambling	her legal forms	14. Education	15. Water Re	sources
16. Agriculture	17. N.H. Business taxes: Profits Tax		Interest and Dividends Tax	18. Optional: Specia	pecify any other area I interest —	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 JUN 08 2022

> **NEW HAMPSHIRE** DEPARTMENT OF STATE

Signature of Filer

Date

rimary Occupation	ATTORNEY	e-mail	njs @ s; lbe	suh. Cow	Work Phone	603-293-0505
	nployment with state or county	STATE	REPRESEN	TATIVE		
oprietor, or employ	ne, address, and type of any professio ree, or served in any other professio as of retirement benefits other than fede	nal or advisory	capacity, and from which	h any income in e	xcess of \$10,000 wa	s derived during the precedin

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

na an Dainh Clauder

2.

My income does not qualify

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

1. Any profession, occupation, or business lice profession, occupation, or category of business:	NH BAR MEMB		
	l Estate, including brokers, t, developers, and landlords 5. Ba		f New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land System assessment program		10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forr of gambling	ns 14. Education 15. Wat	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Taxes		x 18. Optional: Specify any other special interest —	r area In which you have a
have read RSA 15-A and hereby swear or affirm that the forest on the second sec	oregoing information is true and complete to of this chapter or knowingly files a false stat	o the best of my knowledge and belief. ement shall be guilty of a misdemeanor.	RSA 15-ARECEIVE
Date 06-01-2022	Signature of Filer	Donn J. Sn	IUN - 3 2022 NEW HAMPSHIRE DEPARTMENT OF ST

22 JUN 7 PM1:06

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

Type or Print Clearly	
Full Name Peter Silva	Work Address 18 Masefield rd Nuslus NH 03012
Primary Occupation Self Employed	e-mail PSIVL 372 Q Comil. Com Work Phone 603-966.0563
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NA

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 gualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business:	
	ew Hampshire, county, or pployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water F Utilities Commission 15. Water F	
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other are special interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/7/22 Signature of Filer	JUN 0 8 2022 NEW HAMPSHIRE DEPARTMENT OF ST
	DEPARTITUM

ype or Print Clearly	·				-	
ull Name Mc	Name Matthew Simon			456 Uni	on Street	Littleton, NH
Primary Occupation	Self-employed	e-mail	simonsmittegn	nail.com	Work Phone	(603) 444 - 5774
	tion, board or commission, board of nployment with state or county rou. NO ACRONYMS					
	ne, address, and type of any profession	, business, or	other organization in which	h vou or a family	member was an o	fficer, director, associate, part

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.	Simon's Market Inc.	456 Union	Street	Littleton, NH	03561	Corporation	
2.							
If you ha	ve no qualifying income indicate by writing				My income doe		٦

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

	ccupation, or business license n, or category of business:	d or certified by the State of M Retail	New Hampshire. List each such	
2. Health Care 3. Ir		tate, including brokers, evelopers, 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/	10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated Utilities Commission		3. Horse or dog racing, or oth gambling	14. Education	15. Water Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax		Interest and Dividends Tax 18. Optional: S specie	pecify any other area in which you have a al interest —
I have read PSA 15-A and hereh	y swear or affirm that the fore	going information is true and	complete to the best of my knowled	ge and belief. RSA 15-A:9 Penalty. Any

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

 Date
 Mathematical Signature of Filer
 JUN 1 0 2022

 NEW House Filer
 NEW House Filer

Type or Print Clearly	
Full Name JOHN PATRICK SIMONDS	Work Address 14 MAIN STREET, PO BOX 27, NEWPACT N#03742
Primary Occupation H16H SHGRIFF	e-mail JSIMONISESULLIVAN COUNTY NH. GOV Work Phone (203) 863-4200
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	HIGH COUNTY SHERIFF
A. List below the name, address, and type of any professio	n, business, or other organization in which you or a family member was an officer, director, associate, partner,

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.)

CRYSTAL 5IMONDS - EMPLOYEE - CITY OF CLAREMONT, MIH I POLICE COURT, CLAREMONT NH 03743 NA RETTREMENT SYSTEM - 54 REGIONAL DRIVE, CONCORD, NH 03301 CURRENT COUNTY SHERIFF - 54 REGIONAL DRIVE, CONCORD, NH 03301 CURRENT COUNTY SHERIFF - 54 REGIONAL DRIVE, CONCORD, NH 03301 My income indicate by writing your initials next to the following statement. My income does not qualify 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement.

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: CEENFIED FULL-TIME POLICE OFFICED	
4. Real Estate, including brokers, 5. Banking or financial 6. State of	f New Hampshire, county, or employment
N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System Image: System Image: System Image: System Image: System	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Wate Utilities Commission 14. Education 15. Wate	er Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other special interest	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 6/1/22 Signature of Filer	JUN 01 2022
	NEW HAMPSHIRE

2022 NEW HAMPSHIKE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A
Type or Print Clearly
Full Name Alexis Simpson Work Address 15 Mill Rd. Durham, NH 03824
Primary Occupation Executive Director, e-mail ahksimpson Ogmail.com Work Phone 603-862-1165
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. The Waysmeet Center, 15 Mill Rd. Durham, NH 03824, Non-profit (small)
2. Phillips Exeter Academy, 20 Main St., Exeter, NA 03833 (academic, prilate)
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: The non-profit I work for is licensed by the state of NH.
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords services 5. Banking or financial municipal employment 6. State of New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program Iodging 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 6, 2022 Signature of Filer alips / Simpson JUN 07 2022
Peture to: Office of Secretary of State 107 North Main Street State House Boom 204, Concord, NH 03301

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name dulie A Sims Work Address
Primary Occupation Unemployed e-mail JPMUM39@GMail. COM Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedi calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. 2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greate financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, of municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of lodging
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources

15. Water Resources 14. Education of gambling Utilities Commission 18. Optional: Specify any other area in which you have a special interest — 17. N.H. **Business** Interest and Business 16. Agriculture **Dividends** Tax taxes: **Enterprise Tax Profits 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.

ule Sins **Signature of Filer** Date 2022

Type or Print Clearly			
Full Name WILLIAM SINGLETON	/ Work Address	19 SHIRLEY Phe TON 777 EYN Work Phone	RD
Primary Occupation <u>RETIRED</u> e	-mail Will SINGLE	TON 777 & YA Work Phone	603-759-7572
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retire	advisory capacity, and from which	any income in excess of \$10,000 was	derived during the preceding
1.	······	······································	
2.	* •		
If you have no qualifying income indicate by writing your initials ne	ext to the following statement.	My income does not qualify	WES.
B. Indicate below whether you or a family member has a special ir reportable special interest in an item on this list if a change in law, discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the ge	a change in administrative rule, a d at affecting the listed business, profe eneral public:	lecision whether or not to award a contra ession, occupation, group, or matter wo	act, grant a license or permit,
1. Any profession, occupation, or business licensed or c profession, occupation, or category of business:	ertified by the State of New Hamps	hire_List each such	
	including brokers, 5. Ba pers, and landlords service		of New Hampshire, county, or al employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	c 11. Practice of law
12. Any business regulated by the Public 13. Ho Utilities Commission of game	orse or dog racing, or other legal for bling	ms 14. Education 15. Wa	ater Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Profits Tax	Business Interest and Enterprise Tax Dividends Ta		er area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this c			
Date 6. 10.2022	Signature of Filer	Nill Aghin	JUN 1 0 2022
Return to: Office of Secretary of State, 1	07 North Main Street, State House I	Room 204, Concord, NH 03301	NE '' HAMPSHIRE DEP/' MENT OF STATE

Type or Print Clearly			
Full Name loana Singureany	Work Address	Suboduce 1.	20ad. Windham
Primary Occupation Executive e-mail iak	tha sing	Urlanue Work Phone	603-548-5640
Name the office, position, board or commission, board of N/A 600 directors, etc. or employment with state or county government held by you. NO ACRONYMS	kzurman	. Com	

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.	15 Book Zurman, Inc.		10 a a la sunt s agus
2.		· · · · · · · · · · · · · · · · · · ·	
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	V

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

		Estate, including brokers, developers, and landlords	5. Bank services	ing or financial	6. State of New municipal emplo	Hampshire, county, or oyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	11 1	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulat Utilities Commission	ed by the Public	13. Horse or dog racing, or ot of gambling	her legal forms	L 14. Luucation	15. Water Res	
16. Agriculture	17. N.H. Business taxes: Profits Tax		Interest and Dividends Tax	18. Optional: S specia	pecify any other area l interest	in which you have a
have read RSA 15-A and here erson who knowingly fails to	by swear or affirm that the fo comply with the provisions	regoing information is true and of this chapter or knowingly file	l complete to these a false statem	he best of my knowledgent shall be guilty of a		REC.
Date 6/8/	2022	Signature of File	er 🗌	11		JUN 1 0 NEW F.

