Type or Print Clearly					
Full Name KATHLEEN	EAMES	Work Address	8 CORAL A	AUE, CHARLE	STOWN, NH 036
Primary Occupation RETIRED S	COCIAL SERVICE e-mail	Kzetarames e (comcast, net	Work Phone -	Accompany and a local contract of the local
Name the office, position, board or com- directors, etc. or employment with government held by you. NO A					
A. List below the name, address, and ty proprietor, or employee, or served in a calendar year. Sources of retirement ben	ny other professional or advisory of	capacity, and from which	any income in excess	s of \$10,000 was der	ived during the preceding
1.					
2.					
If you have no qualifying income indicate	by writing your initials next to the	following statement.	My income d	oes not qualify	KE
B. Indicate below whether you or a fam reportable special interest in an item or discipline a licensee or permittee, or oth financial effect on you or a family memb	this list if a change in law, a change ner decision by government affectin	in administrative rule, a og g the listed business, prof	decision whether or no	t to award a contract,	grant a license or permit,
Any profession, occupation profession, occupation, or cate	n, or business licensed or certified begory of business:	y the State of New Hamps	shire. Tist each such		
2. Health Care 3. Insurance	4. Real Estate, including agent, developers, and		anking or financial ces	6. State of I	New Hampshire, county, or mployment
		Restaurants/	10. Sale and distri	bution of alcoholic	11. Practice of law
12. Any business regulated by the Utilities Commission	Public 13. Horse or do of gambling	g racing, or other legal fo	rms 14. Education	on 15. Water	Resources
16. Agriculture 17. N.H. taxes:	Business Busines Profits Tax Enterpri		11 1	l: Specify any other a ecial interest	rea in which you have a
I have read RSA 15-A and hereby swear of person who knowingly fails to comply w				of a misdemeanor.	SA 15-A:9 Penalty. Any
Date 6/15/2022	S	ignature of Filer	Sathleen	Eamen	1 5 2022
Return to: O	office of Secretary of State, 107 North	n Main Street, State House	Room 204, Concord, N	THE PARTY OF	AMPSHIRE ENT OF STATE

Type or Print Clearly
Full Name DANIEC ADAMS CATON Work Address W. MAIN ST, 11.11s beno
Primary Occupation RETAIL MANAGER e-mail DEATONN & Com Work Phone 603-478-5000
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
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 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 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 Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 25UNE 22 Signature of Filer

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

Type or Print Clearly
Full Name KAREN ELIZABETH EBEL Work Address State House Concord NH
Primary Occupation Unemployed State Rep e-mail Karen. elsele leg. state. nh. w Work Phone 637483876 Name the office, position, board or commission, board of NH Solid Weste Working group, 17 Council
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. Law Offizes of Steven C. Root Spouse
2. Steven Hall + Ptrs spouse
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: See I tem 11 below
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 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 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 June 2, 2022 Signature of Filer Comen E. Elas

Type or Print Clearly	
Full Name Arthur Michael Edgar	Work Address - Retired 7 Ann's Terrace, Hampton XIH
Primary Occupation refined -	e-mail amedgarocomoist. net Work Phone 603-921-1878
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	business, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding 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 initia	Is next to the following statement. My Income does not qualify AMS
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 t	ial interest in any of the following businesses, professions, occupations, groups, or matters. A person has a law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ment affecting the listed business, profession, occupation, group, or matter would potentially have a greater ne general public: Or certified by the State of New Hampshire. List each such. Registion of Frederic Regions (Expinery)
I I / Hoalth (aro II IS Inclirance II I	ate, including brokers, velopers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic law
	. 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 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 foregoers on who knowingly fails to comply with the provisions of	oing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any his chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 6 June 2022	Signature of Filer arthur Michael Edge JUN 0 8 2022
Return to: Office of Secretary of St	ate, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly	
Full Name JESSE C EDWARDS Work Address N/A	
Primary Occupation RETIRED e-mail SECURE Y POSTERITY @ YAHOO, GM Work Phone	1/4
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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was dericalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ived during the preceding
1. N/A	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	JCE
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 profession or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, 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 of gambling 14. Education 15. Water	
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other are special interest.	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date I JUNE ZOZZ Signature of Filer	JUN - 3 2022 NEW HAMPSHIRE
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STA

