Type or Print Clearly	
Full Name Beyon T. Burker	Nork Address 200 Springs Road Bed Red J. MA  Nork Phone 603-765-7777
Primary Occupation Law En frament e-mail BTBM	Not 40 yours - Work Phone 603- 765-7777
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Netron Sthirs
A. List below the name, address, and type of any profession, business, or other organization, or employee, or served in any other professional or advisory capacity, a calendar year. Sources of retirement benefits other than federal retirement and/or disability.	and from which any income in excess of \$10,000 was derived during the preceding
1. NONE	
2.	
If you have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the reportable special interest in an item on this list if a change in law, a change in admin discipline a licensee or permittee, or other decision by government affecting the liste financial effect on you or a family member than it would on the general public:	strative rule, a decision whether or not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	of New 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 municipal employment
7. N.H. Retirement 8. Current use land 9. Restaura assessment program lodging	nts/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true person who knowingly fails to comply with the provisions of this chapter or knowingly	y files a false statement shall be guilty of a misdemeapor.
Date 6/6/2712 Signature of	FFILER NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Sterler BA-bin	Work Address 300 Pond St Randolph Met 02368
Primary Occupation Specific e-mail	Shabin @ Emersin Swan, Com Work Phone (17 254 0110)
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	e Representative
proprietor, or employee, or served in any other professional or advise	or other organization in which you or a family member was an officer, director, associate, partner, ory capacity, and from which any income in excess of \$10,000 was derived during the preceding t and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. S. Babin Associates	LTO
2.	
If you have no qualifying income indicate by writing your initials next to	the following statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a chardiscipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the general and a comparison of the profession, occupation, or business licensed or certification.	ed by the State of New Hampshire. List each such
4 Real Estate include	ding brokers, 5. Banking or financial 6. State of New Hampshire, county, or
2. Health Care 3. Insurance agent, developers,	and landlords services 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 Utilities Commission  13. Horse of gambling	r dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture taxes: Profits Tax Ente	iness Interest and Interest and 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 inforperson who knowingly fails to comply with the provisions of this chapte	rmation is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any er or knowingly files a false statement shall be guilty of a misdemeanor.
	RECEIVED
Date June 2, 2022	Signature of Filer  JUN 1 3 2022
Return to: Office of Secretary of State, 107 N	orth Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Steven Babin Work Address 300 Pond St Randolph M& 02
Primary Occupation Spales e-mail Shabin @ Emerson Swan, Com Work Phone 617 254 011
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, participation, 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 precede calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. S. Babin Associates, LTD
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:  Mchancel TRADL GAS Service
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, municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 2, 2022 Signature of Filer

Type or Print Clearly	,
Full Name RICHARD CLARK BACKUS Work Address RETIRED	
Primary Occupation RETIRED e-mail BACKUSYHILLS 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, directly or organization in which any income in excess of \$10,000 was derived talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary	d during the preceding
WRITEDS GUILD OF AMERICA EAST (WGA)	
AMERICAN FEDERATION OR TELEVISION AND RADIO ACTORS (AFTRA)	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or 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, grar 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 profession, occupation, or category of business:	nt a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New municipal employers	Hampshire, county, or oyment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	ources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax Interest and Special interest —  18. Optional: Specify any other area in special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date JUNE 10, 2022 Signature of Filer Lan Orden	RECEIVED 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 Brian V. Bagley Work Address Retired
Primary Occupation Refired e-mall bagley 61234 2 gmail 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.)
High Middle School Principal wilton Lyndebovough School District
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED
Date 5/8/22 Signature of Filer JUN 0 9 2022  NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Glenn Bailey Work Address Nome	
Primary Occupation e-mail as bailey@ Wetvocast, notark Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment 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, disproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived all lendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ed during the preceding
Southern NH University (SNHO)	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mare 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 position 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:	rant a license or permit, otentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New municipal empty	w Hampshire, county, or ployment
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 Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Re	
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business  Busines	in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
derson who knowlingly falls to comply with the provisions of this enapter of the same of t	RECEIVED
Date 6/1/2020 Signature of Filer Sum Savy	JUN 0 2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NN 03301	NEW HAMPSHIRE

ype or Print Clearly	
Full Name Glenn Bailey Work Address Nome	
Primary Occupation e-mail gsbailey@ Wetvocast, North 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 office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was dealendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as new	derived during the preceding
Southern NH University (SNHO)	
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
1 7 Hankle Care II D Inchrance	f New Hampshire, county, or
agent, developers, and landlords services municipal  7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	employment  11, Practice of
System Sy	law
12. Any business regulated by the Public  13. Horse or dog racing, or other legal forms  14. Education  15. Wat	er Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other 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. 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 15-A:9 Penalty. Any RECEIVED
Date 6/1/2020 Signature of Filer Heun Barry	JUN 0 7 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NN 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly	
Full Name MAHENDRA BAKSHJ Work Address 7 KEMO CIR, LIT	CHEED, NY
Primary Occupation QETIRED e-mail mobalishi @ yahodian Work Phone 60	3-852-902
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, directly 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)	d during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	mos
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, grar 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 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 employers	Hampshire, county, or byment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resolution 15. Water Res	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax 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 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date 6/10/2022 Signature of Filer M. S. Bakok-	RECEIVED
	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name Margaret Balboni Work Address P.O. Box 723, Rye Beach NH 03871
Primary Occupation retired e-mail peggybalboni@gmail.com Work Phone 603-964-4727
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  N/A
A. List below the name, address, and type of any profession, business, or 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  MB
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and special interest —  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 6/2/2022 Signature of Filer Margaret Balloni

Type or Print Clearly			
Full Name HEATHER P. BALDWIN	Work Address	363 THORNTON	GORERO, THORNTON NH
Primary Occupation Ketired e-mail hp	baldwin48	Camail Com Work Pho	ne NA
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	SHIRE STATE	E REPRESENTA-	ΠÆ
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 cap calendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from which ar	ny income in excess of \$10,0	000 was derived during the preceding
1. TOTO USA, 1155 SOUTHERN RD., MORROW,	SA plumbine	g manufacturer-	Consulting fee
2.			
If you have no qualifying income indicate by writing your initials next to the follows:	owing statement.	My income does not qu	alify
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 discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public	administrative rule, a deci le listed business, profess	ision whether or not to award	a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	e State of New Hampshir	re. List each such	
2. Health Care  3. Insurance  4. Real Estate, including broaders, and land		- 11 1	6. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement 8. Current use land 9. Re System assessment program lodgin	staurants/	<ol><li>Sale and distribution of a beverages</li></ol>	alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog ra	cing, or other legal forms	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise T	Interest and Dividends Tax	18. Optional: Specify special interest	any other area in which you have a est
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 knowing the complex of the comp	is true and complete to to wingly files a false stater	the best of my knowledge and ment shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any meanor.
Date JUNE 2, 2022 Signa	ture of Filer	eather P. Bas	dusin

Type or Print Clearly				
Full Name HEATHER P. BALDWIN	Work Address	363 THORNTO	ON GORERD	HORNTON NH 032
Primary Occupation letired e-mail h	pbaldwin	480gmail.com Worl	k 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	UPSHIRE STA	TE REPRESEN	TATILE	
A. List below the name, address, and type of any profession, business, or ot proprietor, or employee, or served in any other professional or advisory ca calendar year. Sources of retirement benefits other than federal retirement and/	apacity, and from which	h any income in excess of	\$10,000 was derived	d during the preceding
1. TOTO USA, 1155 SOUTHERN RD., MORROW	GA Plumbin	ng manufadure	er-Conswit	ing fee
2.				
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income does r	not qualify	
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general published.	n administrative rule, a the listed business, pro	decision whether or not to a	ward a contract, gra	nt a license or permit,
Any profession, occupation, or business licensed or certified by a profession, occupation, or category of business:	the State of New Hamp	shire. List each such		
2. Health Care  3. Insurance  4. Real Estate, including b agent, developers, and later		Banking or financial ices	6. State of New municipal emplo	Hampshire, county, or byment
7. N.H. Retirement 8. Current use land 9. F System lodg	Restaurants/ ging	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 of gambling	racing, or other legal fo	14. Education	15. Water Res	
16. Agriculture 17. N.H. Business Business Enterprise	Tax Interest and Dividends T		ecify any other area i interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing informatio person who knowingly fails to comply with the provisions of this chapter or k	n is true and complete nowingly files a false sta	to the best of my knowledg atement shall be guilty of a I	e and belief. RSA 1 misdemeanor.	RECEIVED
Date JUNE 2, 2022 Sign	nature of Filer	Feather P. B	Saldwin	JUN 0 6 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name William Warty Baldwin Work Address 48 Chandler Drive Atkinson, 10H 03811
Primary Occupation Refined e-mail wonderldwin at yahar low Work Phone 603-819-1648
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. Wew Hernpstime Represent
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:  Britingack Associates I-70
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6 Jun 2022 Signature of Filer Lutt. MIScle DEPARTMENT OF STATE

Type or Print Clearly		,	
Full Name Lorie Ball	Work Address	22 Arlingto	- Bad Ct Salemnt
Primary Occupation (etica) e-r	mail Lorie 7360:	3 @ Smail , Work Pt	1008-458-2771
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, busing proprietor, or employee, or served in any other professional or accalendar year. Sources of retirement benefits other than federal retirest	dvisory capacity, and from which	h any income in excess of \$10	0,000 was derived during the preceding
1.			
2.			
If you have 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 intreportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on the ger  1. Any profession, occupation, or business licensed or ceprofession, occupation, or category of business:	change in administrative rule, a caffecting the listed business, property public:	decision whether or not to awa fession, occupation, group, or n	rd a contract, grant a license or permit,
I / Hearth Care II is insurance II I	ocluding brokers, 5. E ers, and landlords servi	Banking or financial lices	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 beverages	f alcoholic 11. Practice of law
12. Any business regulated by the Public 13. Horse Utilities Commission	se or dog racing, or other legal fo ling	14. Education	15. Water Resources
16 Agricultura	Business Interest and Dividends T		y any other area in which you have a erest
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha	nformation is true and complete apter or knowingly files a false st	to the best of my knowledge as atement shall be guilty of a miss	nd belief. RSA 15-A:9 Penalty. Any demeanor.
Date 6-7-22	Signature of Filer	Koed 1000	RECEIVED
		1	JUN <b>0 9</b> 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 Linda	RAG BA		Address			No.
Primary Occupation		e-mail LiNdA	BANFILL G	1933 Work P	hone	·
Name the office, position, board lirectors, etc. or employmen government held by you.						
roprietor, or employee, or sei	rved in any other profession	ion, business, or other organiz onal or advisory capacity, and eral retirement and/or disability	from which any inc	come in excess of \$1	0,000 was derived du	r, associate, partner, uring the preceding
2.						
you have no qualifying incom	e indicate by writing your i	nitials next to the following star	ement.	My income does not	t qualify	
reportable special interest in and discipline a licensee or permitte inancial effect on you or a fam  1. Any profession, o	n item on this list if a chang ee, or other decision by gov illy member than it would o	special interest in any of the folle in law, a change in administrativernment affecting the listed by the general public:	tive rule, a decision varies, profession, o	whether or not to awa occupation, group, or	ard a contract, grant a	license or permit,
2. Health Care 3. Ir		Estate, including brokers, , developers, and landlords	5. Banking o services	r financial	6. State of New Har	
7. N.H. Retirement System	8. Current use land assessment program			Sale and distribution erages	of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission		13. Horse or dog racing, or of of gambling	her legal forms	14. Education	15. Water Resour	ces
16. Agriculture	17. N.H. Business Profits Ta	1 1	Interest and Dividends Tax	18. Optional: Special int	ify any other area in w terest	hich you have a
		oregoing information is true an of this chapter or knowingly fil				<b>1:9 Penalty.</b> Any
Date June.	10,2022	Signature of Fil	er Lin	de Ras	Ban	July 0 2022
Ret	urn to: Office of Secretary o	of State, 107 North Main Street,	State House Room 20	04, Concord, NH 0330	01	NEW HAMPSHITE EPARTMENT OF STA