ype or Print Clearly		
Ill Name Nancy L. Sirois	Work Address	
imary Occupation Para Educator/Artist e-mai	hs@reagan.com	Work Phone 603-923-3083
me the office, position, board or commission, board of rectors, etc. or employment with state or county vernment held by you. NO ACRONYMS		
List below the name, address, and type of any profession, business prietor, or employee, or served in any other professional or advise endar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which any income in	excess of \$10,000 was derived during the preceding
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le can e ca construction de la c		
ou have no qualifying income indicate by writing your initials next to	the following statement. My inc	nome does not qualify
ortable special interest in an item on this list if a change in law, a characteristic of permittee, or other decision by government affected on you or a family member than it would on the generation. Any profession, occupation, or business licensed or certific profession, occupation, or category of business:	ecting the listed business, profession, occupati al public:	ion, group, or matter would potentially have a greater
2. Health Care 3. Insurance 4. Real Estate, inclu agent, developers,		iai 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ 10. Sale and lodging beverages	d distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse of gambling		ducation 15. Water Resources JUN 1 5 202
a d A and a data and a data	iness Interest and I8. O erprise Tax Dividends Tax	optional: Specify any other area in which you have a special interest
ave read RSA 15-A and hereby swear or affirm that the foregoing info rson who knowingly fails to comply with the provisions of this chapt	mation is true and complete to the best of my er or knowingly files a false statement shall be	y knowledge and belief. RSA 15-A:9 Penalty. Any guilty of a misdemeanor.
te June 13,2022	Signature of Filer	CATHERINE GIVARA, Commissioner of State of New Hampshire
		My Commission Expires October 11

Type or Print Clearly		
Full Name Colton Skorupan	Work Address 5 Wentworth dr, ste 3,	Hudson, NH 05051
Primary Occupation Manager e-mail Colta	M. Skorupan Qjacobs . Com Work Phone	501-786-8444
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capa- calendar year. Sources of retirement benefits other than federal retirement and/or of	city, and from which any income in excess of \$10,000 was	derived during the preceding

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

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

2. Health Care 3.	Insurance II I	eal Estate, including brokers, ent, developers, and landlords	5. Banl services	king or financial		New Hampshire, county, o employment
7. N.H. Retirement System	8. Current use la assessment prog			10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulat Utilities Commission	ed by the Public	13. Horse or dog racing, or of gambling	ther legal forms			er Resources
16. Agriculture	17. N.H. Busin taxes: Profits		Interest and Dividends Tax	18. Optional: S specia	pecify any other Il interest —	area in which you have a
nave read RSA 15-A and here erson who knowingly fails to	by swear or affirm that the comply with the provisio	e foregoing information is true an ns of this chapter or knowingly fil	d complete to t es a false stater	he best of my knowled nent shall be guilty of a		RECEIVE
Date 1 June	2022	Signature of Fil	er	COn.		JUN - 3 2022
				-00	2201	NEW HAMPSHIR

2022 NEW HAMPSHIRE ST	TATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly	
Full Name Elizabeth A Smart	Work Address 95 Carleton Rd Maredith
Primary Occupation Retired	e-mail Qlizabeth clark 550, Work Phone (23-393-6746
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NIA
proprietor, or employee, or served in any other professional o	usiness, 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 tirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. x/A	
2.	
If you have no qualifying income indicate by writing your initials	next to the following statement. My income does not qualify EAS
reportable special interest in an item on this list if a change in law	l interest in any of the following businesses, professions, occupations, groups, or matters. A person has a w, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ent affecting the listed business, profession, occupation, group, or matter would potentially have a greater general public:
1. Any profession, occupation, or business licensed of profession, occupation, or category of business:	r certified by the State of New Hampshire. List each such
	e, including brokers, lopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
	Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Tax	Business Interest and Dividends Tax II. Optional: Specify any other area in which you have a special interest

I have read person who	RSA 15-A and hereby swear or affirm that the for o knowingly fails to comply with the provisions	oregoing information is true and cor of this chapter or knowingly files a f	nplete to the best of my knowledge and belief. RSA false statement shall be guilty of a misdemeanor.	RECEIVED
Date	6-2-2022	Signature of Filer	Elejabett & Imar	JUN - 3 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name Geoffrey Smith Work Address 29 Court St. Dover, NH 0382
Primary Occupation Work Force Analyst e-mail gsmith @ Nexcep. com Work Phone 603 205-026
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partne proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special Interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program Jodging 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —

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

2022 Date

Ι.,

Signature of Filer

Gener Ke	RECEIVED
	JUN 1 6 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly				-				
Full Name	Jonather	, H	Smith	Work Address	55	Main ST	Ossige	NH D3814
Primary Occupation	Part Time 24	ningofice	e-mail (1	berty 2701	Bycho.c	Work Phone	603 53	94181
Name the office, positi directors, etc. or em government held by yo	ployment with state	or county	Selectm	01				

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.							
lf you ha	ve no qualifying income indi	cate by writing you	ur initials nex	xt to the follow	ing statement.	My income does not qualify	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 an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

1. Any profession, occupation profession, occupation, or cat	on, or business licensed or center of business:	tified by the State of New	w Hampshire_1 ist	each such		
2. Health Care 3. Insurance	e 4. Real Estate, in agent, develope	cluding brokers,	5. Banking o services	r financial	6. State of New municipal emp	w Hampshire, county, or ployment
	8. Current use land assessment program	9. Restaurants/ lodging		Sale and distribution rages	n of alcoholic	11. Practice of law
12. Any business regulated by the Utilities Commission	Public 13. Hors	e or dog racing, or othei ing	r legal forms		15. Water Re	
16. Agriculture 17. N.H taxes:			rerest and ridends Tax	18. Optional: Spe special i	cify any other area nterest —	a in which you have a
I have read RSA 15-A and hereby swear person who knowingly fails to comply v	or affirm that the foregoing in with the provisions of this cha	nformation is true and co apter or knowingly files a	omplete to the be a false statement s	st of my knowledge hall be guilty of a n	e and belief. RSA hisdemeanor.	15-A:9 Penalta Atio
Date 6/1/22		Signature of Filer	65	Lunced	T A	JUN - 3 LUL
Return to: 0	Office of Secretary of State, 10	7 North Main Street, Stat	te House Room 20	04, Concord, NH 033	301	DEPARTMENT

Type or Print Clearly		
Full Name Julie Smith	Work Address NA	
Primary Occupation Unemployed	e-mail jas district 290 protonmail Work Phone NA	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	None	

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

1. Concast 460 Amherst St. Nashua, NH 03063 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

2. Health Care	a. Insurance	agent, developers,	ding brokers, and landlords	5. Banking or f services		State of New Ham inicipal employme	
7. N.H. Retirement System	8. Current assessment		9. Restaurants/ lodging	10. Sa bevera	e and distribution of alo ges	coholic	11. Practice of law
12. Any business regula Utilities Commission	ted by the Public	13. Horse of gambling	or dog racing, or other le			15. Water Resourc	
16. Agriculture				ends Tax	18. Optional: Specify an special interes	iy other area in wh t —	nich you have a

Signature of Filer

JUN UJ LULL DEPARTMENT OF STATE

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

6-1-22

Date

Type or Print Clearly
Full Name Julist LESley Smith Work Address
Primary Occupation RETIVED e-mail rocksmithi @ comcast, Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 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 System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 8, 2022 Signature of Filer Julieh & Amith JUN 09 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			1	
Full Name Marjorie Smit	Work Address	home		
Primary Occupation legislator	mail msmithper @	aol. con	Work Phone	hom
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	2815lator			

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.			
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	MKS

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

	ccupation, or business li n, or category of busine	icensed or certified by the ss:	State of New Hampshi	re. List each such		
2. Health Care 3. Ir		Real Estate, including brok ent, developers, and land		king or financial s	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use lassessment prog		taurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	d by the Public	13. Horse or dog rac of gambling	ing, or other legal form	14. Education	15. Water R	
16. Agriculture	17. N.H. Busin taxes: Profit		x Interest and Dividends Tax		pecify any other are I interest	a in which you have a