Type or Print Clearly
Full Name TIMOTHY T. BGAN Work Address 220 JESSEMAN Rd. SUCARH, W, WHO358
Primary Occupation College Instructors e-mail timothy tegan Regnails com Work Phone 614-201-6462
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. HORTHERN VERMONT CHWERSTY 1001 College Ad CYNDONING, VT 05851
2 WHIRE MAN Communday GOLEGE CO46 UNION ST. LITHLEROW, NH 03561
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: ONABLEF BLOCKSHEEP HON KIONS, CITTLE LOW, N.M.
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 lodging 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. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest — FILMENT PRODUCTION
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
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Type or Print Clearly			_			
Full Name La	ura Jean El-Az		Work Address			
Primary Occupation	Homemaker	e-mail Laure	a @ Laura 4 L	ondonderny . Wor	kPhone 60	3-264-3081
	board or commission, board of byment with state or county NO ACRONYMS					
proprietor, or employee,	address, and type of any profession or served in any other profession retirement benefits other than federa	al or advisory capacity	, and from which a	ny income in excess of	\$10,000 was deriv	red during the preceding
•						
2.						
f you have no qualifying in	ncome indicate by writing your init	ials next to the followin	ng statement.	My income does	not qualify	LAE
discipline a licensee or pe financial effect on you or 1. Any professi	t in an item on this list if a change is emittee, or other decision by gover a family member than it would on ion, occupation, or business license pation, or category of business:	rnment affecting the list the general public:	ted business, profes	sion, occupation, group,		
2. Health Care	7 4 Real F			the manager is not as a manager of the second decimal to the second	and or have a finding of the set of the fact of the passing component and the	Million of the companion was allega on w once wheat the value departments () and
		state, including brokers evelopers, and landlord		king or financial	6. State of Ne	w Hampshire, county, or ployment
7. N.H. Retiremen System	3. Insurance agent, d		ds service	-	municipal em	
	t 8. Current use land assessment program	evelopers, and landlord 9. Restau	ds service.	s 10. Sale and distribution beverages	municipal em	11. Practice of law
System 12. Any business reg	t 8. Current use land assessment program	9. Restau lodging 13. Horse or dog racing	ds service.	10. Sale and distribution beverages 14. Education 18. Optional: Sp	municipal em on of alcoholic	11. Practice of law
System 12. Any business reg Utilities Commission 16. Agriculture	t 8. Current use land assessment program ulated by the Public 0	9. Restau lodging 13. Horse or dog racing f gambling Business Enterprise Tax	irants/ service irants/ , or other legal form Interest and Dividends Tax ue and complete to	10. Sale and distribution beverages 14. Education 18. Optional: Special spec	municipal emon of alcoholic 15. Water Receify any other are linterest—	11. Practice of law

ype or Print Clearly	
ull Name Susan Alice Elberger Work Address 11 Birch Hill Drive, Nashna,	NH03063
rimary Occupation Retired e-mail 5'USanelberger @gmail.com Work Phone 781-264-1	1729
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS	And the same of th
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, associator, 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
	JUN 13 2022
	NEW HAMPSHIRE DEPARTMENT OF STATE
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	3
eportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have inancial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 6. State of New Hampshire municipal employment	e, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. F system assessment program lodging beverages	Practice of
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 Business Business Business Business Interest and Dividends Tax 18. Optional: Specify any other area in which yo special interest—	u 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. RSA 15-A:9 Penterson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	alty. Any
June 8,2022 Signature of Filer Man Alice Elberger	REC'D CITY CLERK DE JUN 10'22 AM10:40
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	JUN TO -