Type or Print Clearly	
	11.5 NH 03019
Primary Occupation CHEF e-mail 1,2 b a three reative flegs. conwork Phone 603	3-321-5011
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
THE CREATIVE PEAST SBOAD ST HULL, NH USO49	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would poter 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.	lampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal employ	
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resonant Public 15. Water Reso	
16. Agriculture  17. N.H.  Business  Business  Enterprise Tax  Interest and Dividends Tax  18. Optional: Specify any other area in special interest—	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECSIVED
Date 4/8/2022 Signature of Filer	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly	
Full Name Benjamin C. BA Goodly	Work Address 1175 Bridge St. Manehester baroodye Comenst. Net Work Phone 603-627-1122
Primary Occupation Realtor e-mail bend	baroodye Comeast. Not Work Phone 603-627-1122
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. Brondy BPALESTAXE	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	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 tate of New Hampshire. List each such
2. Health Care  3. Insurance  4. Real Estate, including brokers agent, developers, and landlord	
7. N.H. Retirement 8. Current use land 9. Restau assessment program lodging	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is treperson who knowingly fails to comply with the provisions of this chapter or knowing	rue and complete to the best of my knowledge and belief.  RSA 15-A.9 Penalty, Any penalty and penalty
Date 6-1-2027 Signature	DEF ALLIVENT OF STATE

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

Type or Print Clearly	
Full Name Louis Anthony Borton Work Address P.D. Box 48/ Keene	NH 0343/
Primary Occupation Pilot e-mail tony. borton Work Phone 60	3 439 0963
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, directly 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)	d during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	CAB
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat 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:	int a license or permit,
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 municipal employers.	Hampshire, county, or oyment
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 Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Res	sources
16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  Business  Business  Business  Business  Business Business Business Business Business Business Business Business	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.	
Date $\left(\frac{1}{7}\right/22$ Signature of Filer	JUN 0 9 2022  NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly		
Full Name Robert Lewis Bartleti	Work Address	t skill skilling triggers symmetre e stage over
Primary Occupation Retired	e-mail bobbartlett 1@ myssirpiet. waterk Phone	9
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	n, business, or other organization in which you or a family member was an officer, director, associate, pal or advisory capacity, and from which any income in excess of \$10,000 was derived during the present and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1.		
2.		
f you have no qualifying income indicate by writing your initia	ials next to the following statement.  My Income does not qualify	
reportable special interest in an item on this list if a change in	ecial interest in any of the following businesses, professions, occupations, groups, or matters. A person he named in administrative rule, a decision whether or not to award a contract, grant a license or person to a feeting the listed business, profession, occupation, group, or matter would potentially have a general public:	ermit,
Any profession, occupation, or business license profession, occupation, or category of business:	Practice of Law FF Salem Five	
N / Health (are I is institution it is	state, including brokers, evelopers, and landlords  5. Banking or financial services  6. State of New Hampshire, countries municipal employment	inty, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic law	ice of
	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax Interest and Special interest Special interest I	
I have read RSA 15-A and hereby swear or affirm that the foreperson who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:REPETERS THE STATE OF THE STATE O	<b>ÉVED</b> 5 2022
Date 6/15/22	Signature of Filer NEW HAN	

Type or Print Clearly			
Full Name Toost Bouncistes	Work Address		
Primary Occupation	e-mail josstbaume @	wol.com Wor	k Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	MA		
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal to the control of the control	or advisory capacity, and from which	h any income in excess of	\$10,000 was derived during the preceding
1.	A		
2.			
If you have no qualifying income indicate by writing your initial	s next to the following statement.	My income does	not qualify
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 I discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the	law, a change in administrative rule, a ment affecting the listed business, pro	decision whether or not to	award a contract, grant a license or permit,
Any profession, occupation, or business licensed profession, occupation, or category of business:	or certified by the State of New Hamp	shire. List each such	
	ate, including brokers, 2elopers, and landlords 5.1	Banking or financial ices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distributi beverages	on of alcoholic 11. Practice of law
	. Horse or dog racing, or other legal for ambling	orms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Enterprise Tax Dividends	11 1	pecify any other area in which you have a linterest
have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowledgatement shall be guilty of a	misdemeanor. RECEIVED
Date June 15,2022	Signature of Filer	(m)	JUN 1 5 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Pa	rint Clearl	у					
Full Name	Luz E	Вау		Work Address	290 Long Hill F	Rd, Dover, NH	03820
Primary O	ccupation	Psychometrician	e-mail	lbay@collegeboard.c	org	Work Phone	215.867.4691
	etc. or e	ition, board or commission, board of employment with state or county you. NO ACRONYMS		County Register of Pr	obate		
proprietor	, or emplo	me, address, and type of any profes typee, or served in any other professions of retirement benefits other than fed	ional or adviso	ory capacity, and from whic	h any income in exc	ess of \$10,000 wa	as derived during the preceding
1.	College	Board, 250 Vesey St., New Y	ork, NY 102	281			100 mm 1
2.	Cognia,	9115 Westside Parkway Alph	aretta, GA	30009		44.44.44.44.44.44.44.44.44.44.44.44.44.	
If you have	no qualify	ying income indicate by writing your	initials next to	the following statement.	My income	does not qualify	
reportable discipline financial e	e special ir a licensee effect on yo  1. Any pr	hether you or a family member has a nterest in an item on this list if a chang or permittee, or other decision by go ou or a family member than it would ofession, occupation, or business lice occupation, or category of business:	ge in law, a cha evernment affe on the genera ensed or certific	ange in administrative rule, a ecting the listed business, pro I public:	decision whether or fession, occupation,	not to award a cor group, or matter w	tract, grant a license or permit,
	lealth Care	agen 3. Insurance	al Estate, includ t, developers, a		Banking or financial vices		te of New Hampshire, county, or pal employment
7. N Syst	I.H. Retire tem	ement 8. Current use landassessment program		9. Restaurants/ odging	10. Sale and dis	stribution of alcoh	olic 11. Practice of law
	ny busines es Comm	ss regulated by the Public	13. Horse of of gambling	r dog racing, or other legal fo	orms 14. Educa	ation 15.	Water Resources
16.	Agricultur	e 17. N.H. Busines taxes: Profits T.	1 1	iness Interest ar rprise Tax Dividends		nal: Specify any o special interest —	ther area in which you have a
		and hereby swear or affirm that the f lly fails to comply with the provisions					
person wii		ny lans to comply with the provisions	or triis criapte	er or knownigly mes a raise si	.atement shan be gui	5	RECELED
Date	27 M	ry 2022		Signature of Filer	/m/		JUN <b>0 2</b> 2022
		Return to: Office of Secretary	of State, 107 N	orth Main Street, State Hous	e Room 204, Concord	NH 03:301	NEW HAT ROUGHE DEPOSTMENT OF STATE

Type or Print Clearly
Full Name Richard B Beau doin Work Address 71 Annis Dr. Unit 19
Primary Occupation Exectualize tech e-mail 166MEUC25@AoL Work Phone 603-574-473
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 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 Business Business Enterprise Tax  Business 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. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this citaties or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 1/2022 JUN Signature of Filer Lichard B Boacedocce
Return to: Office of Secretary of State 10 Miles House Room 204, Concord, NH 03301

ype or Print Clearly	
Full Name Sherry Beamobin Work Address	
Primary Occupation Work Phone e-mail 3 harm beamoon and 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, roprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was detailed alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rived during the preceding
556 Brogertus, LC, 24 Hember St. Rochesty NH.	03867
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	SUS
3. 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 inancial effect on you or a family member than it would on the general public:	grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	NEW HAMPSHIRE
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  municipal en	New Hampshire, county, or mployment
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 Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water	Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Dividends Tax  18. Optional: Specify any other a special interest —	rea in which you have a
nave 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. Reserved who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
ate 6-15-2022 Signature of Filer Shumy Be and	0
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  ELJ I. TILLINGHAST, Notary Public  My Commission Expires March 25, 2025	in his

Type or Print Clearly			. 03244
Full Name HARRY H. BEAN	Work Address	234 SACTMARSH POR	ND RD GILFORD NH
Primary Occupation RENTALS e-mail	FROGEYTOUTT	AINT & ACCOM Phone	603 455 2993
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 proprietor, or employee, or served in any other professional or advis calendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which	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 next to	the following statement.	My income does not qualify	443
B. Indicate below whether you or a family member has a special interest reportable special interest in an item on this list if a change in law, a characteristic alicensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the general	ange in administrative rule, a d ecting the listed business, prof	ecision whether or not to award a con	tract, grant a license or permit,
Any profession, occupation, or business licensed or certific profession, occupation, or category of business:	ed by the State of New Hamps PAPARTMEN		
2. Health Care  3. Insurance  4. Real Estate, including agent, developers,			te of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholobeverages	olic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	or dog racing, or other legal for	ms 14. Education 15. V	Water Resources
16 Agricultura	iness Interest and erprise Tax Dividends Ta		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing inforperson who knowingly fails to comply with the provisions of this chapte	rmation is true and complete t er or knowingly files a false sta	o the best of my knowledge and belie tement shall be guilty of a misdemean	f. RSA 15-A:9 Penalty. Any JUN - 3 2022
Date JUNE / 2022	Signature of Filer	Harry H. Ber	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly
Full Name CALVIN CIRTS BEAULIER WORK Address 120 PINE HILL RD, LITTLETON NH 0350
Primary Occupation REAL ESTATE e-mail Culving Calvin beadier. com Work Phone 603 991 730)
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. REALTY PARTNERS, INC. 10565 BLUEBELL DR MILIS TR TISSI, REAL ESTATE BROKERAGE
2. FREGUEATOLL, 120 PINEHILL RD, LITTLETON NH 03561, REAL ESTATE BROKERAGE
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 System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6 1 2022 Signature of Filer