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

Date 22

Signature of Filer

Mayon K

1

ype or Print Clearly	
ull Name MARY SMITH Work Address NONE	
rimary Occupation NONE e-mail MARYSMZTHFORNHE Work Phone NO	ONE
ame the office, position, board or commission, board of NONE irectors, etc. or employment with state or county overnment held by you. 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, direct roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	during the preceding
	L 1.1 1.1 1.1
·	
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	MS
iscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote nancial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	
2. Health Care 3. Insurance agent, developers, and landlords services municipal emplo	Hampshire, county, or syment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Reso	ources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	
	n which you have a
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 1	
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 1. erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. RSA 1. ate 2022.06.0 Signature of Filer Mayy Amith	

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Type or Print Clearly
Full Name Scott Herbert Smith Work Address 311 N. State St. Concord NH
Primary Occupation School Bus Driver e-mail Scottsmith 620 concastined Work Phone 603 225-0849
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N/A
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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2. Health Care 3.	Insurance		cluding brokers, ers, and landlords		5. Bankir ervices	ng or financial	6. State of M municipal er	lew Hampshire, county, o nployment
7. N.H. Retirement System	8. Current assessment	· man = managem	9. Restauran	its/		10. Sale and distributi peverages	on of alcoholic	11. Practice of law
12. Any business regulat Utilities Commission	ed by the Public	13. Hor of gamb	se or dog racing, or ling	other legal	forms	14. Education		Resources
16. Agriculture			Business Enterprise Tax	Dividend		18. Optional: Sj specia	pecify any other and interest	rea in which you have a

JUN 1 0 2022

NEW HAMPSHIRE

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

Signature of Filer

Date

June

9, 2022

Type or Print Clearly	
Full Name Smith, Steren	Work Address 796 Old Acousth Stage Red, Charleson
Primary Occupation Realts-	e-mail Afisto gmil. com Work Phone 603-826-5940
Name the office, position, board or commission, board of directors, etc. or employment with state or county	2
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. SAV 60 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of municipal estate	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program Iodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Utilities Commission 15. Water 15. Water	r Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other a special interest —	rea in which you have a
	SA 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 2, 2022 Signature of Filer	JUN 0 8 2022
	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name WARREN WI SMITH	Work Address 27 SAMPY BROUK DR. DURMAM
Primary Occupation TRAMSLATOR	e-mail WARREN, SMITH @ Wyg45T Work Phone 603-868-2845
Name the office, position, board or commission, board of directors, etc. or employment with state or county	

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

1.	JETS! JAPAMESE-ENGLESH TECHMOLOGY SERECES	JUN 1 5 2022
2.		NEW HAMPSHIRE DEPARTMENT OF STATE
If you ha	we no qualifying income indicate by writing your initials next to the following statement. My income does not qual	ify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:							
2. Health Care 3. I	nsurance	4. Real Estate, ind agent, develope		5. Banl services	king or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current assessment		9. Restaurants/		10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulate	d by the Public	13. Hors of gambli	e or dog racing, or ot ng	her legal forms	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	18. Optional: S specia	pecify any other are Il interest	a in which you have a

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

Date

6/15/2022

government held by you.

NO ACRONYMS

Signature of Filer

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 0330 Netary Public

My Commission Expires March 25, 2025

Type or Print Clearly		
Full Name William A. Smith	Work Address 31 CHESTNUT ST. #201 EXETER, NH 03833	Contra and the second second
Primary Occupation BusiNESS BROKER	e-mail BizBROKERBill & G Mart. ComWork Phone 603 580-5510	A
Name the office, position, board or commission, board of directors, etc. or employment with state or county	STATE REPRESENTATIVE	
government held by you. NO ACRONYMS	1	

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

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

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

financial effect on you or a family member than it would on the general public:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:							
2. Health Care 3. Ir	nsurance il li	. Real Estate, inc agent, developer	luding brokers, s, and landlords	5. Ba servic	nking or financial es	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program Jodging 10. Sale and distribution of alcoholic 11. Practice of law							
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources							
16. Agriculture				Interest and Dividends Ta		pecify any other are al interest	ea in which you have a

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

2022

Signature of Filer

Welliam

Type or Print Clearly	
Full Name Robon (Brigg C	you Work Address 2 Wollman Ausnue Manual
Primary Occupation Attansy	e-mail PML Son CAOlCom Work Phone 882-4020
Name the office, position, board or commission, board of directors, etc. or employment with state or county	NHHUUSE of Rapessatotiuss
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.)

Now LAW DEFICO 1. 2.

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

My income does not qualify

JUN 02 2022

NEW HAMPSHIRE DEPARTMENT OF STATE

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

	occupation, or business licen on, or category of business:	sed or certified by the State		e. List each such		
2. Health Care 3. h	nsurance II I	Estate, including brokers, developers, and landlords	5. Bank services	king or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use land assessment program		nts/	10. Sale and distribut beverages	ion of alcoholic	law 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources						
16. Agriculture	17. N.H. Business taxes: Profits Ta		Interest and Dividends Tax	18. Optional: S specia	pecify any other are al interest	ea in which you have a
I have read RSA 15-A and hereb	by swear or affirm that the fo	regoing information is true	and complete to t	he best of my knowled	ge and belief. RS	A 15-A:9 Penalty. Any

person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

Signature of Filer

Type or Print Clearly				
Full Name Catherine	Work Address			
Primary Occupation Retared e-mail CS.	of the Solman, Mork Phone			
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	égresentat ve			
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. More				
2.				
If you have no qualifying income Indicate by writing your initials next to the following	statement. My income does not qualify			
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1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:				
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment			
7. N.H. Retirement 8. Current use land 9. Restaur System assessment program lodging	ants/ 10. Sale and distribution of alcoholic 11. Practice of law			
12. Any business regulated by the Public 13. Horse or dog racing, Utilities Commission of gambling				
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 tru person who knowingly fails to comply with the provisions of this chapter or knowing	e and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any Ily files a false statement shall be guilty of a misdemeanor.			

Date

June 3, 2022

Signature of Filer

afterine 11 Sonoor

REC'D CITY CLERK DE JUN 3 '22 PM3:23

Type or Print Clearly	
Full Name MARK SORENSEN	Work Address HIGHLINER PRIVE PORTSMOUTH, NHO380
Primary Occupation PARTS CLERK	e-mail 4 a higher humanity @gmail.cowork Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NONE

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

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

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1. Any profession, or profession, occupation	ccupation, or busines n, or category of busi		tified by the State of	New Har	mpshire	List each such		
2. Health Care 3. In			luding brokers, rs, and landlords	1 1	5. Banki ervices	ng or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current us assessment pr		9. Restaurants/ lodging			10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	d by the Public	13. Hors of gambli	e or dog racing, or ot ng	her legal	l forms	14. Education	15. Water R	
16. Agriculture			- abilitions	Interest Dividend		18. Optional: Specia	pecify any other are l interest —	a in which you have a

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

June 1st, 2020 Date

Signature of Filer

Type or Print Clearly		
Full Name Julius F. Soti	Work Address 74 Munile head Rd Wind brow, NH 03	087
Primary Occupation Property Managen	e-mail Julius FSoti a) gmailson Work Phone 973/979-3816	
Name the office, position, board or commission, board of directors, etc. or employment with state or county		_
government held by you. NO ACRONYMS		

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

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1. Any profession, occupation, or business licen profession, occupation, or category of business:	sed or certified by the State of New Hampshire. List each such	
	Estate, including brokers, developers, apd landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution beverages	on of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education of gambling	15. Water Resources
16. Agriculture 17. N.H. taxes: Business	special	pecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions	regoing information is true and complete to the best of my knowledg of this chapter or knowingly files a false statement shall be guilty of a	misdemeandr. RECEIVED
Date 6/1/2022	Signature of Filer	Sot JUN - 3 2022
0/1/20		BA. NEW DAVE

Full Name DENNIS R. Sovey	Work Address	3RVSSEL	LST	CONCORD, NH
Primary Occupation RETIRED	e-mail DRCJSOUCY@CON			
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				
A. List below the name, address, and type of any profession, loroprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal r	or advisory capacity, and from which	n any income in exces	s of \$10,000 wa	as derived during the precedi
In the second s second second sec	a can be appeared at the set of the set of the set			A REAL PROPERTY AND A REAL
f you have no qualifying income indicate by writing your initial	s next to the following statement.	My income d	oes not qualify	
	al interest in any of the following busi aw, a change in administrative rule, a nent affecting the listed business, pro	nesses, professions, occ decision whether or no	upations, group t to award a con	tract, grant a license or permit
you have no qualifying income indicate by writing your initial B. Indicate below whether you or a family member has a speci- reportable special interest in an item on this list if a change in la discipline a licensee or permittee, or other decision by governm	al interest in any of the following busi aw, a change in administrative rule, a nent affecting the listed business, pro e general public:	nesses, professions, occ decision whether or no fession, occupation, gro	upations, group t to award a con	tract, grant a license or permit