Type or Print Clearly		
Full Name Robyn Marie Eldredge	Work Address 150 South Road Deerfie	d NH 03037
Primary Occupation Veterination	e-mail ralizzeo Chotmail.com Work Phone 1003 &	2349728
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 Veterinary Medicine	
proprietor, or employee, or served in any other profession.	n, business, or other organization in which you or a family member was an officer, directoral or advisory capacity, and from which any income in excess of \$10,000 was derived dal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Deerfield Veterinary Clinic 15	50 South Rd Deerfield NH 031037 -	and the second s
2. Town of PHISREID Clark St	PHSheld NH 03263 - Highway Department	
If you have no qualifying income indicate by writing your init	ials next to the following statement. My income does not qualify	- @
reportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	ecial interest in any of the following businesses, professions, occupations, groups, or matter in law, a change in administrative rule, a decision whether or not to award a contract, grant or ment affecting the listed business, profession, occupation, group, or matter would potent the general public: ed or certified by the State of New Hampshire. List each such VELONORY MEDICINE.	a license or permit,
I I dealin care il is insulance il i	state, including brokers, evelopers, and landlords 5. Banking or financial 6. State of New Harmonic Services municipal employr	impshire, county, or nent
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resou	rces
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax Interest and Specify any other area in a special interest —	which you have a
	egoing information is true and complete to the best of my knowledge and belief. RSA 15- this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	A:9 Penalty. Any
processing the state of the sta		RECEIVED
Date 6/11/22	Signature of Filer Romm Eldredge Dm	JUN 0 6 2022
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord, NH 03301	DEPARTMENT OF STA

Type or Print Clearly		
Full Name ARTHUR EU	-150 N Work Address	
Primary Occupation	e-mail hughland 242 0 gms	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 Peg.	
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	nal or advisory capacity, and from which any income is	n excess of \$10,000 was derived during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your in	tials next to the following statement. My in	come does not qualify
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 licens profession, occupation, or category of business:	rnment affecting the listed business, profession, occupat	ion, group, or matter would potentially have a greater
	state, including brokers, developers, and landlords 5. Banking or finance 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 an beverages	d distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	of gambling	ducation 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax 18. 0	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 for person who knowingly fails to comply with the provisions	egoing information is true and complete to the best of m f this chapter or knowingly files a false statement shall be	guilty of a misdemeanor.
person time time time gray talls to comply that the province in		RECEIVED
Date 61(722	Signature of Filer	In Oleann JUN 01 2022
Poturn to Office of Corretany of	State 107 North Main Street, State House Room 204, Con	CORD. NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name Tracky EMERICK Work Address Eg Schooner he	unding Hamita
Primary Occupation Retired e-mail Fracque ne rick Egmail Woodmone	603-498-600
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 opproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 we calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets a	vas 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	X
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a condiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter of financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	ntract, grant a license or permit,
I / Health (are II is incurance II I	ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcohology beverages	nolic 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 Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax 18. Optional: Specify any of special interest and special interest an	other area 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 belicerson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any
	RECEIVED
Date 67/22 Signature of Filer Glocy grant	JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEXTRAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly
Full Name ROBBET J. ENGLUND WORK Address 71 CAMERON COVE, MUNSONVILLE NH
Primary Occupation RETIREN PHYSIAN e-mail bobenglund42@gmail.com 603847-972
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. CHBHIRE COUNTY COMMISSIONER, DISTRICT 3
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.)
PENSION FROM DAKEMOUTH HEACTH
2. INVESTMENT NOME
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 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 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. RECEIVED Date June 3, 2022 Signature of Filer Right Layland JUN 0 3 2022
Return to: Office of Secretary of State 107 North Main Street State House Room 204 Concord NH 03301

Type or Print Clearly
Full Name KETTH ERF Work Address 20 FLANELS MEMONALRS WEARE
Primary Occupation BUSINESS e-mail KEITH. GUF C CEL- STATE. Work Phone 603-529-2572
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS STATE REPTRESENTANCE, Access 10 Rung 14 DISTANCE 28
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. 14TEGROND LLC, 8927 HYPOLUXO RA, LAKE WONTH, FL 33467 WIFE
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 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 Enterprise Tax Business Enterprise Tax Business Enterprise Tax Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have 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 Benefit. Any of 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

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

Type or Print Clearly
Full Name David E. Erikson Work Address 246 Poor Farm R2. Primary Occupation carpenter e-mail daviderikson@comcastwork Phone 6035292295
Primary Occupation carpenter e-mail daviderikson@comcastwork Phone 6035292295
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. None
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
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 agent, developers, and landlords services 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 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 Utilities Commission 14. Education 15. Water Resources 15. Water Resources 16. Agriculture 17. N.H. Business Enterprise Tax Dividends Tax Dividends Tax Special interest —
16. Agriculture 17. N.H. Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Optional: Specify any other area in which you have the special interest — 18. Op
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. Appears on 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 1st 2022 Signature of Filer David Evileso