Type or Print Clearly
Full Name Jane Ellen Beaulieu Work Address retired
Primary Occupation gardener e-mail howliganacomcast, net Work Phone 603-203-8440
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  State Legis lature  Piscat aguag River Local Advisory Committee, chair, stain
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. N/A
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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, 5. Banking or financial 6. State of New Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal employment  7. N.H. Retirement System 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages law
12. Any business regulated by the Public  Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education  15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor REA 15-A:9 Penalty.
Date 6/9/77 Signature of Filer Save Blank JUN 10 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 Code, Belanger Work Address 35 N. River Rd. Eppiny, NH 08042
Primary Occupation Business Owner e-mail Cody@belang-Bruh.com Work Phone 608-734-9129
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. Columbia Construction, North Reading, MA.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus
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.  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  JUN 07 2022
Date 6 3 22 Signature of Filer 6 Selage DEPARTMENT OF STATE

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

Type or Print Clearly					
Full Name Michael	Belcher	Work Address	7 Heath Rd,	Wakefield, NH	03872
Primary Occupation Ver	e-mail n	nike belcher 4n	HOprotomail work P	hone 603 3	80 1440
Name the office, position, boar directors, etc. or employment government held by you.		ofic			
proprietor, or employee, or se	ess, and type of any profession, business, or or erved in any other professional or advisory of ement benefits other than federal retirement and	capacity, and from which	any income in excess of \$1	0,000 was derived du	
1.					
2.					
If you have no qualifying incom	e indicate by writing your initials next to the	following statement.	My income does not	qualify n	2K
discipline a licensee or permitt financial effect on you or a fam 1. Any profession, o	n item on this list if a change in law, a change see, or other decision by government affecting illy member than it would on the general pulpoccupation, or business licensed or certified by an, or category of business:	g the listed business, profi blic:	ession, occupation, group, or		
2. Health Care 3. Ir	4. Real Estate, including agent, developers, and		anking or financial ces	6. State of New Har municipal employm	
7. N.H. Retirement System		Restaurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	d by the Public 13. Horse or do of gambling	g racing, or other legal for	14. Eddcadon	15. Water Resource	
16. Agriculture	17. N.H. Business Business Enterpris			ify any other area in w terest —	hich you have a
I have read RSA 15-A and hereb person who knowingly fails to c	y swear or affirm that the foregoing informat comply with the provisions of this chapter or	ion is true and complete t knowingly files a false sta	o the best of my knowledge a tement shall be guilty of a mi	and belief. RSA 15-A sdemeanor.	RECEIVED
Date 6/1/22	Si	gnature of Filer	WYC		JUN - 3 2022
Ret	eurn to: Office of Secretary of State, 107 North	Main Street, State House	Room 204, Concord, NH 0330	01	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly
Full Name ERNIE BENCIVENGA WORK Address 900 CHELDSFORD ST LOWELL, MAD 1851
Primary Occupation MECH. ENGINEER e-mail ERNIE. BENCHENGA @GMAIL. CONWORK Phone 603.315.6675
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  ADMINITTED 8 MERRIMACK COUNTY BUDGET COMMITTED 8 PEPUBLICAN DELEGAY
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. COMMSCOPE (EMPLOYEE) OOBER RENTALS, LLC (MEMBER), MAINER RENTALS, LLC (MEMBER), COASTAL MAINE BREEZE, LLC (MEMBER)  2. ALL COUNTY APPRAISALS (MEMBER)  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 System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RECEIVED
Date Jun 14 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 08301

Type or Print Clearly	HOME
Full Name PAUL BERCH	Work Address 956 RIVER RD WESTMORELAND, NH
Primary Occupation RETIRED	e-mail P BERCH @ MYFAIRPOINT NET WOOK Phone 603399 4960
Name the office, position, board or commission, board of directors, etc. or employment with state or county	STATE REPRESENTATIVE
proprietor, or employee, or served in any other professiona	STATE OF NH  n, business, or other organization in which you or a family member was an officer, director, associate, partner, all or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding all retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1 NONE	
If you have no qualifying income indicate by writing your initi	ials next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in	ecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a n law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, nment affecting the listed business, profession, occupation, group, or matter would potentially have a greater the general public:
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hampshire. List each such
2. Health Care 3. Insurance agent, de	5. Banking or financial services  5. Banking or financial municipal employment — FILLED IN B
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of this beverages
	3. Horse or dog racing, or other legal forms ambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax Interest and Special interest —
I have read RSA 15-A and hereby swear or affirm that the foregers on who knowingly fails to comply with the provisions of	going information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 5 vws 2, 2022	Signature of Filer

Type or Print Clearly	
Full Name Lex Berezhny	Work Address 55 Bullochs Crossing Rd, Graften, N
Primary Occupation Softwar Developer e-mail lex	Oberezhny.com WorkPhone (603) 523-7608
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
	organization in which you or a family member was an officer, director, associate, partner, by, and from which any income in excess of \$10,000 was derived during the preceding stability 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 adn	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 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 Utilities Commission 13. Horse or dog racin of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing the complete of the chapter of the	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 Signatur	e of Filer Lex Bry JUN 0 3 2022
Deturn to Office of Constant of State 107 North Main 9	Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	-			
Full Name JD BERNARDY	Work Address	255 MAIN	AVE, SOUTH	HAMPTON, NH 03827
Primary Occupation CONSULTANT e-mail id b	ernardy	remeast, net	Work Phone	603-969-5796
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 capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovered the service of	ty, and from which	n any income in exce	ess of \$10,000 was	derived during the preceding
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2.				
If you have no qualifying income indicate by writing your initials next to the follow	ing statement.	My income	does not qualify	90B
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adridiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:	ninistrative rule, a	decision whether or n	ot to award a contra	act, grant a license or permit,
Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	tate of New Hamp	shire. List each such		
2. Health Care  3. Insurance  4. Real Estate, including broke agent, developers, and landlo		Banking or financial		of New Hampshire, county, or all employment
7. N.H. Retirement 8. Current use land 9. Resta System assessment program lodging	urants/	10. Sale and dist	ribution of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racin Utilities Commission 13. Horse or dog racin	g, or other legal fo	L 14. Educat		ater Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends T		al: Specify any other pecial interest —	er area in which you have a
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 knowi	rue and complete ngly files a false sta	to the best of my kno atement shall be guilt	wledge and belief. y of a misdemeanor	RSA 15-A:9 Penalty. Any
Date 03 June 2022. Signatur	e of Filer	Bem	and	

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03307

Type or Print Clearly	
Full Name Leo R. Bennier Work Address	
Primary Occupation Retined e-mail Leo R Bennier & GMail Work Phone	103-661-K293
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 decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	erived during the preceding
1.	
2.	
if you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	LRB
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:	t, grant a license or permit,
	New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land ssystem 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water	r Resources
16. Agriculture  17. N.H. taxes:  Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business 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. If person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
	RECEIVED
Date 6/1/2022 Signature of Filer Les R. Benner'	JUN 0 1 2022
	NEW HAMPSHIRE

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

Type or Print Clearly
Full Name Ross Matchell Berry Work Address UVI Revendale fee, Newbosto Cope
Primary Occupation Self Engly-ed e-mail Ross & Bergard H. cm Work Phone 608 863 3445
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. Revt. Strateges, thy Deaners Academy, Roman Pectry 2. Uil Rivedale Ava Mandrite, NH 03103  If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords agent, developers, and landlords services 5. Banking or financial services municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business   Business   Business   Interest and   Dividends Tax   Business   B
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 6/14/2072 Signature of Filer

Type or Print Clearly
Full Name ROBERT G. RERTRAND Work Address
Primary Occupation RETIRED e-mail 63p12@yahoo=com Work Phone 603-848-6590
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:
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 System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms of gambling  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus
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.  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 Robert A. Bertrand NEW HAMPSHIEE

Type or Print Clearly	
Full Name Catherine A. Berube	Work Address 259 County Farm Rd. Dover, NH. 03820
Primary Occupation Register of Deeds	e-mail cberubelaw @acl.com Work Phone 1-603-516-7150
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Register of Deeds Strafford County
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, associate, partner, nal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding and retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Bruton and Berube, PLI	LC 601 Central Ave. Dover, N.H. 03820
2.  University of New Hamps  Bruton Commercial Realty, LL.  If you have no qualifying income indicate by writing your in	Shive HDFS Petter Hall 55 College Rd. Durham, NM 03824 C. 4. Central Ave. Management LCC itials next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change	pecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ernment affecting the listed business, profession, occupation, group, or matter would potentially have a greater at the general public:
Any profession, occupation, or business licens profession, occupation, or category of business:	Attorney, Bruton and Benulse, PUC, Bruton Commercial Realy, UL
I / Haalth / ara         Inclirance       /	Estate, including brokers, developers, and landlords  5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land assessment program	9- Restaurants/ 10. Sale and distribution of alcoholic lodging beverages 11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest and Dividends Tax Interest and Specify any other area in which you have a special interest —
	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
	RECEIVE
Date (me 1, 2022	Signature of Filer Catherine A. Bembe JUN 0 2 202

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

NEW HAMPSHIRE
DEPARTMENT OF STATE

ype or ull Nar	lame PAUL R. BERUBE	Work Address & Franklin St N	AShur BROCK
rimary		Work Address 8 Franklin St. N en be Nashar agail w Work Phone 60	3 883-8273
director	ors, etc. or employment with state or county nment held by you.  NO ACRONYMS		
ropriet	t below the name, address, and type of any profession, business, or other or letor, or employee, or served in any other professional or advisory capacity daryear. Sources of retirement benefits other than federal retirement and/or discounts.	and from which any income in excess of \$10,000 was derive	d during the preceding
	GAte City Church, Nashua No	03064	
2.			
you ha	have no qualifying income indicate by writing your initials next to the following	statement. My income does not qualify	
inancia	Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	e of New Hampshire. List each such	
2	Health Care     3. Insurance     4. Real Estate, including brokers agent, developers, and landlord		Hampshire, county, or oyment
	7. N.H. Retirement System  8. Current use land assessment program  9. Restaution	ants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
	12. Any business regulated by the Public 13. Horse or dog racing of gambling	or other legal forms 14. Education 15. Water Res	
	dilides commission		
	16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area special interest —	
1 have re	17. N.H. Business Business	Dividends Tax special interest e and complete to the best of my knowledge and belief. RSA 1	in which you have a
1 have re	16. Agriculture  17. N.H. taxes:  Business Enterprise Tax  read RSA 15-A and hereby swear or affirm that the foregoing information is tr	e and complete to the best of my knowledge and belief. RSA in the statement shall be guilty of a misdemeanor.	in which you have a

Type or Print Clearly			
Full Name Don Betterwit	Work Address	9050 S. Willow	St. Monches ter 03103
Primary Occupation Executive	e-mail Dan @ Rev Forn.	com Work P	Phone 603 667 6674
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Nore		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which	any income in excess of \$1	0,000 was derived during the preceding
	Cerolution Farnishing	5 9050 Jouth a	lillow 24 Mandestor 03103
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If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does no	t qualify
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a like item of the companion of t	nment affecting the listed business, prof the general public: d or certified by the State of New Hamps	ession, occupation, group, or hire. List each such	matter would potentially have a greater
I I / Health (are II IS Insultance II I	tate, including brokers, evelopers, and landlords 5. B	anking or financial ces	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
	<ol> <li>Horse or dog racing, or other legal for gambling</li> </ol>	ms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends To		ify any other area in which you have a terest
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the second			
Date 6/13/22	Signature of Filer	Dun	NEW HAMPSKIRE DEPARTMENT OF STATE

Type or Print Clearly				
full Name David A. Bick-ford	Work Address			
imary Occupation	e-mail davida bick for	d51 Pyakow Wor	k Phone	
me 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 option, or employee, or served in any other professional endar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	ch any income in excess of	\$10,000 was deriv	red during the preceding
rou have no qualifying income indicate by writing your initi	ale post to the following statement		110	
ou have no quantynig meente mateure by mining year min		My income does r	Tot quality	
portable special interest in an item on this list if a change in scipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on a scipline section.  1. Any profession, occupation, or business license profession, occupation, or category of business:	nment affecting the listed business, pro the general public:	ofession, occupation, group,	or matter would po	rant a license or permit, otentially have a greater
		Banking or financial vices	6. State of Ne	w Hampshire, county, or bloyment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
	<ol><li>Horse or dog racing, or other legal for gambling</li></ol>	14. Eddcadon	15. Water R	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends	Tax special	interest	a in which you have a
nave read RSA 15-A and hereby swear or affirm that the fore erson who knowingly fails to comply with the provisions of	going information is true and complete this chapter or knowingly files a false st	to the best of my knowledg tatement shall be guilty of a	e and belief. RSA misdemeanor.	RECEIVED
Date 6-1-2022	Signature of Filer	David A. Bu	-1	JUN 0 2 2 p22

Type or Print Clearly	
Full Name Reginn Birdsell Work Address 107 N. Main St. 30	2, Concord
Primary Occupation Retired e-mail rbirdsell10150 gmail Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county povernment 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, directly or organization in which any income in excess of \$10,000 was derived a latendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessar	d during the preceding
· NA	
2 NA	
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	RB
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or mat 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, gra 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 profession, occupation, or category of business:	nt a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services municipal employers	Hampshire, county, or oyment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	sources
16. Agriculture  17. N.H. Business Business Business Interest and Dividends Tax Dividends Tax 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 1 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
Serson who knowlingly fails to comply with the provisions of this chapter of knowlingly mes a failer statement shall be gainly of a misacincular.	RECEIVED
Date 4/1/22 Signature of Filer Regima Budsell	JUN 07 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 Nancy EBISHOP WorkAddress
Primary Occupation Refaul Clerk e-mail Manb157/200 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  NO ACRONYMS  NO ACRONYMS  NO ACRONYMS  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. NA
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: Refaul Clark MH State Ligius (Commission)
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  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 Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Interest and Specify any other area in which you have a special interest Special inte
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 7 22 Signature of Filer Dancy BIShor JUN 0 9 2022  NEW HAMPSHIRE DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name Hannah Bissex	Work Address 144 Thomas Rd Rindge NA 03461
Primary Occupation House Manager e-mail han	mahin rindge @ gmail.com Work Phone 203-605-8771
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Project Board of Directors
	organization in which you or a family member was an officer, director, associate, partner ity, and from which any income in excess of \$10,000 was derived during the preceding is ability benefits shall be included. (Use additional sheets as necessary.)
1. Intersystems Corperation, I memorial Drive Cam	bridge MA 02142, Software Developer
2. Rental Property 140+144 Thomas Rd Kinde WH03461	
If you have no qualifying income indicate by writing your initials next to the following	ring statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adn	the following businesses, professions, occupations, groups, or matters. A person has a ministrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater
profession, occupation, or category of business:	tate of New Hampshite. Tist Pach Silch
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement System  8. Current use land assessment program  9. Resta	aurants/  10. Sale and distribution of alcoholic beverages  11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racin of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: 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 to person who knowingly fails to comply with the provisions of this chapter or knowing the complyment of the provisions of the chapter or knowing the complyment of the chapter or knowing the complex of the chapter or knowing the chapter or	true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ingly files a false statement shall be guilty of a misdemeanor.
Date 6/9/92 Signature	re of Filer JUN 1 3 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House Room 204, Concord, NH 03301

Type or Print Clearly
Full Name Peter Bixby Work Address 69 Glen wood Aug Down A Primary Occupation Editor e-mail pub bur mess 6 com cool Work Phone 603-749-5859
Primary Occupation Editor e-mail peub bur mess @ Com cool Work Phone 603-749-5659
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.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My Income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and taxes:  Profits Tax  Business Dividends Tax    Business   Business   Interest and   Specify any other area in which you have a special interest   Specify any other area   Specify any other 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.  PSA 15-A:9 PETALLY AND ADD PETALL
Date 6/1/2022 Signature of Filer PLS CEINED

Type or Print Clearly
Full Name MATTHEW D. BJELOBRIC Work Address Noticed
Primary Occupation Retired e-mail matthew 4665 @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  County Commissioner (Gafton 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. Blackmount Physical Therapy 85 Sindkir Rd Notherahill NH03774 2. NYS Police and Fire Pension Albany NY
2. NYS Police and Fire Pension Albany NY
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
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. Any 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 System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date GIO 2022 Signature of Filer JUN 1 0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 20, Concord, NH 0339EPARTMENT OF STATE

Type or Print Clearly		-		
Full Name SCOTT BLACKSTONE	Work /	Address 40 SPT	RING STREE	J HEW MARKE
Primary Occupation RETIRED	e-mail SCOTT. BLA	CK STONE @YAHOO	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 REPR	ESENTATIVE		
List below the name, address, and type of any profession, roprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than federal	or advisory capacity, and fr	om which any income in	excess of \$10,000 was der	rived during the preceding
•				
you have no qualifying income indicate by writing your initia	ls next to the following stater	ment. My inco	me does not qualify	50
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the second sec	ment affecting the listed busi he general public: Lor certified by the State of No	ew Hampshire. List each sur	n, group, or matter would p	potentially have a greater
I / Health (are II is insurance IIs/I	ate, including brokers, velopers, and landlords	5. Banking or financia services	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and obeverages	distribution of alcoholic	11. Practice of law
	B. Horse or dog racing, or othe gambling	er legal forms 14. Edu	cation 15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		vidends Tax	tional: Specify any other ar special interest —	ea in which you have a
have read RSA 15-A and hereby swear or affirm that the foreg	oing information is true and	complete to the best of my l	knowledge and belief. RS	A 15-A:9 Penalty. Any
erson who knowingly fails to comply with the provisions of t	his chapter or knowingly files	a false statement shall be g	uilty of a misdemeanor.	RECEIVED
Date 6/1/22	Signature of Filer	South	Blen	JUN 0 3 2022
Return to: Office of Secretary of St.	ate. 107 North Main Street. St.	ate House Room 204. Conco	ord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly
Full Name Meliss Blasck Work Address 9Thin Bridge Rd, Merrin_ck, NH Prirnary Occupation Music tencher e-mail Meliss b1@hotmil.com Work Phone 603-401-254
Prirnary Occupation Music tencher e-mail Meliss blackatmil.com Work Phone 603-401-254
Name the office, position, board or commission, board of directors, etc. or employment with state or county government heid 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, participation, 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 preceded calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Dayal Suchder, IBM, Software Sules, I orchard Rd. Armonk, NY 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 services 5. Banking or financial services 6. State of New Hampshire, county, agent, developers, and landlords
7. N.H. Retirement System 9. Restaurants/ 10. Sale and distribution of alcoholic 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  Business Enterprise Tax  Business B
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 N FAM HAN 0.2 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  RETURN 0 2 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Barbara Ann Blue Work Address // Barbara Lana, Hu	dson NH 0305/
Primary Occupation Petired e-mail 66/ve50 comost. net Work Phone 6	03-966-7128
Name the office, position, board or commission, board of Hudgen Library Board of Trustoes  Girectors, etc. or employment with state or county  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 derealendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessal and the included of the inc	rived during the preceding
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	Bas
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 profession in 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:	potentially have a greater
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of Normalicipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water	
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are 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. RS person who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date June 18, 2022 Signature of Filer Borlana a Olu	JUN 1 4 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STAT

Type or Print Clearly	
Full Name Malia 2002 World	Address 56 Partidge Brook &
Primary Occupation Revived e-mail Malink	az & gymail. Comwork Phone 603-399-495
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 proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability to	from which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following stat	ement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the foll reportable special interest in an item on this list if a change in law, a change in administra discipline a licensee or permittee, or other decision by government affecting the listed but financial effect on you or a family member than it would on the general public:	tive rule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of profession, occupation, or category of business:	New Hampshire. List each such
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services  6. State of New 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 law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or ot of gambling	ner legal forms 14. Education 15. Water Resources
16 Agriculturo	nterest 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 person who knowingly fails to comply with the provisions of this chapter or knowingly file	complete to the best of my knowledge and belief. <b>RSA 15-A:9 Penalty.</b> Any s a false statement shall be guilty of a misdemeanor.
Date 6/2/2022 Signature of File	m Regar

Type or Print Clearly					
Primary Occupation Retired		Work Address			
Primary Occupation Retired	e-mail		Work F	Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capac	ity, and from which a	ny income in excess of \$1	0,000 was deri	ved during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your initi	als next to the follow	wing statement.	My income does not	qualify	18213
B. Indicate below whether you or a family member has a spe reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	n law, a change in ad nment affecting the	lministrative rule, a dec	cision whether or not to awa	ard a contract, g	grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the	State of New Hampshi	re. List each such		
	tate, including broke evelopers, and landle		king or financial	6. State of No municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Rest	aurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	<ol><li>Horse or dog raci gambling</li></ol>	ng, or other legal form	14. Education	15. Water F	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special in	ify any other are terest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is this chapter or know	true and complete to vingly files a false state	the best of my knowledge a ment shall be guilty of a mis	and belief. RS	TRAE COLONED
Date 6/1/2022	Signatu	ure of Filer	USAFE		NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly			
Full Name Steven T. Boger	Work Address	1407 Lakes Loce TOSGAO, CON Work Phone	RJ
Full Name Steven T. Bogert  Primary Occupation Good Manager	e-mail steven. T. Boger	TOSGAR, CON Work Phone	603-556-6037
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from which	th any income ir excess of \$10,000 wa	is derived during the preceding
1. N/A			
2. N/K			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My intome does not qualify	57B
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a licensee profession, occupation, or business licensee profession, occupation, or category of business:	nment affecting the listed business, pro he general public:	ofession, occupation, group, or matter we	
			e of New Hampshire, county, or pal emplo yment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	lic 11. Practice of law
	<ol> <li>Horse or dog racing, or other legal for gambling</li> </ol>	14. Education 15. W	Vater Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Interest an Enterprise Tax Dividends		her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t	oing information is true and complete his chapter or knowingly files a false st	to the best of my knowledge and belief atement shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any or.
1/0/0000	_	112	REC. D
Date 6/6/2022	Signature of Filer		JUN 0 9 2022
Return to: Office of Secretary of St	ate 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly			
Full Name William R. Bolton Jr.	Work Address	167 Regervol	Rd., Plymosth
Primary Occupation Executive ctor e-mail	bille transp	ortentral, og Work P	hone 607-236-1812
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 proprietor, or employee, or served in any other professional or advis calendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from which	any income in excess of \$1	0,000 was derived during the preceding
1.	**		
2.			
If you have no qualifying income indicate by writing your initials next to	the following statement.	My income does not	qualify web
B. Indicate below whether you or a family member has a special interest reportable special interest in an item on this list if a change in law, a chadiscipline a licensee or permittee, or other decision by government affer financial effect on you or a family member than it would on the general 1. Any profession, occupation, or business licensed or certification.	ange in administrative rule, a decting the listed business, prof al public:	decision whether or not to awa ession, occupation, group, or n	ard a contract, grant a license or permit,
profession, occupation, or category of business:  4. Real Estate, inclu-	ding brokers 5 B	anking or financial	7 6. State of New Hampshire, county, or
2. Health Care 3. Insurance agent, developers,		- 11	municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	or dog racing, or other legal for	14. Education	15. Water Resources
de a material annua	iness Interest and Dividends To	II I amasis lind	fy any other area in which you have a erest —
I have read RSA 15-A and hereby swear or affirm that the foregoing info person who knowingly fails to comply with the provisions of this chapt	rmation is true and complete e er or knowingly files a false sta	to the best of my knowledge a tement shall be guilty of a mis	nd belief. RSA 15-A:9 Penalty. Any
Date 6-1-2022	Signature of Filer	in Mar	JUN 1 4 322
			DEPARTMENT OF STATE

83	:EMA	22	EN	or or	
DEP	ERK.	CF	CILL	REC'D	

Type or Print Clearly
Full Name Efstathya c. BOOTAS Work Address 142 Main St, Swift 219
Primary Occupation FINANCIAL Brologe-mail Info eal pha Mortgages. Com Work Phone 1003 5957699
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. Alpha Mortgage e Fivoncial Services, Inc. 2. 142 Main Sty Slute 219 WAShur (NH 0306)
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: Banking - Worthan Grand Stale 1) 17
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial 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 beverages
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Enterprise Tax  Business 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 JUND 3, 2022 Signature of Filer

Type or Print Clearly				
Full Name Justin	David Borden	Work Addr	ess 96 Dansel	Webster Highery Balmony
Primary Occupation Sq1	es manager	e-mail JBgrdenla	34@ Smail.com Wo	ork Phone 6935280223
Name the office, position, boa directors, etc. or employme government held by you.	ent with state or county NO ACRONYMS	/4		
proprietor, or employee, or se		r advisory capacity, and from	which any income in excess o	ber was an officer, director, associate, pattner, of \$10,000 was derived during the preceding onal sheets as riece:ssary.)
	159n, 14 horacan	1 Dd Belmont N	4 - CVS IQCONI	a, NH 03246
2.  If you have no qualifying incom	ne indicate by writing your initials i	next to the following statemen	t. My income does	s not qualify
reportable special interest in a discipline a licensee or permit financial effect on you or a far	an item on this list if a change in law tree, or other decision by governmently mily member than it would on the	w, a change in administrative ru ent affecting the listed busines: general public:	ule, a decision whether or not to s, profession, occupation, group	pations, groups, or matters. A person has a parameter a contract, grant a license or permit, po, or matter would potentially have a greater
	occupation, or business licensed or on, or category of business:	r certified by the State of New E	lampshire. List each such	
2. Health Care 3.	Inclirance II I	e, including brokers, lopers, 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	tion of alcoholic 11. Practice of law
12. Any business regulate Utilities Commission		Horse or dog racing, or other le mbling	14. Eddcation	15. Water Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax		st and 18. Optional: S ands Tax specia	Specify any other area in which you have a al interest —
I have read RSA 15-A and here person who knowingly fails to	by swear or affirm that the foregoir comply with the provisions of this	ng information is true and com s chapter or knowingly files a fa	plete to the best of my knowled lse statement shall be guilty of a	dge and belief. RSA 15-A:9 Penalty. Any a misdemeanor.
Date 6-3-2	092	Signature of Filer	em D. Me	Wer JUN 0720
Re	eturni to: Office of Secretary of State	e, 107 North Main Street, State H	louse Room 204, Concord, NH (	03301 EW HAMPS

Type or Print Clearly	
Full Name Michael D. Bordes JR. Work Address 266 Endicott Sth Uni	+3
3C11	-369-1/67
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. Cognizant 300 Frank WiBurr Blud Teaneck , NV 07666.	
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 matter reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would poter financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	t a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Households	lampshire, county, or ment
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 Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resor	urces
16. Agriculture  17. N.H. taxes:  Business Business Business Interest and Dividends Tax  Business Enterprise Tax  Business Dividends Tax  Business Enterprise Tax  Business	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 6/8/24 Signature of Filer MBer	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 ERNEST JOHN BORDENET	Work Address		
Primary Occupation Review	e-mail jbordenet 34	otmail.com Wo	rk 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 REP		
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from whi	ch any income in excess o	\$10,000 was derived during the preceding
1. NGM INSURANCE CO, 55	WEST ST KEENS		
2. Univ. of NH System LEE	NH .		
If you have no qualifying income indicate by writing your init		My income does	not qualify
B. Indicate below whether you or a family member has a sporeportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administrative rule, a rnment affecting the listed business, pr the general public:	a decision whether or not to ofession, occupation, group	award a contract, grant a license or permit,
I / Mealth ( are II is inclirance II I		Banking or financial vices	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	on of alcoholic 11. Practice of law
i and it is a second of the se	<ol> <li>Horse or dog racing, or other legal for family for gambling</li> </ol>	orms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends		pecify any other area in which you have a l interest
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 f this chapter or knowingly files a false s	e to the best of my knowled tatement shall be guilty of a	ge and belief. RSA 15-A:9 Penalty. Any misdemeanor. RECEIVED
Date June 1, 2022#	Signature of Filer	2 febru Bordene)	JUN 0 3 2022
Return to: Office of Secretary of 5	State, 107 North Main Street, State Hous	se Room 204, Concord, NH 0	NEW HAMPSHIRE DEPARTMENT OF STATE

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A					
Full Name LAURENCE Michael Bon (A	Work Address	1/A Re	Frod JUN	13 2022	
Primary Occupation Physician	e-mail BLACKROSEMOCPE	2gmail.com Work Phone	NEW H	AMPSHIRE ENT OF STATE	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	NH, State Represent	ative		-	
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 any	income in excess of \$10,000	was derived during the preced		
2.  If you have no qualifying income indicate by writing your init  B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in an item on this list if a change in the special interest in the special interest in an item on this list if a change in the special interest interest in the special interest in the special interest in the spec	ecial interest in any of the following businesse in law, a change in administrative rule, a decisi	on whether or not to award a	oups, or matters. A person has a contract, grant a license or permi		
discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on  1. Any profession, occupation, or business license profession, occupation, or category of business:	the general public:		er would potentially have a greate	er	
4. Real E	state, including brokers, 5. Bankir services	- 11	State of New Hampshire, county, nicipal employment	or	
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	0. Sale and distribution of alcoeverages	oholic 11. Practice o	f	
	13. Horse or dog racing, or other legal forms if gambling		5. Water Resources		
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any special interest	y other area in which you have a		
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complete to the fthis chapter or knowingly files a false statement.	best of my knowledge and be ent shall be guilty of a misdem	elief. RSA 15-A:9 Penalty. Any eanor.		
Date June 4, 2022	Signature of Filer	M Soland wearce Michael	1 Borland		

Type or Pri	nt Clearly		_			
Full Name	Steven Borne		Work Address	TBR 7a Merill Inc	dustrial Driv	e, Hampton, NH 03842
Primary Occ	cupation Sales	e-mail steve	n@consumego	v.com	Work Phone	6037851811
directors, e	office, position, board or commission, board of etc. or employment with state or county theld by you.  NO ACRONYMS	NH State Repre	esentative Rock	ingham District 38		
proprietor,	ow the name, address, and type of any profess or employee, or served in any other professionar. Sources of retirement benefits other than fed	onal or advisory capa	city, and from which	h any income in exces	s of \$10,000 v	vas derived during the preceding
1.						
2.						
f you have	no qualifying income indicate by writing your in	nitials next to the follo	wing statement.	My income d	oes not qualify	SB
financial ef		n the general public: sed or certified by the Estate, including brok	e State of New Hamp	Banking or financial	6. St	ate of New Hampshire, county, or
	H. Retirement 8. Current use land		taurants/	10. Sale and distribeverages		cipal employment nolic 11. Practice of law
12. An	ny business regulated by the Public Commission	13. Horse or dog rac of gambling			on 15.	Water Resources
16. A	Agriculture 17. N.H. Business taxes: Profits Ta		Interest ar Dividends		l: Specify any ecial interest -	other area in which you have a
	RSA 15-A and hereby swear or affirm that the fo knowingly fails to comply with the provisions					
_				01	77	RECEIVED
Date Ju	ne 6, 2022	Signat	ure of Filer	1700		JUN 0 9 2022
	Return to: Office of Secretary o	f State, 107 North Mai	n Street, State Hous	e Room 204, Concord, N	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly
Full Name Karlyn Borysenko Work Address 4 Victoria Drive Merimack UH 03074
Primary Occupation Write Psychologist e-mail Kody @ 720 workpluce con Work Phone 603-290-2545
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. Ma
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Business Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest—
I have read RSA 15-A and hereby swear or affirm that the 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 697

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

Type or Print Clearly			,		
Full Name Donald J Bouchas	d Worl	k Address	Retired		
Primary Occupation	e-mail		Worl	c Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other professiona calendar year. Sources of retirement benefits other than federal	or advisory capacity, and	from which any ir	ncome in excess of	\$10,000 was der	rived during the preceding
1. State of NH Retire.	ment.				
2.					
If you have no qualifying income indicate by writing your initia	als next to the following stat	ement.	My income does n	ot qualify	
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special spec	n law, a change in administra nment affecting the listed buthe the general public:	ative rule, a decision usiness, profession,	whether or not to a occupation, group, o	ward a contract,	grant a license or permit,
I / Wasith ( are I I Inclirance II I	tate, including brokers, evelopers, and landlords	5. Banking services	or financial	6. State of N municipal er	New Hampshire, county, or mployment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/		Sale and distribution of the same of the s	n of alcoholic	11. Practice of law
	<ol><li>Horse or dog racing, or ot gambling</li></ol>	her legal forms	14. Education		Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		Interest and Dividends Tax	18. Optional: Special	ecify any other a interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregon who knowingly fails to comply with the provisions of the second state of the seco	going information is true and this chapter or knowingly file	I complete to the best a false statement	est of my knowledge t shall be guilty of a r		RECEIVED
Date 6/3/22	Signature of File	$ar$ $Q_n$	dal \$30	whol	JUN 0 2 2022 NEW HAMPSHIRE DEPARTMENT OF STAT

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

Type or Print Clearly	
Full Name Roberta "Bobbi" Boudman Work Address 123 Warren Sands Rd	. Wolfeboro
Primary Occupation VFX Consultant e-mail boudman@gnail. Com Work Phone 603	393 3614
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	'ct
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
Clearcut FX LLC. 5% Shareholder	
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 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, grand 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 profession, occupation, or category of business:	t a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Insurance agent, developers, and landlords	Hampshire, county, or yment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Reso	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Dividends Tax 18. Optional: Specify any other area in special interest—	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date June 6, 2027 Signature of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly
Full Name AMANDA BOULDIN Work Address & Z Bedford Farms Dr. Bedford NH
Primary Occupation Legal Secretary e-mail AMANDAC BOULDING gmail an Work Phone 603-391-0476
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. Liberty Mutual 179 Berkely St Boston MA 02/16. Insurance Company
2. Eversource 107 Seider St Berlin CT 06037. Power Company
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  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax  Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date S 31 27  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  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			
Full Name Andrew Bouldin	Work Address	1580 Elm St, Manc	nester, NH
Primary Occupation IT Networking	e-mail andrew 4 NHrepa	gma:1. Com Work Phone	603-397-7526
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 proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal profession and type of any profession proprietor.	onal or advisory capacity, and from which	h any income in excess of \$10,000 v	vas derived during the preceding
1. Eversource, 107 Selden St,	Berlin, CT, 06037, Publi	c Utility	
2. Liberty Mutual, 175 Berkel	ex St, Boston, MA, 021	16, Insurance Company	
If you have no qualifying income indicate by writing your in	nitials next to the following statement.	My income does not qualify	
reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would on the second of	rernment affecting the listed business, pro n the general public:	fession, occupation, group, or matter	
I / Mealth (are II x B insurance II I	Estate, including brokers, developers, and landlords 5. E		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program		10. Sale and distribution of alcohole beverages	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal fo of gambling	orms 14. Education 15	. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Ta			other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions			
Des [5/21/22]	Claratura of Files		RECEIVED
Date   5/31/22	Signature of Filer		JUN 0 3 2022
Return to: Office of Secretary of	f State, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly			
Full Name JASON BOURNE	Work Address	7 COMPUS CTE	DR MERIDEN NH 03770 hone 603 469 2340
Primary Occupation DIRECTOR OF IT e-mail	jbourne@k	ua.org Work	hone 603 469 2340
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 of proprietor, or employee, or served in any other professional or advisory callendar year. Sources of retirement benefits other than federal retirement and/	pacity, and from which	any income in excess of \$1	0,000 was derived during the preceding
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If you have no qualifying income indicate by writing your initials next to the fo	llowing statement.	My income does no	qualify
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general publ	n administrative rule, a c the listed business, prof ic:	lecision whether or not to aw ession, occupation, group, or	ard a contract, grant a license or permit,
profession, occupation, or category of business:	generatestekken das 1 (dat is das 3) das das Bedeleggenaps compelitielleden wire der 49 hi	makanang gara mandidan sa sa sa sa sa kang gan as sa sa sa sa sa sa sanjanjar na danisahan a sa s	
2. Health Care  3. Insurance  4. Real Estate, including b agent, developers, and la		anking or financial ces	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. F System assessment program lodg	Restaurants/	10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog of gambling	racing, or other legal for	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Enterprise	Tax Interest and Dividends Ta	18. Optional: Spec special in	ify any other area in which you have a terest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions.	on is true and complete t nowingly files a false sta	to the best of my knowledge tement shall be guilty of a mi	and belief. RSA 15-A:9 Penalty. Any sdemeanor.
Date 6/10/22 Sign	nature of Filer	19075	RECEIVED JUN 13 2022
Return to: Office of Secretary of State, 107 North N	Main Street, State House	Room 204, Concord, NH 0330	A THE LANDSINGE

Type or Print Clearly
Full Name Stephen Elliott Boyd Work Address
Primary Occupation Refired e-mail seboyd 2020 agrail. 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  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.)
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services  6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
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. Business Business Interest and Special interest and Special interest and Special interest Special 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-REGENED  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 Stephen & Boyol NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name WILLIAM W. BOCD, III WORK Address ZOMAIN STREET, CANDIA
Primary Occupation TITLE EXAMINER e-mail [william. e. baydil. ogunila Work Phone 603/660-667]
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS  NO ACRONYMS  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:  ANESTHESIA HURSING
2. Health Care 3. Insurance agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 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 Business Enterprise Tax Dividends Tax  Business Dividends Tax  Business Enterprise Tax  Business Dividends Tax  Business Enterprise Tax  Business Dividends Tax  Business Enterprise Tax  Business Enterpri
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 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  Signature of Filer  Signature of Filer
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301  NEW HAMPSHIP DEPARTMENT OF S

Type or Print Clearly	_			
Full Name NICHOLAS HUNTER BOYLE	Work Address	235 HERITA	EAVE F	PORTS MOVTH NH
Primary Occupation LEAD DELIVER ORIVER e-mail ELYO	RN Q GMAIL .	COM Wo	rk 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 of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	y, and from which a	ny income in excess o	f \$10,000 was de	rived during the preceding
1. GREAT BAY SPA É SAUNA 235 HE	RITAGEAV	E PORTS MOUTH	NH03801	
lf you have no qualifying income indicate by writing your initials next to the followi	ng statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	ninistrative rule, a dec sted business, profess tate of New Hampshir	ision whether or not to sion, occupation, group re. List each such	award a contract,	grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor		king or financial	6. State of I municipal e	New Hampshire, county, or mployment
7. N.H. Retirement 8. Current use land 9. Restar	urants/	<ol><li>Sale and distribut beverages</li></ol>	ion 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 forms	14. Education		Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax	18. Optional: S specia	pecify any other a al interest —	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is t person who knowingly fails to comply with the provisions of this chapter or knowi	rue and complete to t ngly files a false stater	the best of my knowled ment shall be guilty of a	ge and belief. R misdemeanor.	RECEIVED
Date 06/02 / ZOZZ Signature	e of Filer	May	2	JUN - 3 2022
Return to: Office of Secretary of State, 107 North Main S	Street, State House Ro	oom 204, Concord, NH (	3301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly							
Full Name John	Bowman		Work Address	546	Chalk Pond	Rd Newbury	HA
Primary Occupation Ce	tired	e-mail	bowmanjro	2hotma	Work Phone	Rd Newbury 03255 603-454-59	52Z
Name the office, position, board directors, etc. or employment government held by you.							
A. List below the name, addres proprietor, or employee, or sen calendar year. Sources of retiren	ved in any other profess	ional or advisory capaci	ity, and from which	any income	in excess of \$10,000 w	as derived during the p	
1							
If you have no qualifying income	indicate by writing your	initials next to the follow	ving statement.	Му	income does not qualify	8	
B. Indicate below whether you reportable special interest in an discipline a licensee or permitte financial effect on you or a familiary.	item on this list if a change, or other decision by go by member than it would	ge in law, a change in ad overnment affecting the on the general public:	ministrative rule, a d listed business, prof	decision whet fession, occup	ther or not to award a contact of the contact of th	ntract, grant a license or p	ermit,
	cupation, or business lice , or category of business:		State of New Hamps			ames)	
2. Health Care 3. In:	surance II I	al Estate, including broke t, developers, and landlo		anking or fina ces		te of New Hampshire, co ipal employment	unty, or
7. N.H. Retirement System	8. Current use lan assessment progra		aurants/	10. Sale beverage	and distribution of alcoh	olic 11. Pract	ice of
12. Any business regulated Utilities Commission	by the Public	13. Horse or dog racir of gambling	ng, or other legal fo	rms 14	. Education 15.	Water Resources	
1 16 Agriculture	17. N.H. Busines Profits T		Interest and Dividends T	11 1	3. Optional: Specify any o special interest —	ther area in which you ha	VED.
I have read RSA 15-A and hereby person who knowingly fails to co	swear or affirm that the imply with the provisions	foregoing information is of this chapter or know	true and complete ingly files a false sta	to the best of tement shall	my knowledge and belie be guilty of a misdemear	nor. JUN 08	2322
Date 6-6-2021		Signatu	re of Filer	John 2	Bours	DEPARTMENT	OF STAT

Type or Print Clearly
Full Name Amy Bradley Work Address 895 Bridgest
Primary Occupation Data e-mail alunnora 2/ey 4 9Mayork Phone (0033157597
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission  13. Horse or dog racing, or other legal forms Utilities Commission  14. Education 15. Water Resources
16. Agriculture  17. N.H.  Business Enterprise Tax  Business Enterprise Tax  Business Enterprise Tax  Business 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 1/3/22 Signature of Filer

2022 NEW HAMPSHIKE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A
Type or Print Clearly
Full Name JEB Brackley Work Address 630 Sasth Minn Street
Full Name   Jeb Brackley   Work Address   630 Sasth Minn Street    Primary Occupation   e-mail   ebelow Dometsocust Work Phone   603 387 236
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax  Bus
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.  PSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  RSA 15-A:9 Penalty. 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 Jone 6 2022 Signature of Filer Signature of Filer NEW HAMPSHIRE NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			
Full Name Tare Brudshed	Work Address		
Primary Occupation retires	e-mail isolubradstreet	Lognail. Com Work Phone	603-568-8755
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	nal or advisory capacity, and from which a	ny income in excess of \$10,000 wa	s derived during the preceding
1.		· · · · · · · · · · · · · · · · · · ·	
2.			
If you have no qualifying income indicate by writing your ini	tials next to the following statement.	My income does not qualify	B
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 on  1. Any profession, occupation, or business license.	in law, a change in administrative rule, a dec rnment affecting the listed business, profes the general public:	cision whether or not to award a consision, occupation, group, or matter w	tract, grant a license or permit,
profession, occupation, or category of business:			
I Z. Dealth Care II IS. Insurance II I	state, including brokers, 5. Ban developers, and landlords services		e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	<ol><li>Sale and distribution of alcohor beverages</li></ol>	lic 11. Practice of law
	<ol> <li>Horse or dog racing, or other legal form of gambling</li> </ol>	S 14. Education 15. V	Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax		her area in which you have a
have read RSA 15-A and hereby swear or affirm that the fore			
	this chapter of known gly mes a raise state	The state of the s	RECEIVED
Date 6-3-72	Signature of Filer	my Stev	JUN 0 3 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State House Ro	oom 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly			•
Full Name Thomas M. Brady	Work Address	1492 Presidential	Huy TossersmNN.
Primary Occupation Solgemployed e-mail ke	nsasabo@1c	oud. com Work Phone	603 586 4592
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	, Commissi	ner .	
A. List below the name, address, and type of any profession, business, or o proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from which	any income in excess of \$10,000	was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income does not qual	ify TmB
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general pub  1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	in administrative rule, a of the listed business, prof lic:	lecision whether or not to award a ession, occupation, group, or matte	contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including to agent, developers, and la			State of New Hampshire, county, or nicipal employment
7. N.H. Retirement 8. Current use land 9.	Restaurants/	10. Sale and distribution of alc beverages	oholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	racing, or other legal fo	ms 14. Education 1	5. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise	Interest and Dividends T		y other 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 k			
person who knowlingly falls to comply with the provisions of this chapter of k	anowingly mes a laise sta	terrient shall be guilty of a misdern	RECEIVED
Date $6/8/23$ Sig	nature of Filer	Thomas Brual	JUN 0 8 2022
Return to: Office of Secretary of State, 107 North I	Main Street State House		NEW HAMPSHIRE DEPARTMENT OF STATE

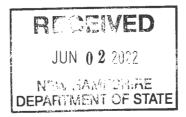
Type or Print Clearly	
Full Name JAME BRASSILL Work Address 150 Golfview Driv	e
Primary Occupation DRIVER e-mail Jamie brassille gahowork Phone	032642409
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, directly 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 necessar	d during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or materior 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, grad 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 profession, occupation, or category of business:	nt a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including brokers, and landlords  5. Banking or financial formula formul	Hampshire, county, or byment
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 Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Res	
16. Agriculture  17. N.H. taxes:  Business Business Enterprise Tax Dividends Tax  Business Dividends Tax  18. Optional: Specify any other area in special interest —	n which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	5-A:9 Penalty. Any
Date 10 2022 Signature of Filer Rall	RECEIVED
	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly Full Name Mark A Brave Work Address 259 County Farm Road, Dover, NH, 03820, USA Primary Occupation Law Enforcement e-mail brave4sheriffnh@gmail.com Work Phone 603-516-7184 Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Name of the Board Position# Office Address **Mailing Address** Contact Email 259 County Farm Road, Dover, NH, 259 County Farm Road, Dover, NH, na@na.na Sheriff Strafford County Officials 03820, USA 03820, USA 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.) Name of the Profession, Business or Other Organization **Business Address** No Sources of Income. 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: Other(Certified Full-Time Police Officer through PSTC) 6. State of New Hampshire, 4. Real Estate, including brokers, 5. Banking or financial 2. Health Care 3. Insurance county, ОГ municipal agent, developers, and landlords services employment 7. N.H. Retirement 8. Current use land 10. Sale and distribution 11. Practice of law 9. Restaurants/lodging of alcoholic beverages System assessment program 13. Horse or dog racing, or other legal 12. Any business regulated by the Public 14. Education 15. Water Resources **Utilities Commission** forms of gambling 18. Optional: Specify any other area in which 17. N.H. **Business Business** Interest 16. Agriculture you have a special interest Dividends Tax taxes: **Profits Tax Enterprise 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.

Date: 05/31/2022 Mark Brave

Signature of Reporting Individual



Type or Print Clearly	
Full Name Angela Brennan  Primary Occupation Homemaker e-mail Ange	Work Address 169A Bow Bog Rd Bow NH 03304
Primary Occupation Homemaker e-mail Ange	la Brennan NH@ 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	
	rganization 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. Damian Brennan 169A Bow Bog Rd, Bow	NH 03304 MBUSA
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in adm	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 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. Restaution System lodging	urants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	14. EddCation
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	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 Ce/1/22 Signature	JUN 03 2022  NEW HAMPSHIRE DEPARTMENT OF STATE

Type or F	rint Clearly		-		•			
Full Name	e Mackenz!	e Brisson	)		Work Address			
Primary C	Occupation Sto	dent	e-	mail Mack	oci@mail-	regent.edu	Work Phone	
directors,	e office, position, board etc. or employmen ent held by you.		county					
proprieto	r, or employee, or ser	ved in any other	professional or a	dvisory capacity	y, and from whi	ch any income in ex		er, director, associate, partner, derived during the preceding cessary.)
1.								
2.								
lf you hav	e no qualifying incom	e indicate by writin	g your initials ne	xt to the following	ng statement.	My incom	e does not qualify	MB
reportab discipline financial	le special interest in ar	n item on this list if ee, or other decisio ily member than it ccupation, or busin	a change in law, and by government would on the general street in the general street or center in the second or center in the	a change in adm t affecting the lis neral public:	ninistrative rule, a sted business, pr	decision whether or of office of the office	not to award a contrac group, or matter woul	or matters. A person has a ct, grant a license or permit, ld potentially have a greater
2.1	Health Care 3. In	surance	4. Real Estate, in agent, develop	ncluding brokers ers, and landlor		Banking or financial vices		f New Hampshire, county, or employment
	N.H. Retirement item	8. Current assessment		9. Restau	urants/	10. Sale and dis	stribution of alcoholic	11. Practice of law
	Any business regulated ies Commission	l by the Public	13. Hor		g, or other legal f	14. Educa		er Resources
16.	. Agriculture		Business Profits Tax	Business Enterprise Tax	Interest and Dividends		onal: Specify any other special interest —	r area in which you have a
l have read person wh	d RSA 15-A and hereby no knowingly fails to c	swear or affirm the omply with the pro	nat the foregoing ovisions of this ch	information is to napter or knowir	rue and completingly files a false s	e to the best of my kn tatement shall be gui	owledge and belief. Ity of a misdemeanor.	
Date	June 1,	2022		Signature	e of Filer	my B	Bo	JUN = 3 2022  NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly
Full Name Dayrell Walter Britton Ok- Work Address 200 Oakridge Rd. Plaister
Primary Occupation Dir. of Carp-Deli e-mail Skybol 2 0 All, Work Phone 603-213-0178
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 Selection Plaisfon M-H.
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. N/A
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 beverages 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 Business Enterprise Tax Dividends Tax  Business Dividends Tax  Business Enterprise Tax Dividends Tax
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/8/22 Signature of Filer Signature of Filer Signature of Filer

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 Jesse R. Broderick Work Address 377 Amherst St. Nas	shua 03063
1000 30,7.00	603-595-2202
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 office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as needs)	derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	J.R.B.
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, 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 contra discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou 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:	act, grant a license or permit,
4. Real Estate, including brokers, 5. Banking or financial 6. State of	of New Hampshire, county, or Il employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Wat	ter Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  18. Optional: Specify any othe 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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
	RECEIVED
Date June 10, 2022 Signature of Filer Gesse R. Brokerick	JUN 1 4 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 Jacob Browillard	Work Address 638 Summer St. L	mn, MA 01905
Primary Occupation EHS Manager e-mail Bro	outland 2334a phous Work Phone	181-592-8494
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 of proprietor, or employee, or served in any other professional or advisory capacitical calendar year. Sources of retirement benefits other than federal retirement and/or discovery.	ty, and from which any income in excess of \$10,000 was of sability benefits shall be included. (Use additional sheets as ne	derived during the preceding ecessary.)
1. Health and Safety Monager-Jaco	6 Brouillard Summit Packer,	nging Systems
2.		
If you have no qualifying income indicate by writing your initials next to the following	ing statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift 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 Sprofession, occupation, or category of business:	ninistrative rule, a decision whether or not to award a contra isted business, profession, occupation, group, or matter wou	ct, grant a license or permit,
2. Health Care  3. Insurance  4. Real Estate, including broker agent, developers, and landlor		of New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land 9. Resta system lodging	urants/  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling		ter Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any othe 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 t person who knowingly fails to comply with the provisions of this chapter or knowi	true and complete to the best of my knowledge and belief. In ngly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
person who who who have a series of the seri		RECEIVED
Date C/8/22 Signatur	re of Filer	JUN 13 2022
Return to: Office of Secretary of State, 107 North Main	Street State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name CARROLLM. Brown, JR Work Address NA
Primary Occupation RETIEFS e-mail /akeside browns 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
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. State of Nit. Retirement Pension
2.
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages 11. Practice of beverages
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6-2-22 Signature of Filer Com Com

ype or Print Clearly & CANDARE NAME	LARRY BEOWN			
Ull Name LAWIRENCE D BROWN	Y Work Ad			
rimary Occupation	e-mail	. !	Work Phone	603-652-4306
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you.  NO ACRONYMS	TROVE			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession endar year. Sources of retirement benefits other than federal	onal or advisory capacity, and fro	m which any income in exce	s of \$10,000 v	vas derived during the preceding
HEW YORK STATE LETTICEN	MENT SYSTEM			
ou have no qualifying income indicate by writing your in	nitials next to the following statem	ent. My income o	oes not qualify	
portable special interest in an item on this list if a change scipline a licensee or permittee, or other decision by gove	e in law, a change in administrative ernment affecting the listed busin	rule, a decision whether or no	t to award a co	ntract, grant a license or permit,
eportable special interest in an item on this list if a change iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would or  1. Any profession, occupation, or business licens profession, occupation, or category of business:	e in law, a change in administrative ternment affecting the listed busin the general public:  sed or certified by the State of New	e rule, a decision whether or no ess, profession, occupation, gr w Hampshire. List each such	t to award a co oup, or matter	ntract, grant a license or permit, would potentially have a greater
portable special interest in an item on this list if a change scipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:	e in law, a change in administrative rernment affecting the listed busin n the general public:	e rule, a decision whether or no ess, profession, occupation, gr	t to award a co oup, or matter	ntract, grant a license or permit,
portable special interest in an item on this list if a change iscipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:	e in law, a change in administrative ternment affecting the listed busing the general public:  sed or certified by the State of New Estate, including brokers, developers, and landlords  9. Restaurants/	e rule, a decision whether or no ess, profession, occupation, gr w Hampshire. List each such 5. Banking or financial	t to award a co	ontract, grant a license or permit, would potentially have a greater are of New Hampshire, county, or cipal employment
portable special interest in an item on this list if a change iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:  2. Health Care 3. Insurance 4. Real agent, 7. N.H. Retirement System 8. Current use land assessment program 12. Any business regulated by the Public	e in law, a change in administrative ternment affecting the listed busing the general public:  sed or certified by the State of New Estate, including brokers, developers, and landlords  9. Restaurants/lodging  13. Horse or dog racing, or other of gambling	services, a decision whether or not less, profession, occupation, gray Hampshire. List each such services  10. Sale and distraction beverages  14. Education and services	6. Standard a coopup, or matter to but on falcohom 15.	ate of New Hampshire, county, or cipal employment nolic 11. Practice of law
portable special interest in an item on this list if a change liscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real agent,  7. N.H. Retirement System  8. Current use land assessment program  12. Any business regulated by the Public Utilities Commission  17. N.H. Business Profits Tax	e in law, a change in administrative ternment affecting the listed busing the general public:  sed or certified by the State of New Estate, including brokers, developers, and landlores  9. Restaurants/ledging  13. Horse or dog racing, or other of gambling  Business Enterprise Tax  Interprise Tax	service, a decision whether or not less, profession, occupation, gray Hampshire. List each such services  10. Sale and distribute beverages  14. Education of the services ser	6. Standard a coopup, or matter to but on of alcoholon 15.	ate of New Hampshire, county, or cipal employment nolic 11. Practice of law  . Water Resources other area in which you have a
profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real agent,  7. N.H. Retirement System  12. Any business regulated by the Public Utilities Commission  15. Agriculture  17. N.H. Business	e in law, a change in administrative ternment affecting the listed busing the general public:  sed or certified by the State of New Estate, including brokers, developers, and landlores  9. Restaurants/lodging  13. Horse or dog racing, or other of gambling  Business Enterprise Tax  Interprise Tax	services  5. Banking or financial services  10. Sale and distribeverages  14. Education of the services of the	6. Stamunic bution of alcoholon 15.	ate of New Hampshire, county, or cipal employment nolic 11. Practice of law  Water Resources other area in which you have a sef. RSA 15-A:9 Penalty. Any
eportable special interest in an item on this list if a change liscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:  2. Health Care  3. Insurance  4. Real agent, 7. N.H. Retirement System  12. Any business regulated by the Public Utilities Commission  16. Agriculture  17. N.H. Business Profits Tax	e in law, a change in administrative ternment affecting the listed busing the general public:  sed or certified by the State of New Estate, including brokers, developers, and landlores  9. Restaurants/lodging  13. Horse or dog racing, or other of gambling  Business Enterprise Tax  Interprise Tax	services  5. Banking or financial services  10. Sale and distribeverages  14. Education of the services of the	6. Stamunic bution of alcoholon 15.	ate of New Hampshire, county, or cipal employment nolic 11. Practice of law  Water Resources other area in which you have a sef. RSA 15-A:9 Penalty. Any

Type or Print Clearly			
Full Name Miles Brown	Work Address	1 Mass Hall	Hanover, NH
Primary Occupation Student	e-mail milesbrown	05 Egmail Work Phone	860 221 4597
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
<ul> <li>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 feder</li> </ul>	al or advisory capacity, and from which	th any income in excess of \$10,000	was derived during the preceding
f you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualif	MB
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 on  1. Any profession, occupation, or business license profession, occupation, or category of business:	rnment affecting the listed business, pro the general public:	ofession, occupation, group, or matter	
			tate of New Hampshire, county, or icipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco beverages	holic 11. Practice of law
	<ol> <li>Horse or dog racing, or other legal for family for the second second</li></ol>	14. Education	i. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest ar Enterprise Tax Dividends		other area in which you have a
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 this chapter or knowingly files a false s	e to the best of my knowledge and be tatement shall be guilty of a misdeme	lief. RSA 15-A:9 Penalty. Any anor.
Date 6/8/22	Signature of Filer	Maba	JUN 1 0 2022
Poture to: Office of Secretary of	State. 107 North Main Street. State Hous	e Room 204. Concord, NH 03301	NEW HAMPSHIRE

Type or Print Clearly	
Full Name Richard R. Brown Work Address 17 Winacres.	21 Houltonbriegh NY
Primary Occupation Refired e-mail robown Q. M.C. com Work Ph	
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 wa proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10, calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional shape)	,000 was derived during the preceding
1. NUNE	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not only the following statement.	qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations 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 awar discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or make the financial effect on you or a family member than it would on the general public:	d a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care  3. Insurance  4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of beverages	f alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Special interest and special interest	y any other area in which you have a erest
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 an person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misc	am an ar
Date 6/1/2022 Signature of Filer Willoud Re	RECEIVED  JUN 0 2 2022
of face	NEW HAMPSHIRE

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

DEPARTMENT OF STATE

Type or Print Clearly
Full Name Scott R Bruer Work Address B Hazen Rive Coxord Pot
Primary Occupation Administration e-mail scott brokes 2 e grail Work Phone 603 72308081
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.)
State of New Hampshire reportness of Society
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 law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Business Interest and taxes:  Profits Tax  Business Business Enterprise Tax  Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6/10/2022 Signature of Filer  Signature of Filer  DEPARTMENT OF STATE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 033

Type or Print Clearly
Full Name WILLIAM DRYK BRYK Work Address 444 CLINTON RD., ANTRIM NIH 03
Primary Occupation ADMIN. ASST., LAND e-mail WMBRYK @ GMAL. CONWORK Phone (603) 588-8337
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.)
NEW YORK CITY EMPLOYEES A ETIREMENT SYSTEM, ONE CENTRE ST., NEWYORK
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 services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture  17. N.H. Business Business Interest and Dividends Tax  Business Business Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the 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 William By 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 Jay Masters Buckey	Work Address 204 Dunber Hill Road, Greathen
Primary Occupation attorney e-mail jay	1. buckey & 5 mail. com Work Phone 603-667-1050
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.)
1. New Hampshire Public D.	efender
2. Vermont Law School	
If you have no qualifying income indicate by writing your initials next to the followi	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 ministrative 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 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. Restart System lodging	urants/ 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 of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	Interest and Dividends Tax  18. Optional: Specify any other area in which you have a special interest —
have read RSA 15-A and hereby swear or affirm that the foregoing information is to person who knowingly fails to comply with the provisions of this chapter or knowing	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 G-9-2022 Signature	e of Filer
Return to: Office of Secretary of State, 107 North Main S	Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	_				
Full Name Thomas L. Bu.	co Tr.	Work Address	PO BOX 314	19 CONW	ay NH 038
Primary Occupation Refined	e-mail Ton	Buco @	Ya Loo, Com Work!	Phone 603	886 5629
Name the office, position, board or commission, directors, etc. or employment with state or government held by you.  NO ACRONYM	county	Represen	tative		
A. List below the name, address, and type of ar proprietor, or employee, or served in any other calendar year. Sources of retirement benefits other	professional or advisory capacity	y, and from which a	ny income in excess of \$	10,000 was derived o	luring the preceding
1. Social Sec	un, ty				111 (1111)
2.  If you have no qualifying income indicate by writi	ng your initials post to the following	ng statement	My income does no	4	TZB
reportable special interest in an item on this list in discipline a licensee or permittee, or other decisi financial effect on you or a family member than in the second s	on by government affecting the list would on the general public:  ness licensed or certified by the St	sted business, profess	ion, occupation, group, or		
2. Health Care 3. Insurance	4. Real Estate, including broker agent, developers, and landlor	ds service:	king or financial	municipal employr	ampshire, county, or ment
7. N.H. Retirement 8. Curren assessmen	t programlodging		beverages	TOT AICONOIIC	law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	g, or other legal form	14. Education	15. Water Resou	
16. Agriculture 17. N.H. taxes:	Business Profits Tax Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Special in		TED \
have read RSA 15-A and hereby swear or affirm to berson who knowingly fails to comply with the property of the	hat the foregoing information is to ovisions of this chapter or knowing the control of the chapter or knowing the control of the chapter or knowing the control of the chapter or knowing the chapter of the chapter or knowing the c	rue and complete to ngly files a false state	he best of my knowledge ment shall be guilty of a m	and belief. RSA 15 isdemeanor.	NO 3 2022
Date	Signature	e of Filer	Thomas 2. O.	3eno	NEW HAMPSHIRE STATE

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

Type or Print Clearly	
Full Name Claudine R. Burnham Work Address	
Primary Occupation home educator e-mail Churchamof Milton NH gmail. Com 603	-401-0754
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 Selectman of Milton, NIT	
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. Fuji Diamatix, Lebanon, NH.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
1   7 Health Care	tially have a greater
agent, developers, and landlords services municipal employ  7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	ment 11. Practice of
System assessment program lodging beverages	law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resor	
16. Agriculture  17. N.H. Business Business Enterprise Tax Dividends Tax  18. Optional: Specify any other area in special interest —	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
Date June 9,2022 Signature of Filer Claudine RSuha	JUN 1 3 2022
	NEW HALFSHIRE

Type or Print Clearly			
Full Name Scott ABours	Work Address	100 Birch	Pond Rel , T. Han NH
Primary Occupation Receiving e-n	nail	: W	ork Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or ad calendar year. Sources of retirement benefits other than federal retirement	visory capacity, and from which	ch any income in excess of	of \$10,000 was derived during the preceding
1. Barbara Borns			
2.			
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income doe	s not qualify
B. Indicate below whether you or a family member has a special interportable special interest in an item on this list if a change in law, a discipline a licensee or permittee, or other decision by government a financial effect on you or a family member than it would on the general and a special process of the second or secon	change in administrative rule, a affecting the listed business, pro eral public:	decision whether or not to ofession, occupation, group	award a contract, grant a license or permit,
Any profession, occupation, or business licensed or cert profession, occupation, or category of business:	med by the State of New Hamp	Solte. Tist each such	
2. Health Care 3. Insurance 4. Real Estate, inc		Banking or financial vices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribu beverages	tion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission  13. Horse of gambling	e or dog racing, or other legal fong	orms 14. Education	15. Water Resources
16 Agricultura	usiness Interest an nterprise Tax Dividends		pecify any other area in which you have a al interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha	formation is true and complete pter or knowingly files a false st	to the best of my knowled attement shall be guilty of	Ige and belief. RSA 15-A:9 Penalty. Any a misdemeanor.
Date 6/10/27	Signature of Filer	Jutte	Sen RECEIVED
		O 204 C 204 H	JUN 1 3 2022
Return to: Office of Secretary of State, 107	North Main Street, State House	e Room 204, Concora, NH (	DEPARTMENT OF STATE

Type or Print Clearly				
Full Name Anits	Delenate	Work Address	48 Forest ledge F	ld Wen NH 0383)
Primary Occupation OQe	e-mail	anitud burra	gmail.cm Work Phone	603-486-6216
Name the office, position, board directors, etc. or employment government held by you.	with state or county	sinte Rep Carrell Cornt	(1	
proprietor, or employee, or serv	, and type of any profession, business, o ed in any other professional or advisory ent benefits other than federal retirement of	capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
1. Bufforgh	. Heathcare Cons. ]	thy Network	<	
If you have no qualifying income	indicate by writing your initials next to th	e following statement.	My income does not qualify	
reportable special interest in an discipline a licensee or permitter financial effect on you or a family  1. Any profession, occ	or a family member has a special interest in tem on this list if a change in law, a change, or other decision by government affects of member than it would on the general properties or certified or category of business:	ge in administrative rule, a ding the listed business, profeublic:  by the State of New Hamps	ecision whether or not to award a cor ession, occupation, group, or matter w	tract, grant a license or permit,
2. Health Care 3. Ins	4. Real Estate, includin agent, developers, and	g brokers, 5. Ba		te of New Hampshire, county, or ipal employment
7. N.H. Retirement System		9. Restaurants/ odging	10. Sale and distribution of alcoholobeverages	olic 11. Practice of law
12. Any business regulated Utilities Commission	by the Public 13. Horse or d	og racing, or other legal for	14. Education 13.	Water Resources
1 16 Agriculture	7. N.H. Business Busine Busine Enterpo	Interest and Dividends Tax		ther area in which you have a
I have read RSA 15-A and hereby person who knowingly fails to co	swear or affirm that the foregoing information may be supply with the provisions of this chapter of	ation is true and complete to or knowingly files a false stat	tement shall be guilty of a misdemean	JIII
Date Time !		Signature of Filer	Out ph	NEW HAMPSHIRE
Retuil	n to: Office of Secretary of State, 107 Nort	h Main Street, State House	Room 204, Concord, NH 03301	374-

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you have no qualifying incor	siness Developme indicate by writing your initia	Is next to the following s	Tee 10 &	My income does	Duchs not qualify	(SUR)
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2. Health Care 3.	insurance ii i	ate, including brokers, relopers, and landfords		king or financial	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restauran	nts/	10. Sale and distributi beverages	on of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission		. Horse or dog racing, or pambling	other legal form	14. Education	15. Water Re	sources
16. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other area l interest —	in which you have a
	by swear or affirm that the forego comply with the provisions of th					15-A:9 Penalty. Any
Date 6/18	123	Signature of	Filer	Dan	000	NEW JAMPSHIES
Re	turn to: Office of Secretary of Sta	te. 107 North Main Stree	t. State House Ro	om 204, Concord, NH 0	3301	DEPARTIME