2. Health Care		Estate, including brokers, developers, and landlords	5. Banking or financia services	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current use land assessment program		10. Sale and o beverages	distribution of alcoholic	11. Practice of law
12. Any business regu Utilities Commission		13. Horse or dog racing, or ot of gambling	14. 600		
16. Agriculture	17. N.H. Business taxes: Profits Tax		Interest and Dividends Tax	tional: Specify any other an special interest	ea in which you have a
ave read RSA 15-A and h erson who knowingly fails	ereby swear or affirm that the fo to comply with the provisions	regoing information is true and of this chapter or knowingly file	complete to the best of my less a false statement shall be g		RECEIVED
ate 6-1	22	Signature of File	r Day	ASay	JUN 01 2022
				0	NEW HAMPSHIR

Type or Print Clearly	
Full Name Donna M. Soucy	Work Address 43 Centre St Concord NH 03301
Primary Occupation LAWYER e-mail donr	nasoucy@aol.comWorkPhone 603-867-4460
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other or proprietor, or employee, or served in any other professional or advisory capacity calendar year. Sources of retirement benefits other than federal retirement and/or disc	rganization in which you or a family member was an officer, director, associate, partner, , and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. Professional Fire Fighters of NH 2.	, 43 Centre St. Concord NH 03301
If you have no qualifying income indicate by writing your initials next to the followir	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the St	he following businesses, professions, occupations, groups, or matters. A person has a inistrative rule, a decision whether or not to award a contract, grant a license or permit, ited business, profession, occupation, group, or matter would potentially have a greater ate of New Hampshire. List each such
profession, occupation, or category of business: A. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau System assessment program odging	
12. Any business regulated by the Public 13. Horse or dog racing Utilities Commission of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is tr person who knowingly fails to comply with the provisions of this chapter or knowin	ue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.
Date 6-10-2022 Signature	of Filer Abmam Laucy JUN 10 2022

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

DEPARTME.

Type or Print Clearly					
Full Name MICHAEL SOUCY		Work Address	N/A	- and more a substantial probability of the substantial states of the substantial substantial states of the substantial substantia	
Primary Occupation Retired	e-mail M75	107 @ AUL.	Lom	Work Phone	603-765-7973
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	H:11sborough	County Con	mmissioner	Distri	it 2

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.	NA		
2.			
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	MPS

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1. Any profession, occupation, or profession, occupation, or category	business licensed or certified by the State of N / of business:	ew Hampshire. List each such	
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
	ment program 9. Restaurants/	10. Sale and distribution beverages	ion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	ic 13. Horse or dog racing, or oth of gambling	er legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes:		nterest and ividends Tax 18. Optional: Si specia	pecify any other area in which you have a I interest
	irm that the foregoing information is true and		

person who knowingly fails to comply with the provisions of this chapter of knowingly mes a faise statement shall be guilty of a misdem	RECEIVED
Date 6-1-22 Signature of Filer Mall	JUN 01 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Full Name Timothy Andrew Soucy	Work Address N/A	
Primary Occupation Retired	e-mail Tsoucy 8371@ AOL. Com	Work Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative	

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. Retiremont System 54 Regional Concord N 03301 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of N municipal end	lew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other and special interest —	rea 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. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5A 15-A:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter of knowingly mes a faise statement shall be guilty of a misdemeanor.	RECEIVED
Date 6112022 Signature of Filer	JUN 01 2022

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

NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly Full Name Thomas Leslie Sour	thisolute Work Address	
Primary Occupation Refibed	e-mail ASouthwort @ yahos, on Work Phone	(603)742-0556
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other profession	n, business, or other organization In which you or a family member was an of al or advisory capacity, and from which any income in excess of \$10,000 wa al retirement and/or disability benefits shall be included. (Use additional sheets as	as derived during the preceding
1. New Hampshire Retit	rement System	······
2.		
If you have no qualifying income indicate by writing your init	ials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change is	ecial interest in any of the following businesses, professions, occupations, group n law, a change in administrative rule, a decision whether or not to award a con mment affecting the listed business, profession, occupation, group, or matter w	tract, grant a license or permit,

financial effect on you or a family member than it would on the general public:

	occupation, or business licensed or certified by the State of New Hampshire. List each such	
2. Health Care 3. Ir		of New Hampshire, county, or I employment
7. N.H. Retirement System	8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated	of gambling	ter Resources
16. Agriculture	17. N.H. Business Business Interest and 18. Optional: Specify any other special interest taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other special interest	r 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 falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

person			RECEIVED
Date	G 1 22 Signature of Filer	Shomas 1 Sudhw	2022 JUN 0 2 2022
	Return to: Office of Secretary of State, 107 North Miain Street, State	House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Peter J. Spaulding Work Addr Primary Occupation County Commissioner e-mail	Iress 386 Enge Hill Rd. Hopkinton 03229
Primary Occupation County Commissioner e-mail	Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization is proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits	which any income in excess of \$10,000 was derived during the precedin
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statemen	nt. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following reportable special interest in an item on this list if a change in law, a change in administrative rudiscipline a licensee or permittee, or other decision by government affecting the listed business financial effect on you or a family member than it would on the general public:	ule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New E profession, occupation, or category of business:	Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or services
7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging	10. Sale and distribution of alcoholic 11. Practice of law beverages Iaw
12. Any business regulated by the Public13. Horse or dog racing, or other legUtilities Commissionof gambling	egal forms 14. Education 15. Water Resources
	est and 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 com person who knowingly fails to comply with the provisions of this chapter or knowingly files a fa	alse statement shall be guilty of a misdemeanor.
	RECEIVEI
Date 6-01-2022 Signature of Filer	JUN 01 2022 NEW HAMPSHIE
Return to: Office of Secretary of State, 107 North Main Street, State H	

Type or Print Clearly
Full Name Mathew L. Spencer Work Address
Primary Occupation Refired Milifary e-mail Matthew. Spencere comcast. ner Work Phone
Primary Occupation Refired Milifary e-mail Matthew. Spencere comcast. nep Name the office, position, board or commission, board of NH House of Representations, etc. or employment with state or county government held by you. NO ACRONYMS District 1245 of Strafford County
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. 2. MA
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System lodging lodging lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
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. Derson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date $S J_{LMR} 2022$ Signature of Filer Signature of Filer Signature of Filer Derson 204 Concord NH 03301
Date & June 2022 Signature of Filer
Development of State 107 North Main Street State House Boom 204 Concord NH 03301

Type or Print Clearly				
Full Name Gregory S. Spero	Work Address	56 Mayle	Ave, Atkin	USON/NH, 03811
Primary Occupation Healthcone Sales e-mail Gre	sory. Spero C.	19L00.00M	Work Phone	617-233-8463
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Board of	Selectm	en	
A. List below the name, address, and type of any profession, business, or othe proprietor, or employee, or served in any other professional or advisory capa calendar year. Sources of retirement benefits other than federal retirement and/or	icity, and from which	n any income in exe	cess of \$10,000 wa	s derived during the preceding
1. Lakeview House Nutsing Home				
2. Blue Cross Blue shield of Massachusetts				
If you have no qualifying income indicate by writing your initials next to the follo	wing statement.	My income	e does not qualify	
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:	dministrative rule, a e listed business, prot	decision whether or	not to award a con	tract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:		shire List each such		
2. Health Care 3. Insurance 4. Real Estate, including brod agent, developers, and land		anking or financial ces		e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. Res System lodging	staurants/ g	10. Sale and dis beverages	tribution of alcoho	lic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog rad	cing, or other legal fo			Vater Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax	ax Dividends T		nal: 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 information person who knowingly fails to comply with the provisions of this chapter or kno	is true and complete wingly files a false sta	to the best of my kn atement shall be gui	owledge and belied ty of a misdemean	. RSA 15-A:9 Penalty. Any or.

Date

06/10/22

Signature of Filer

The sper

RECEIVED JUN 14 2022 NEW HAMPSHIRE

Type or Print Clearly								,
Full Name Janes Spillane		We	ork Address	16	Swap	Rd, Deerfield	s NH	93037
Primary Occupation Writer	e-mail	James @	James Spilla	w,org)	Work Phone	(603) 4	63-5623
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	President	Tressurer	New Hz	mpshire	. Veteron	Sportsman	Foundation	(non-profit)

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

2. Health Care 3. Insurance	4. Real Estate, including bro agent, developers, and land		king or financial	6. State of New municipal emp	w Hampshire, county, o loyment
	Current use land 9. Re essment program lodgin	staurants/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the P Utilities Commission	iblic 13. Horse or dog ra	cing, or other legal form	14. Education	15. Water Re	
16. Agriculture 17. N.H. taxes:	Business Profits Tax Enterprise Ta	Interest and Dividends Tax	18. Optional: Specia	pecify any other area I interest —	a in which you have a
ve read RSA 15-A and hereby swear or son who knowingly fails to comply wit	affirm that the foregoing information h the provisions of this chapter or kno	is true and complete to wingly files a false state	the best of my knowledg ment shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty Any RECE
te $\int \left(\frac{1}{2} \right)^2 dt$	Signa	ture of Filer	hurshin	,	JUN 0.8
0/1/ 2022		4	19000	n an a start and a second and a second a second second a second second second second second second second second	DEPARTN VI

Type or Print Clearly			
Full Name WALTER SPILSBURY	Work Address	NA	
Primary Occupation Retired	e-mail tspikburyemy	fair point net Work Phone	N/A (Cell 603-826-3452)
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N.H. House, Represe	Advice	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federated and the server of the serv	nal or advisory capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
1.		· · · · · · · · · · · · · · · · · · ·	
2.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	ALB
B. Indicate below whether you or a family member has a sp reportable special interest in an 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 or	in law, a change in administrative rule, a d ernment affecting the listed business, profe	lecision whether or not to award a co	ntract, grant a license or permit,
1. Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Hamps	hire. List each such	
I Z Health Care II IS Insurance II I	Estate, including brokers, 5. Ba developers, and landlords service		te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoh beverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling		Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Enterprise Tax	the second se	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	regoing information is true and complete to of this chapter or knowingly files a false stat	o the best of my knowledge and belie tement shall be guilty of a misdemea	nor. RECEIVED
Date 6/1/22	Signature of Filer	Man Lely	JUN 8 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE
			DELATION

Type or Print Clearly 03'743
Full Name WALTER A. STAPLETON Work Address 90 Veterans Park Rd. Claremont NH
Primary Occupation Refired Consultant e-mail Waltstapleton @comcast.net Work Phone 603-995-1034
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. JUN 15 2022 NEW HOMPSHUDE
2. None
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any

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

June \$3,2022 Date

Signature of Filer

Type or Print Clearly
Full Name Sally Hebert Stande Work Address
Primary Occupation retired. e-mail Shstaude @ Comcast. Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. none
2.

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

My income does not qualify

55

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

	ccupation, or business li n, or category of busine	icensed or certified by the ss:	State of New Hampshir	e. List each such		
2. Health Care 3. Ir		Real Estate, including brok ent, developers, and landl		king or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use l assessment prog		aurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission	d by the Public	13. Horse or dog raci	ng, or other legal forms	L 14. Education	15. Water R	
16. Agriculture	17. N.H. Busin taxes: Profit		Interest and Dividends Tax	18. Optional: Special special	pecify any other are l interest	a in which you have a

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

Date

Signature of Filer

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milly	A.	Jac	ac
- weight	1-1-1-		

JUN 16 2022 NEW HAMPSHIRE DEPARTMENT OF STA

RECEIVED

government held by you.

NO ACRONYMS

Type or Print Clearly				
Full Name CHARCLE ST. CLAIN		Work Address	PO Box 5399	
Primary Occupation	e-mail	INTO CO LALON	14 recuest and Work Phone	603-366-2000
Name the office, position, board or commission, board of directors, etc. or employment with state or county				

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

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

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. I profession, occupation, or category of business:	ist each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking services	or financial 6. State of New Hampshire, county, or municipal employment
	. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms	14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax	18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the b person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement	best of my knowledge and belief. FSA 15-A:9 Penalty. Any t shall be guilty of a misdemeanor.
	JUN 07 2022
Date 6/3/22 Signature of Filer	Ander S. Can DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Kristi St. Laurent Work Address 70 Butler St, Salen	nNH
Primary Occupation Physical Therapist e-mail Kristist. laurentegnail. Work Phone 603	8932900
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directo proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived de 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	KS2
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potenti 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 	license or permit,
profession, occupation, or category of business: Physical Therapy	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Harmunicipal employment	
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System assessment program lodging 10. Sale and distribution of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resour	
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in w special interest —	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A	:9 Penalty. Any
person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date 6-8-2022 Signature of Filer Kuisti Staurus	RECEIVED
	JUN 1 0 2022

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A Type or Print CLEARLY AM Statey Full Name Work Address: 10 Rts 125 Bulutwood At Full Name Work Address: 10 Rts 125 Bulutwood At Primary Occupation Begister B Deeds E-mail CState: 6236 guel.com 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.

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

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

	occupation, or category	or ousiness.			ATTOM	eg						
۲X	2. Health Care 3. In	nsurance	11	Real Estate, inclu ent, developers,	-		5. Bankin services	ng or fi	nancial	R	6. State of New municipal emp	w Hampshire, county, or bloyment
	7. N.H. Retirement System		irrent use la nent progra		9. Restaurar lodging	nts/		10. Sa bevera	le and distribution ges	nofa	lcoholic	11. Practice of law
	12. Any business regulated b Utilities Commission	y the Public		ambling	or dog racing, or o	ther legal fo	orms of		14. Education	Г	15. Water Ro	esources
	16. Agriculture	17. N.H. taxes:	□ Busin Profit		Business Enterprise Tax	 Interest Dividen 			18. Optional: Sp special			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 5-31-22

F

Signature of Reporting Individual

My income does not qualify

RECEIVED JUN 0 1 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Joe Stanieich-Burke Work Address 5 Fallon Dr., Litchfield NH 03052
Primary Occupation Marketing e-mail joeburke 5502 gmail Lom Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Tupelo Music Hall, 10 A st., Derry, NH 03038
2. Unifirst Corporation, 68 Jonspin Rd, Wilmington, MA 01887
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
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 —
L 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

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

06/03/2022

Signature of Filer

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	STATEMENT OF FINANCIAE INTERESTS NOA 15 A
Type or Print Clearly	
Full Name RICHARD H. STANJON	Work Address
Primary Occupation RETIRED	e-mail SUMPROVITA COMCAST, NEWORKPhone 603 5028027
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other professiona	by business, or other organization in which you or a family member was an officer, director, associate, partner, If or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding In retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.	
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If you have no qualifying income indicate by writing your initia	als next to the following statement. Refer My income does not qualify

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

1. Any profession, profession, occupati		usiness licensed or cer f business:	tified by the State of I	New Hampshire	List each such		
2. Health Care 3.	Insurance	4. Real Estate, inc agent, develope	cluding brokers, rs, and landlords	5. Bank services	ing or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System		ent use land ent program	9. Restaurants/ lodging		10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulat Utilities Commission	ed by the Public	13. Hors of gambli	e or dog racing, or otl ng	ner legal forms		15. Water F	
16. Agriculture	17. N.H. taxes:			nterest and Dividends Tax	18. Optional: S specia	pecify any other are interest $-\sqrt{\epsilon_7}$	a in which you have a $\mathcal{RAN}'_{\mathcal{S}}$ $\mathcal{AFFA}_{\mathcal{A}}$

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.

2 JUNG 2022 Date

Signature of Filer

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Pila A Vert	
Telhan It Slund	10.118.400.40×

Type or Print Clearly
Full Name FAURE STAVIS Work Address RETIDED
Primary Occupation STATE KEPROFENTING e-mail LSTAVE OGMAN COM Work Phone 603-359-416
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of lodging law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date JUNE 6, 2022 Signature of Filer Sul Ma JUN 10 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Janet Slevens	Work Address 29 Harborview Dr. Ryc NH 03870
Primary Occupation Marketry 3 Countration	DB e-mail Janetstevense Comcast. net Work Phone 6034980546
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	

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

1. Mechical Marne Mutual (Boad Menho) sporse por Mechical Marne Mutual (Boad Menho) sporse por MAH executive (OUNCI) 107 N. Main Street Concord HOOMEHOD + Spouse 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

	1. Any profe profession, or		•		ss licensed or cer iness:	tified by the Si						
1	2. Health Care	3. Ir	isurance		4. Real Estate, inc agent, develope	0		5. Bank services	-	ìnancial	6. State of Ne municipal em	ew Hampshire, county, or ployment
	7. N.H. Retirem System	ent			se land program	9. Resta	urants/		10. Sa bevera		tion of alcoholic	11. Practice of law
	12. Any business i Itilities Commissi	-	d by the Publi	ic	13. Hors of gambli	, e or dog racin ng	g, or other le	gal forms		14. Education	15. Water F	Resources
	16. Agriculture		17'. N.H. taxes:			Business nterprise Tax		st and nds Tax		18. Optional: S specia	pecify any other are al interest	ea in which you have a

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

Date

RENEVED Jure 1, 2038 Signature of Filer JUN 01 2022 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Nathaniel Fieldhouse Sta	wart Work Address 5 Redden St Daver NH
Primary Occupation gig worker	e-mail h49. nate@gmail.com Work Phone 603 953 5877
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Alternate member, Dover Art Commission

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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2.	· · · · · · · · · · · · · · · · · · ·		
lf you ha	re no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	M

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

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care B. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of N municipal end	lew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other ar special interest —	rea 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. Be person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/22 Signature of Filer	JUN 0 2 2022 NEW HAMPSHIRE DEPARTIVIENT OF STAT

Type or Pri	int Clearly				
Full Name	Jeffrey F. Stiegler	Work Ac	dress 3785 Da	rtmouth College	Hwy., NoHaverhill NH
Primary Oc	cupation High Sheriff	e-mail jstiegler@co	.grafton.nh.us	Work Phone	6033787-2111 Ext. 50
directors, e	office, position, board or commission, board of etc. or employment with state or county at held by you. NO ACRONYMS	Grafton County Sher:	.ff		
proprietor,	ow the name, address, and type of any profession, b or employee, or served in any other professional ar. Sources of retirement benefits other than federal re	or advisory capacity, and fro	m which any income	in excess of \$10,000 w	as derived during the preceding
	Jeff Stiegler - 35 Aldrich Lane, No	orth Haverhill, N.H.	- New Hampshiı	re Retirement (G	coup-2)
2.				1	
If you have	no qualifying income indicate by writing your initials	next to the following statem	ent. My	income does not qualify	
discipline a financial ef	special interest in an item on this list if a change in la a licensee or permittee, or other decision by governm ffect on you or a family member than it would on the I. Any profession, occupation, or business licensed rofession, occupation, or category of business:	nent affecting the listed busin e general public: or certified by the State of New	ess, profession, occup	bation, group, or matter w	would potentially have a greater
2. He		te, including brokers, elopers, and landlords	5. Banking or fina services		ate of New Hampshire, county, or ipal employment
7. N. Syste	H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale beverage	and distribution of alcoh s	olic 11. Practice of law
		Horse or dog racing, or other ambling	legal forms 14	. Education 15.	Water Resources
16. A	griculture 17. N.H. Business taxes: Profits Tax		erest and dends Tax	3. Optional: Specify any o special interest —	other area in which you have a
	RSA 15-A and hereby swear or affirm that the forego knowingly fails to comply with the provisions of thi				
person who	knowingly fails to comply with the provisions of the	s chapter of knowingly mes a	laise statement shan	be guilty of a misdemeal	RECEIVED
Date	06-01-2022	Signature of Filer		Her	JUN 01 2022
			0		NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Kathryn Stack	Work Address 16 Elm St. Swite 1 Milford NH 03055
Primary Occupation Therapist e-mail Ka	athystack 421 @ gmail. com Work Phone 603 672-5005
	presentative
	er organization in which you or a family member was an officer, director, associate, partne acity, and from which any income in excess of \$10,000 was derived during the precedin <i>r disability benefits shall be included.</i> (Use additional sheets as necessary.)
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2.	· · · · · · · · · · · · · · · · · · ·
If you have no qualifying income indicate by writing your initials next to the follow	owing statement. My Income does not qualify
reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the	
2. Health Care 3. Insurance 4. Real Estate, including brok agent, developers, and landl	okers, 5. Banking or financial 6. State of New Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Rest System assessment program lodging	estaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog rac	cing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Profits Tax Enterprise Tax	ax 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 person who knowingly fails to comply with the provisions of this chapter or know	is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any owingly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 6/6/2022 Signate	ture of Filer JUN 09 2022
	In Street, State House Room 204, Concord, NH 03301

Type or Print Clearly				
Full Name Kevin H. Stanton			IRd, Wil	Imot, NH 03287
Primary Occupation Livestock Consultant	e-mail guiverful 2 @	yahoo.com	Work Phone	814 381-6785
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				

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

1. Kevin Stanton Livestock Nutrition, 53 Jewell Rd, Wilmot NH 03287 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 2. Health Care **B.** Insurance agent, developers, and landlords municipal employment services 10. Sale and distribution of alcoholic 7. N.H. Retirement 8. Current use land 9. Restaurants/ 11. Practice of law System lodging beverages assessment program

12. Any business regulate		13. Horse or dog racing of gambling	g, or other legal forms		14. Education	15. Water Resources
VI 10. Adriculture		iness Business Interest and			18. Optional: Spe	cify any other area in which you have a
		Its Tax Enterprise Tax Dividends Tax			special i	nterest

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. RECENTED

Date

6/14/2022

Signature of Filer

,ED JUN 1 5 2022 NEW L'AMPSHIRE DEPART VIENT OF STATE

vpe or Print Clearly	Clorrensed NIt
	Clorensed NIt 224 Unsstington ST
imary Occupation Firemons Business e-mail	Work Phone 603 504 6678
ame the office, position, board or commission, board of rectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	
List below the name, address, and type of any profession, business, or other organization in which oprietor, or employee, or served in any other professional or advisory capacity, and from which lendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall	any income in excess of \$10,000 was derived during the preceding
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Indicate below whether you or a family member has a special interest in any of the following busir portable special interest in an item on this list if a change in law, a change in administrative rule, a c scipline a licensee or permittee, or other decision by government affecting the listed business, prof nancial 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 Hamps profession, occupation, or category of business:	the Wilson for
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. B	Canking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging	10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal for of gambling	rms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax	
ave read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete t	

person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

2022 Date 6

Signature of Filer

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Type or Prin	And the second se										
Full Name	KIN	STRA	THDEE		Wo	rk Address	98USR	OUTE 3 (LINCOL	NNH	03251
Primary Occ	upation	Coot	<	e-mai	Ksdees	@ hotm	all.com	Work F	Phone	603-	745-4833
	tc. or er	nployment	or commission, boa with state or co NO ACRONYMS		WTIVE	COUND	и <u> </u>				
proprietor, o	or employ	/ee, or serv		ofessional or advis	sory capacity, an	d from which	any income i	n excess of \$	10,000 was	derived of	or, associate, partner, during the preceding
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lf you have n	no qualifyi	ing income	indicate by writing	your initials next to	o the following st	atement.	My in	come does no	ot qualify	P	
reportable s discipline a	special int licensee o	terest in an or permitte		change in law, a ch by government aff	ange in administ ecting the listed	trative rule, a d	decision wheth	er or not to av	vard a cont	ract, grant	rs. A person has a a license or permit, tially have a greater
			cupation, or busine , or category of bus		ied by the State (of New Hamp	shire. List each	such	- <u></u>	. <u></u>	
2. Hea	alth Care	3. Ins	urance u i	4. Real Estate, inclu agent, developers	-	5. E servi	Banking or finar	ncial		of New H al employ	ampshire, county, or ment
7. N.H Syste	H. Retirei m	ment	8. Current u assessment p		9. Restauran lodging	ts/	10. Sale ar beverages	nd distribution	n of alcohol	ic	11. Practice of law
	y busines Commis		by the Public	13. Horse of gambling	or dog racing, or 9	other legal fo	rms 14.1	Education	15. W	ater Reso	urces
16. Ag	griculture	<u>۱</u>	1 1		siness erprise Tax	Interest and Dividends T		Optional: Spe special i	cify any oth nterest	ner area in	which you have a
			swear or affirm tha mply with the prov								
Date (6/2/2	.2			Signature of	Filer	tim Shath	dee		ין אנווייזילאייר עראפוני דידרי עראלי אי מש	JUN 0 3 2022
		Retu	rn to: Office of Secr	etary of State, 107	North Main Stree	et, State House	Room 204, Co	ncord, NH 033	301		NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name John W. Specter Work Address 209 Bals Am CN While W	River 1705001 310-6036
Primary Occupation IT Contractor e-mail John . W. Streaker Company. Conwork Phone D2-3	10-6036
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived d calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	r, associate, partner, uring the preceding
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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 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potent financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	a license or permit,
	impshire, county, or nent
7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource 15. Wat	rces
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in w special interest —	vhich 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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
Date 6/10/2022 Signature of Filer	JUN 15 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly					
Full Name Jorry M. Stri	ngham	Work Address	264 Main Stree	t, Lincoln	, NH 03251
Primary Occupation Consultan	+ e-mail Jerry	@ Jerry M St	ringham.com Wo	rk Phone	40-453-0550 × 200
Name the office, position, board or commission directors, etc. or employment with state government held by you. NO ACRON	or county				
A. List below the name, address, and type of proprietor, or employee, or served in any ot calendar year. <i>Sources of retirement benefits o</i>	ther professional or advisory capacity	y, and from which	any income in excess of	\$10,000 was de	erived during the preceding
1. BOPS, Inc dbA M	edical Technology Partners	5. 2275 Res	earch Blud, Rock	ville, MD	20850
2.					
If you have no qualifying income indicate by w	vriting your initials next to the following	ng statement.	My income does	not qualify	
reportable special interest in an item on this I discipline a licensee or permittee, or other de financial effect on you or a family member that 1. Any profession, occupation, or b profession, occupation, or category	cision by government affecting the lis an it would on the general public: pusiness licensed or certified by the St	sted business, profe	ssion, occupation, group, ire_list.each.such		
2. Health Care 3. Insurance	4. Real Estate, including brokers agent, developers, and landlor	s, 5. Ba	nking or financial		New Hampshire, county, or employment
	rent use land 9. Restau nent program lodging	urants/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	g, or other legal form	ns 14. Education	15. Wate	r Resources
16. Agriculture 17. N.H. taxes:	Business Profits Tax Enterprise Tax	Dividends Tax	specia	l interest	area in which you have a
Date JUNE 1, 2022	m that the foregoing information is tr e provisions of this chapter or knowir Signature		the best of my knowledgement shall be guilty of a		JUNING
L	of Secretary of State, 107 North Main S	1	boom 204, Concord, NH 0	3301	NEW HAMPSHIRE PARTMENT OF STATE

Type or Print Clearly
Full Name Jason Matthew Stringer Work Address Portsmouth Naval Shipyard Kittery ME Primary Occupation Rad Con Tech e-mail JStringer 20 @ gmail.com Work Phone 2074385294
Primary Occupation Rad Con Tech e-mail JStringer 20 @ gmail. com Work Phone 207438 5294
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify TMS
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
bave 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

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

6/6/2022

Signature of Filer



Type or Print Clearly	
Full Name BRIAN SULLIVAN	Work Address 642 OLDE FARMS RO GAHATHAM NO
	ansullivannh@gmail.com 603-381-7889
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	REPRESENTATIVE SULLIVAN DIST 1
	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
1. NATIONAL SAUCATION ASSOCIATION	RETIREMENT SYSTEM
<u> </u>	4149 BOSTON, MA 02206-5149
If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify
reportable special Interest in an item on this list if a change in law, a change in adm	the following businesses, professions, occupations, groups, or matters. A person has a ninistrative rule, a decision whether or not to award a contract, grant a license or permit, isted business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land 9. Resta System assessment program lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Profits Tax Enterprise Tax	Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowing the statement of the stat	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be guilty of a misdemeanor.

Date

6-1-2022

Signature of Filer

Type or Print Clearly		-	
Full Name Jared Sullivan	Work Address	64 Congress St	Bethleten, NH 035P4
Primary Occupation CEO LAVA INC e	-mail Jared for the peopl	Work Phone	978-697-1918
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		•	
A. List below the name, address, and type of any profession, busi proprietor, or employee, or served in any other professional or a calendar year. Sources of retirement benefits other than federal retire	advisory capacity, and from which	h any income in excess of \$10,000 wa	as derived during the preceding
1.			
2.	· · · · · · · · · · · · · · · · · · ·		
If you have no qualifying income indicate by writing your initials ne	xt to the following statement.	My income does not qualify	Ph.
B. Indicate below whether you or a family member has a special in reportable special interest in an item on this list if a change in law, discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the ge	a change in administrative rule, a t affecting the listed business, pro	decision whether or not to award a con	tract, grant a license or permit,
Any profession, occupation, or business licensed or comprofession, occupation, or category of business:	\wedge	shire list each such state Consulting (Monagen	nt] investment
	ncluding brokers, 5. E bers, and landlords servi	5	te of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	blic 11. Practice of law
12. Any business regulated by the Public 13. Ho Utilities Commission of game	rse or dog racing, or other legal fo bling		Water Resources
16. Agriculture	Business Interest and Enterprise Tax Dividends T		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this cl	information is true and complete	to the best of my knowledge and belie atement shall be guilty of a misdemean	f. RSA 15-A:9 Penalty. Any nor.
person and knowingly tons to comply that the provisions of this a		1	DECEIVED

Date

- 7035

Signature of Filer

1	RECEIVED
for fr	JUN 1 3 2022
se Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name JAMES SUMMERS	Work Address 41 HEATH ST. NEWTON, NH 03858
	e-mail ISUMMERS & Crigere Metwork Phone 603-320-1572
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A List below the name address and tune of any profession	husings or other organization in which you or a family member was an officer director associate partner

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.)

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

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

	on, occupation, or busines pation, or category of busi		be State of New Hamps	hire. List each such		
2. Health Care	IS Insurance II I	I. Real Estate, including br agent, developers, and lar		anking or financial es	6. State of New municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Current us assessment pr		estaurants/ ng	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regu Utilities Commission	lated by the Public	13. Horse or dog r of gambling	acing, or other legal for	14. Education	15. Water Re	
16. Agriculture		fits Tax Business	Tax Dividends Ta		pecify any other area al interest	a in which you have a

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

Date

Signature of Filer

	X	
	\checkmark	
T		an a
/		

	RECEIVED
-	JUN 1 0 2022
	NEW HAMPSHIRE

Date

Type or Print Clearly						
Full Name CHRISTOPHER T. SUNUI	Work Address	107 N. MAIN ST.		, Room 208, Concore		
Primary Occupation Governor	e-mail			Work Phone	603-27	1-2121
Name the office, position, board or commission, board of directors, etc. or employment with state or county	Govern	•				
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.)

STATE OF NH		
2. SUNUNU HOLDINGS LLC	· · · · · · · · · · · · · · · · · · ·	
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 busines reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision by government affecting the listed business, profest financial effect on you or a family member than it would on the general public:	cision whether or not to award a contract	t, grant a license or permit,

\checkmark	1. Any profession, or profession, occupation			dor certified by the Resorts	State of New Ha				-
	2. Health Care 3. Ir	nsurance		state, including broke evelopers, and landlo		5. Bankii services	ng or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
	7. N.H. Retirement 8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law								
	12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources								
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Dividen		18. Optional: S specia	pecify any other are al interest —	a in which you have a

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

JUNE 10,2022 Signature of Filer RECEIVED

JUN 1 0 2022

NEW HAMPSHIRE

DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Theresa Swanick	Work Address 176 Province lake Re Offingham at 5582
Primary Occupation Consultant	e-mail theresal Theresa Swanick, com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other profession	n, business, or other organization in which you or a family member was an officer, director, associate, partner, al or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding al retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Touch a Efficiency M	+

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

My income does not qualify



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

1. Any profession, o profession, occupation			tified by the State of I	New Hampshire	e. List each such		
2. Health Care 3. In	nsurance	4. Real Estate, inc agent, develope		5. Bank services	ing or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement System	8. Curren assessmen	t use land t program	9. Restaurants/ lodging		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
 12. Any business regulate Jtilities Commission	d by the Public	13. Horse of gamblin	e or dog racing, or otl ng	her legal forms	14. Education	15. Water R	esources
16. Agriculture	17. N.H. taxes:			Interest and Dividends Tax	18. Optional: Sj specia	pecify any other are l interest	a in which you have a

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

Date

2.

6-10-2022

Signature of Filer

Jecesa Josiek

RECEIVED JUN 1 0 2022 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name RICHARD E. SWANSON Work Address P.O. BOX 803, KEENE, NH 03431
Primary Occupation DEVELOPMENT DIRECTOR = mail TSWANSON@hsccnh.org Work Phone 603-352-1895
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. HISTORICAL SOCIETY OF CHESHIRE COUNTY, P.O. BOX 803, KEENE, NH 03431
2. HIGH NOWING SCHOOL, 222 ISAAC FRYE HWY, WILTON, NH 03086
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such
profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Estate, Including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of
7. N. R. Retrement of Current use land 9. Restaurants/ 11 10. Sale and distribution of alcoholic 11. Hactice of
System assessment program lodging beverages law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources

Date

2/22

6

Signature of Filer

Pichon Su	
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Type or Print Clearly	
Full Name Joseph Francis Sweeney	Work Address PO Box 106, Salem NH 03073
Primary Occupation Political Operative	e-mail Joseph-Bueeroy a gmail.com Work Phone 603-327-718-1
Name the office, position, board or commission, board of directors, etc. or employment with state or county	State Reprovembre
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.)

Frands of Churce Morse, POBox 106 Salom NH 03073 Political Campaign NH60P 10 Vater Street Concord NH 03301 Political Operation 1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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

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2. Health Care B. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of Municipal er	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages System assessment program lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
Utilities Commission	Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other a special interest —	rea 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. R person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/3/2022 Signature of Filer	JUN 08 2022

Type or Print Clearly
Full Name George Sykes Work Address
Primary Occupation vetined e-mail George, Sykes & Comcast. Work Phone - 603-667-1834
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
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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 lodging 10. Sale and distribution of alcoholic 11. Practice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources Utilities Commission 15. Water Resources 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date Ca/6/22 Signature of Filer Signature of Filer
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

ype or Print Clearly			
ull Name Tyanne Sylvestre	Work Address	1 Sunnyside Dr.	
imary Occupation Homemaher	e-mail tyanne durk	work Phone	603-953-4735
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	N/A		
List below the name, address, and type of any profession prietor, or employee, or served in any other professiona endar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000	0 was derived during the preceding
Duchan Chiropraetic -	7 Mill Rd. Dactor of C	"hiropractic	
u have no qualifying income indicate by writing your initia	als next to the following statement.	My Income does not qua	lify +e
ndicate below whether you or a family member has a spec ortable special interest in an item on this list if a change in	n law, a change in administrative rule, a c	lecision whether or not to award a	contract, grant a license or permit,
ndicate below whether you or a family member has a spec ortable special interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern	n law, a change in administrative rule, a c nment affecting the listed business, prof the general public:	decision whether or not to award a ession, occupation, group, or matt	contract, grant a license or permit,
Indicate below whether you or a family member has a spec ortable special Interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern incial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensee profession, occupation, or category of business: 2. Health Care B Insurance 4. Real Est	n law, a change in administrative rule, a connent affecting the listed business, profithe general public:	ecision whether or not to award a ession, occupation, group, or matte hire. List each such anking or financial	contract, grant a license or permit,
Indicate below whether you or a family member has a spec ortable special Interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern incial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensee profession, occupation, or category of business: 2. Health Care B Insurance 4. Real Est	n law, a change in administrative rule, a c nment affecting the listed business, prof the general public: d or certified by the State of New Hamps Chiropractic tate, including brokers, 5. B	ecision whether or not to award a ession, occupation, group, or matte hire. List each such anking or financial	contract, grant a license or permit, er would potentially have a greater State of New Hampshire, county, or unicipal employment
Indicate below whether you or a family member has a spec ortable special interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern incial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensee profession, occupation, or category of business: 2. Health Care B. Insurance 4. Real Est agent, der 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13	a law, a change in administrative rule, a content affecting the listed business, profit the general public:	Accision whether or not to award a assion, occupation, group, or matter whire List each such anking or financial 6. ces 6. mu 10. Sale and distribution of alco beverages ms 14. Education 14.	contract, grant a license or permit, er would potentially have a greater State of New Hampshire, county, or inicipal employment coholic 11. Practice of law 15. Water Resources
Indicate below whether you or a family member has a spec ortable special interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern ancial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensed profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Est agent, der 7. N.H. Retirement 8. Current use land assessment program 12. Any business regulated by the Public 13 Utilities Commission 17. N.H. 16. Agriculture 17. N.H. Business Profits Tax	a law, a change in administrative rule, a content affecting the listed business, profit the general public: d or certified by the State of New Hamps Chiropractic tate, including brokers, evelopers, and landlords 9. Restaurants/ lodging 3. Horse or dog racing, or other legal for gambling Business Enterprise Tax Interest and Dividends Ta	A cession whether or not to award a session, occupation, group, or matter the second s	contract, grant a license or permit, er would potentially have a greater State of New Hampshire, county, or inicipal employment coholic 11. Practice of law 15. Water Resources by other area in which you have a t —
Indicate below whether you or a family member has a spec portable special Interest in an item on this list if a change in cipline a licensee or permittee, or other decision by govern ancial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensee profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Est agent, der 7. N.H. Retirement 8. Current use land System 3. Current use land assessment program 12. Any business regulated by the Public 13 Utilities Commission 17. N.H. Business	a law, a change in administrative rule, a content affecting the listed business, profit the general public:	decision whether or not to award a session, occupation, group, or matter the session, occupation, group, or matter the session, occupation, group, or matter the session, occupation, group, or matter session, group, or matter session, occupation, group, or matter session, occupation, group, or matter session, group,	contract, grant a license or permit, er would potentially have a greater State of New Hampshire, county, or inicipal employment coholic 11. Practice of law 15. Water Resources by other area in which you have a t — eelief. RSA 15-A: Fenalty. Any

Type or Print Clearly	
Full Name Carolyn Spier	Work Address
Primary Occupation retired e-mail Ca	erry spier @ listinail. On Work Phone
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	
	er organization in which you or a family member was an officer, director, associate, partner, bacity, 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.)
BAE Systems, Inc. Employee's Refinement	+ Plan'03; 95 Canal St, Nashua NH 03064
BAESystems, Inc. Deferred Compensa	t Plan'03; 95 Canal St, Nashua NH 03064
you have no qualifying income indicate by writing your initials next to the foll	
inancial effect on you or a family member than it would on the general public 1. Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	ne State of New Hampshire. List each such
2. Health Care B. Insurance agent, developers, and land	dlordsservicesmunicipal employment
7. N.H. Retirement 8. Current use land 9. Re System lodgin	estaurants/ 10. Sale: and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog ra Utilities Commission of gambling	acing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax Business Enterprise T	Interest and 18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or know	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any owing ly files a false statement shall be guilty of a misdemmanor.
Date 03 Jane 2022 Signa	ature of Filer REC'D CITY CL
	ain Street State House Boom 204, Concord, NH 03301 JUN 3 2

Type or Print Clearly		
Full Name MichGel J Sylvia	Work Address	
Primary Occupation R-fired	e-mail MILE QUMILESYLVIT, OKG	Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representative	

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.	Fed Ex.	Memphis	TN		
2.					
If you hav	ve no qualifying income indica	ate by writing your initials I	next to the following statement.	My income does not qualify	

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

	occupation, or business licensed or certified by the State of New Hampshire. List each such ion, or category of business:
2. Health Care 3. I	Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulate Utilities Commission	of gambling
16. Agriculture	17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a special interest — taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereb person who knowingly fails to o	by swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Are comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June (2022 Signature of Filer JUN 0 SHIRE eturn to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STA
Ret	eturn to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

ype or Print Clearly		
Ill Name JOHN SYTEK	Work Address	
imary Occupation RETIRED	e-mail JOHNSYTEK @ GMAIL. COM W	/ork Phone
ame the office, position, board or commission, board of rectors, etc. or employment with state or county rectors held by you. NO ACRONYMS		
oprietor, or employee, or served in any other professional	business, or other organization in which you or a family mem or advisory capacity, and from which any income in excess retirement and/or disability benefits shall be included. (Use addit	of \$10,000 was derived during the preceding
NH RETUREMENT SYSTEM		· · · · · · · · · · · · · · · · · · ·
SALEM SCHOOL DISTRICT OWNER RESIDENTIAL RENTAL		-
owner AESIDENTAL RENTAL		es not qualify
portable special interest in an item on this list if a change in scipline a licensee or permittee, or other decision by govern nancial effect on you or a family member than it would on th	ial interest in any of the following businesses, professions, occu law, a change in administrative rule, a decision whether or not t ment affecting the listed business, profession, occupation, grou ne general public: <u>or certified by the State of New Hampshire</u> . List each such	to award a contract, grant a license or permit,
	ate, including brokers, velopers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution beverages	ution of alcoholic 11. Practice of law
	. Horse or dog racing, or other legal forms 🔀 14. Education ambling	
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Enterprise Tax Ninterest and Dividends Tax 18. Optional: spec	Specify any other area in which you have a cial interest —
have read RSA 15-A and hereby swear or affirm that the forego erson who knowingly fails to comply with the provisions of th	oing information is true and complete to the best of my knowle his chapter or knowingly files a false statement shall be guilty of	a misdemeanor. RSA 15-A:9 Penalty. Any RECEIV
ate JUNE (2022	Signature of Filer	JUN - 3 202
Return to: Office of Secretary of Sta	ite, 107 North Main Street, State House Room 204, Concord, NH	03301

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