Type or Pr															
Full Name	m.	ARIP	I E	RNA			Work Add	ess	15	ERI	481	GS.			.5530
Primary Oc	cupation	RSA	LTOR		e-mai	MARA	A Q N	ARIA	1 8.	RNA. Cm	Work	Phone	603	326	.5530
	etc. or e	mployme		sion, board o te or count ONYMS	of No.	NE									
proprietor,	or emplo	yee, or se	rved in any	other profes	ssion, business sional or advis ederal retiremen	ory capacity	, and from	which an	ny inc	ome in exc	cess of S	10,000 was	derive	d during t	
1.	NI	A													
2. If you have	no qualify	ing incom	ne indicate by	/ writing you	r initials next to	the followin	ng statemen	t.		My income	e does n	ot qualify			Makes a specing greater to a special contract of the s
reportable discipline	special in a licensee	terest in a or permitt	n item on thi tee, or other o	s list if a char decision by g	a special intere ige in law, a ch overnment affo on the genera	ange in admi ecting the list	inistrative ri	ıle, a deci	ision \	whether or	not to a	ward a contr	act, gra	nt a licens	e or permit,
				r business lic ry of business	ensed or certifi		ate of New I	lampshire L		t each such MC6		12	EA:	ΔÝ	***************************************
2. H	ealth Care	3. II	nsurance		al Estate, inclu nt, developers,			5. Bank services	ing o	r financial		6. State municipa			e, county, or
7. N Syst	.H. Retire em	ment	11 1	urrent use lar sment progra		9. Restau lodging	rants/			Sale and dis rages	tributio	n of alcoholi	c [11. law	Practice of
	ny busines s Commi:		d by the Pub	lic	13. Horse of gambling	or dog racing,	, or other le	gal forms		14. Educa	ition	15. Wa	ater Res	ources	
16./	\griculture		17. N.H. taxes:	Busine:	1 1	iness erprise Tax	1 1	st and nds Tax		18. Option	<i>nal</i> : Spe special i	cify any othe nterest	er area i	n which yo	ou have a
					foregoing info s of this chapte									5-A:9 Per	alty. Any
Date	6/1	10/2				Signature			4	4				-	Ammate + 1-0 - 170 - 100 all and and
		Ret	urn to: Office	of Secretary	of State, 107 N	orth Main St	reet, State F	louse Roo	om 20	4, Cancald	, NH 033	01			
											. William	I fine of he	IV	ED	•
												JUN 1	5 20	22	
												NEW HAT WATTMES			

Type or P	rint Clearly						
Full Name	Silke Evo	dokimov		Work Address	17 Briden S	t. Worcester, N	MA 01605
Primary O	Occupation CE	EO, Founder	e-mail S	ilke.Evdokimov@g	mail.com	Work Phone	636-4975429
directors,		board or commission, board of yment with state or county NO ACRONYMS					
roprietor	r, or employee,	ddress, and type of any profession served in any other profession retirement benefits other than feder	nal or advisory ca	pacity, and from which	any income in ex	cess of \$10,000 wa	as derived during the preceding
	Roivant Dis	covery, Research Scient	ist, 451 D Str	eet, Boston MA 02	2210	4 34	
. [37C, LLC, C	EO/Founder, 240 Thatch	ner Rd. Amhe	erst, MA 01003			
you have	e no qualifying ir	come Indicate by writing your ini	tials next to the fo	bllowing statement.	My incom	e does not qualify	
financial o	effect on you or		the general pub	the State of New Hamps prokers, 5.8	shine. List each such	6. Sta	te of New Hampshire, county, or
	N.H. Retirement		9.	Restaurants/		Istribution of alcoho	
	Any business reg		13. Horse or dog of gambling	racing, or other legal fo	14. Educ		Water Resources
16.	Agriculture	17. N.H. Business Profits Tax	Business Enterprise	Tax Interest and Dividends T		onal: Specify any or special interest —	ther area in which you have a
have read erson wh	d RSA 15-A and h no knowingly fail	ereby swear or affirm that the for s to comply with the provisions	egoing information of this chapter or l	on is true and complete mowingly files a false st	to the best of my k stement shall be gu	nowledge and belie lifty of a misdemear	f. RSA 15-A:9 Penalty. Any nor.
Date	06/10/20	22	Sig	nature of Filer	51	lke-	JUN 1 3 2022
		Return to: Office of Secretary of	State, 107 North	Main Street, State House	Room 204, Concor	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA