Type or Print Clearly
Full Name Sod; L. Nelson Work Address NIA
Primary Occupation nit e-mail nut meadowe qmail-com Work Phone 508-397-9999
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. Cell Co Partnership - DBAlberizon Wireloss (Scott Nobon-husband)
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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 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 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 5/3//02 Signature of Filer JUN 06 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 Nowe	
Full Name David A. Weshith Work Address 518 Tyler Rd, weekshe	Juth
Primary Occupation retired teacher e-mail nessit 5 22 000 gold work Phone 603	746.6402
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 derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessations)	d during the preceding
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2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New 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. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area special interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date June 1, 2022 Signature of Filer Land, a. Neuer	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

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

Type or Print Clearly
Full Name RAYMOND NEWMAN Work Address NA
Primary Occupation e-mail RN 2198@ AOL . Com Work Phone 603-880-8973
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. N.H. STATE REPRESENTATIVE
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 Utilities Commission 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 6/3/2022 Signature of Filer

Type or Print Clearly
Full Name Sue A. Newman Work Address N/A
Primary Occupation N/A e-mail SNEWMANNIA @ AGL; Work Phone N/A Name the office, position, board or commission, board of N/4 State Representative
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
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If you 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. taxes: Business Business Enterprise Tax Dividends Tax Business Enterprise Tax Business Enter
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date June 3, 2022 Signature of Filer Lue a. Newman

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A Harris Center 83 Kings Huy Hancock NH 03449 Type or Print Clearly ewson Full Name "punes yours on@compand, not Work Phone Primary Occupation 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: 5. Banking or financial 6. State of New Hampshire, county, or Real Estate, including brokers, 3. Insurance 2. Health Care municipal employment agent, developers, and landlords services 7. N.H. Retirement 10. Sale and distribution of alcoholic 11. Practice of 8. Current use land 9. Restaurants/ beverages law assessment program lodging System 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 15. Water Resources 14. Education **Utilities Commission** of gambling 18. Optional: Specify any other area in which you have a 17. N.H. Interest and **Business Business** 16. Agriculture special interest --taxes: Dividends Tax 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. Signature of Filer JUN 03 2022 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 CLIFFIN Newson	Work Address	Refored.	
Primary Occupation	e-mail	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from wh	ch any income in excess of \$10,000 was der	ived during the preceding
1. State of New Ha	mpshire Ratin	ement System	
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	CD
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Any profession, occupation, or business license profession, occupation, or category of business:	Photo By New Ham	pshire list each such - 840 Joangphy	
L / Hanish Caro II IX Inclirance II I		Banking or financial 6. State of Novices 6. State of Novices	lew Hampshire, county, or nployment
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	Horse or dog racing, or other legal gambling	14. Education 15. Water	
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest a Dividends		rea 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 true and complet this chapter or knowingly files a false :	e to the best of my knowledge and belief. RS statement shall be guilty of a misdemeanor.	RECEIVED
Date 6-9-2022	Signature of Filer	Offer ANets	JUN 13 2022 NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Print Clearly			
Full Name Jodi Nelsor	Work Address	nia	
Primary Occupation \(\sigma_{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	e-mail Nu trucadous	amail con work	Phone 508 -397 - 9999
Name the office, position, board or commission, board directors, etc. or employment with state or cougovernment held by you. NO ACRONYMS A. List below the name, address, and type of any proproprietor, or employee, or served in any other proficalendar year. Sources of retirement benefits other than	of sinty Catagorical Association in whitessional or advisory capacity, and from whitessional or advisory capacity, and from whitessional or advisory capacity, and from whitespieces and the single capacity and from whitespieces are capacity.	Si Stan C Suk hich you or a family member ch any income in excess of \$	was an officer, director, associate, partne 10,000 was derived during the precedin
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16. Agriculture 17. N.H. Busin taxes: Profit			ify any other area in which you have a iterest —
I have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provision	ne foregoing information is true and complete ons of this chapter or knowingly files a false s	e to the best of my knowledge tatement shall be guilty of a m	and belief. RSA 15-A:9 Penalty. Any isdemeanor.
Date 6/d/dd	Signature of Filer	ods Al	>

Type or Print Clearly	
Full Name Kristin Noble	Work Address 7
Primary Occupation Stay at home mom e-mail nob	Mehcreagnoil.com: WorkPhone 603-493-0645
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 o	organization in which you or a family member was an officer, director, associate, partner, ty, and from which any income in excess of \$10,000 was derived during the preceding sability benefits shall be included. (Use additional sheets as necessary.)
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7. N.H. Retirement 8. Current use land 9. Restar	aurants/ 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	ng, 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 —
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 complex of the complex of the chapter or knowing the complex of the chapter or knowing the complex of the chapter or knowing the chapter of the	true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ringly files a false statement shall be guilty of a misdemeanor.
Date June 10, 2022 Signatur	re of Filer

Type or Print Clearly	
Full Name Kristin Noble . Work Address ?	
Primary Occupation Stay at home mom e-mail nablehorgagnailican Work Phone	03-493-0645
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 necessarian)	ved during the preceding
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f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	KN
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, of 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	grant a license or permit,
profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of N	ew Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords services municipal em	
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 for the Public Utilities Commission 15. Water for the Public Utilities Com	
16. Agriculture 17. N.H. taxes: Business Business Interest and 18. Optional: Specify any other are special interest —	ea 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. 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.	A 15-A:9 Penalty. Any
-1/	RECEIVED
Date June 10, 2022 Signature of Filer	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

pe or Print Clearly			
Ill Name Bennie C Nelson	Work Address	73 Mc Donough 1	Rd Newport NA
mary Occupation Farmer	e-mail beaver pondfa	73 Mc Donoug 4 1	603-542-4486
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	Sullivan Count	ty Commistoner	
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 feder	nal or advisory capacity, and from which	n any income in excess of \$10,000 was	derived during the preceding
Beaver Pond Far	`#1		
ou have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	
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	Estate, including brokers, 5. Edevelopers, and landlords servi		of New Hampshire, county, or I employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	13. Horse or dog racing, or other legal fo of gambling	rms 14. Education 15. Wa	ter Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest and Dividends T		r area in which you have a
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ite 8 6/8/27	Signature of Filer	2 111	
16 6 6 7 7 7	Signature of File	Berns Nerus	JUN 08 2022

Type or Print Clearly	
Full Name Henry Noël	Work Address 7 Bisson Road Berlin
Primary Occupation Retirement e-mail Lwa	flbroel@gmail. com WorkPhone 603752-3045
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	ntative District 5
	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. None	
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
Any profession, occupation, or business licensed or certified by the St profession, occupation, or category of business:	tate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. Retirement 8. Current use land sssessment program 9. Restaution lodging	beverages 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 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 Junes, 2022 . Signature	e of Filer Henry W. Noël

Type or Print Clearly		_			
Full Name Joseph Noone	\	Vork Address			
Primary Occupation	e-mail		Moh	Phone	413 - 222 -8286
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				60	
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 a	ny income in excess of	\$10,000 was	derived during the preceding
	remement and or albae.	,			RECEIVED
1.					JUN 1.3 2022
2.					NEW HAMPSHIRE DEPARTMENT OF STA
If you have no qualifying income indicate by writing your initia	als next to the following	statement.	My income does r	not qualify	20
B. Indicate below whether you or a family member has a spec 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	law, a change in admin ment affecting the liste he general public:	istrative rule, a dec d business, profess	ision whether or not to a sion, occupation, group,	ward a contr	act, grant a license or permit,
	ate, including brokers, velopers, and landlords	5. Ban services	king or financial		of New Hampshire, county, or al employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaura	nts/	Sale and distribution beverages	on of alcoholi	11. Practice of law
	3. Horse or dog racing, og gambling	or other legal form	14. Education	15. Wa	ater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional: Sp special	ecify any oth interest —	er 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	joing information is true his chapter or knowingl	and complete to y files a false state	ment shall be guilty of a	misdemeano	
Date June 10+h 2021*	Signature o	f Filer	seph hor al	l Righte	Vindell
* I Do Not reconize the Gregoria Return to: Office of Secretary of St	n Calendor ate, 107 North Main Stre	et, State House Ro	oom 204, Concord, NH 03	301	

Type or Print Clearly
Full Name SMARDN NORDORED Work Address Concord, NH
Primary Occupation STATE Rep e-mail SNORd gr En 23 (2) gmmil. Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1.
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
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 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 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 6/2/22 Signature of Filer Super JUN 0 9 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW OF STATE

Type or Print Clearly					
Full Name FLANK A. NATOC'		Work Address	305 BROAD	Dentel FER 6	FOODI . M. YM . H
Primary Occupation ATTOL 18-	e-mail feanK	e lanteral	egal. com	Work Phone	844-871-865
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	AND				
List below the name, address, and type of any profession roprietor, or employee, or served in any other professionalendar year. Sources of retirement benefits other than federal	al or advisory capacity	, and from which	h any income in ex	cess of \$10,000 w	as derived during the preceding
NATIOLI-Legal, LLC 305	Broadhay 7	ufl Ny	FORUL YM		
NEW HAMPSHIRE Public Defe	ender Office	27 3	. In STORK I'm	y, NewPort	EFFED HIM,
you have no qualifying income indicate by writing your init				ne does not qualify	
1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Hooke Care		et salatet a miller i se i san ambahahari sere sepakhahari se sesapi at a	nshire. List each such Banking or financial	e de la constitución de la contraction de la con	te of New Hampshire, county, or
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	 Horse or dog racing f gambling 	g, or other legal fo	orms 14. Educ	tation 15.1	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends		onal: Specify any o special interest —	ther area in which you have a
rave read RSA 15-A and hereby swear or affirm that the foreerson who knowingly fails to comply with the provisions of ate		ngly files a false st		nowledge and belie ilty of a misdemear	
Return to: Office of Secretary of S	State, 107 North Main S	treet, State House	e Room 204. Concor	d, NH 03301	DEPARTM

Type or Print Clearly	y									
Full Name 5e	anine	m. No-	Her		Work Addres	19	wh:tt:er	Rd		
Primary Occupation	State	Lesislat	or	e-mail sear	line. nott.	er ele	g. state.nh. Wo	k Phone	603-	423-0408
Name the office, pos directors, etc. or e government held by	employment		county	State R	cpresen	teti	ve			
roprietor, or emplo	yee, or serv	ed in any other	professional	or advisory capac	ity, and from wl	nich any	u or a family membe income in excess of cluded. (Use additio	\$10,000 w	as derived	tor, associate, partner, during the preceding)
BAE	SYST	EMS								
f you have no qualify	vina income	indicate by writi	ng vour initia	ls next to the follow	ving statement.		My income does	not qualify	Г	
financial effect on yo	ou or a family	member than i	t would on the				n, occupation, group	, or matter v	vould poter	itially have a greater
2. Health Care	3. Ins	urance		ate, including broke velopers, and landle		5. Bankin ervices	g or financial	II E	te of New Hipal employ	lampshire, county, or yment
7. N.H. Retire System	ment	8. Curren assessmen		9. Rest	aurants/		Sale and distribut everages	ion of alcoh	olic	11. Practice of law
12. Any busines Utilities Commi		by the Public		. Horse or dog raci gambling	ng, or other lega	l forms	14. Education	15.	Water Reso	urces
16. Agriculture	9	7. N.H. axes:	Business Profits Tax	Business Enterprise Tax	Interest Dividend		18. Optional: S specia	pecify any o al interest	ther area in	which you have a
have read RSA 15-A person who knowing										RECEIVED
Date 6-1	- 3033			Signatu	ure of Filer	De	Arire 1	n. 1	ste.	JUN 0 2 2022 NEW HAMPSHIRE

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

TON 3 '22 AM9:29 REC'D CITY CLERK DEPT

Type or Print Clearly
Full Name Frances Nutter-Uphan Work Address State House NH
Primary Occupation Psychotheraást e-mail france gmail. (OM Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. None.
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 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.
Date 6/03/2022 Signature of Filer Frances Hulle-Uph

Type or Print Clearly		
Full Name Zachary Nutling	Work Address 219 Memorial Dr Springfield MA 0110	4
Primary Occupation Service Manager	e-mail Race aramaticcoffee. Com Work Phone 413 739 9603	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	NA	
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, partial or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedure retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Turmoil 735 W. Swanze	y Rd West Swanzey NH 03469, manufaturing	
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If you have no qualifying income indicate by writing your init	tials 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 gove financial effect on you or a family member than it would on	ecial interest in any of the following businesses, professions, occupations, groups, or matters. A person has in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or per rnment affecting the listed business, profession, occupation, group, or matter would potentially have a greathe general public: ed or certified by the State of New Hampshire. List each such	mit,
	state, including brokers, developers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, count municipal employment	ty, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic lodging beverages 11. Practice law	
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Utilities Commission	13. Horse or dog racing, or other legal forms and 14. Education 15. Water Resources	e of
Utilities Commission 17. N.H. Business taxes: Profits Tax		
16. Agriculture 17. N.H. Business taxes: Profits Tax	gambling Business Interest and 18. Optional: Specify any other area in which you have	a
16. Agriculture 17. N.H. taxes: Profits Tax I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest— egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. A	a
16. Agriculture 17. N.H. Business taxes: Profits Tax I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of Date 17. N.H. Business Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have special interest— egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. A f this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	2022

Type or Print Clearly
Full Name Allison R Notting-Worg Work Address 25 Frontst, Nashva NH 0300
Primary Occupation Business Development e-mail an Hingwang agmail. com Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county provernment held by you. NO ACRONYMS
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Software Developer, Liberty Mutual 175 Berkeley St, Boston, MA
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 4. Real Estate, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or
2. Health Care 3. Insurance agent, developers, and landlords 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 Utilities Commission 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest—
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Signature of Filer Ollus Muttig Long REC'D CITY CL
Return to: Office of Secretary of State 107 North Main Street, State House Room 204, Concord, NH 03301 JUN 1'22

Type or Print Clearly	
Full Name JOHN PETER OBLENIS III Work Address	7 FRANCESCA DR. RAYMOND NH
Primary Occupation PAINTING Contractor e-mail Oblenis3@gr	Mail.com Work Phone 978-804-0970
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 proprietor, or employee, or served in any other professional or advisory capacity, and from which calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall	any income in excess of \$10,000 was derived during the preceding
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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 busing reportable special interest in an item on this list if a change in law, a change in administrative rule, a discipline a licensee or permittee, or other decision by government affecting the listed business, profesionancial effect on you or a family member than it would on the general public:	ecision whether or not to award a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of New Hamps profession, occupation, or category of business:	hire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords service	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 other legal for of gambling	14. Education 15. Water nesources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Ta	and the land of th
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to person who knowingly fails to comply with the provisions of this chapter or knowingly files a false state.	toment chall be dulity of a misdemeanor I
person who knowingly fails to comply with the provisions of this chapter of knowingly meet a same	LEGEIAED
Date 4-6-2022 Signature of Filer	JONC 1962 JUN 0 8 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 Katherine Prudwimme OBrien Work Address 19 Beacon Hill Rd. Demy
Primary Occupation hemewater e-mail nh state repagnail Work Phone n/a
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
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. MIT/ Lincoln Labs (Rusband Peter OBrien) RECEIVED 2. JUN 13 2022
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify 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
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.
Date June 10 2000 Signature of Filer Rater Punchem OB

200 CITY CLERK DEPT

Type or Print Clearly	
Full Name Michael B. O'Brien SA Work Address Retired	
Primary Occupation FIRE FIGHTER e-mail OBNFDE Comcest. NCT Work Phone 663	305-6368
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, City of Nashua Akternative and the commission, board of directors, etc. or employment with state or county government held by you.	ed mas
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. New Hampshire AcTINEMENT System	
CITY of Nashun Alderman	
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, 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: NHR CTINE MENT System City of New hope 4. Real Estate, including brokers, 5. Banking or financial 6. State of New	
2. Health Care 3. Insurance agent, developers, and landlords services municipal emplo	
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 Business Interest and Dividends Tax 18. Optional: Specify any other area in special interest —	n which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 1 person who knowingly falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	FECEIVED
Date Tone 7th 2022 Signature of Filer Michael Bio	2JUN 0 8 2022
Detum to Coffee of Secretary of State 107 North Main Street State House Poor 204 Concord NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name John T. O' CONNOR Work Add	Iress 13 Arrow head Rd
Primary Occupation ReTired e-mail John. acon	unch O com as J. n Work Phone 603-459-390
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 from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits	which any income in excess of \$10,000 was derived during the preceding
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If you have no qualifying income indicate by writing your initials next to the following statement	nt. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the followin reportable special interest in an item on this list if a change in law, a change in administrative rediscipline a licensee or permittee, or other decision by government affecting the listed business financial effect on you or a family member than it would on the general public:	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 of New profession, occupation, or category of business:	Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or 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 other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 13. Horse or dog racing, or other leads to the Public Utilities Commission 14. Horse or dog racing to the Public Utilities Commission 15. Horse o	egal forms 14. Education 15. Water Resources
1 16 Agriculturo	rest and lends 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 comperson who knowingly fails to comply with the provisions of this chapter or knowingly files a factor	also statement shall be quilty of a misdemeaner
person who knowingly falls to comply with the provisions of this chapter of knowingly mas a	RECEIVED
Date 6 - 6 - 2022 Signature of Filer	Jen 1. Januar 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 Knute Ogren	Work Address POBOX 236 W. OSS. Pee 1	14 03890
Primary Occupation Director	e-mail Knute 4 nh @ yahoo - cos Work Phone \$26 603	5394773
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer, director, assumed or advisory capacity, and from which any income in excess of \$10,000 was derived during all retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Calumet PO Box 236	W. Ossipee, NH 07890	1.0 2022
2.	NEW I	HAMPSHIRE MENT OF STATE
If you have no qualifying income indicate by writing your init	tials next to the following statement. My income does not qualify	
1. Any profession, occupation, or business license profession, occupation, or category of business: 2. Health Care 3. Insurance 4. Real Est	the general public: ed or certified by the State of New Hampshire. List each such sistate, including brokers, levelopers, and landlords 5. Banking or financial services 6. State of New Hampshire. List each such sistate, including brokers, services	hire, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 1	11. Practice 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 Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which special interest —	you have a
	egoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 F f this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Signature of Filer	OTARY
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord, NH 0330	PORZOZA PAMPSHILL

Type or Print Clearly	
Full Name Travis Joshua O'Hara Work Address 25 Spring of #2 Below	HN trai
Primary Occupation Accountant e-mail tohana 833@ gmailcom 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, directo proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
1. Sulf-employee	
1. Sulf-employed 2. Land suping (Mahuly \$500)	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potenti financial effect on you or a family member than it would on the general public:	license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: Acos Jates	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hall services	
7. N.H. Retirement 8. Current use land sssessment 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 Resour	
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in we special interest —	hich you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-Leading 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 C/9/2022 Signature of Filer Full Full Full Full Full Full Full Ful	JUN 1 3 2022 NEW HAMPSHIRE DEPARTMENT OF STA

Type or Print Clearly
Full Name Andrew S. Offerna Work Address 120 MAIN ST
Primary Occupation Zetwed e-mail Work Phone 603-558, 103
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 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 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 6/1/22 Signature of Filer Kun Softe and JUN 15 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE

Type or Print Clearly	
Full Name BILL OHM	Work Address
Primary Occupation - Returned - e-mail B16	COHM 6 10 e fac. CMy Work Phone 617-250-4114
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
	ganization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. N/A.	
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If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify U-gll
reportable special interest in an item on this list if a change in law, a change in adm	he following businesses, professions, occupations, groups, or matters. A person has a inistrative rule, a decision whether or not to award a contract, grant a license or permit, ted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	ate 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 System lodging	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 tr person who knowingly fails to comply with the provisions of this chapter or knowin	ue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any gly files a false statement shall be guilty of a misdemeanor.
Date 6/1/2022 Signature	of Filer William W. Olly REC'D CITY CLERK DEI

Type or Print Clearly					
Full Name Brenda Oldak Primary Occupation Retired		Work Address	NA		
Primary Occupation Retired	e-mail			Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacit	ty, and from which	any income in ex	cess of \$10,000 was de	ived during the preceding
1.					
2.					
If you have no qualifying income indicate by writing your init	tials next to the follow	ing statement.	My incom	e does not qualify	B50
B. Indicate below whether you or a family member has a spereportable 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	in law, a change in adr rnment affecting the li	ministrative rule, a de	cision whether or	not to award a contract,	grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the S	tate of New Hampsh	ire. List each such		
	state, including broke levelopers, and landlo		nking or financial	6. State of I municipal e	New Hampshire, county, or mployment
7. N.H. Retirement System 8. Current use land assessment program	9. Resta	nurants/	10. Sale and di beverages	stribution of alcoholic	11. Practice of law
Utilities Commissiono	13. Horse or dog racin f gambling	ng, or other legal form	ns 14. Educ	ation 15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		onal: Specify any other a special interest	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is t f this chapter or knowi	true and complete to ingly files a false state	the best of my kn ement shall be gu	owledge and belief. R Ity of a misdemeanor.	NEW HAMPSHIRE
		re of Filer			7707 C I NOS
Date 6/15/22	Signatui	ie oi riiei	Menda	Oldat	BECEINED

Type or Print Clearly	
Full Name Jenniter Betts Olszewsky Work Address	
Primary Occupation UNEMPOYED e-mail beesweetachesant lak, com 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	- earrorly
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 talendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	during the preceding
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you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	000
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 poten 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	a license or permit,
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 Horizontal services	ampshire, county, or ment
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	urces
16. Agriculture 17. N.H. Business Business 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-erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Pate & June 2022 Signature of Filer	JUN 0 8 2022 NEW HAMPSHIRE DEPARTMENT OF STAT
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 James M. O'Mava, Vr. Work Address 12 Tamarack Lane	Amheurt NH
Primary Occupation Retived e-mail in pix 1 @ apl- 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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derical calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessarian)	ived during the preceding
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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 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 prinancial 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:	
2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 6. State of North Proceedings of the process of the proce	lew Hampshire, county, or nployment
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 Interest and taxes: Business Business Dividends Tax Dividends Tax Special interest	ea 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. RS person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RECEIVED
Date 6/1/22 Signature of Filer Am O'Ngulary.	JUN 0 2 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 Candice Marie O'Neil Work Address I Park Are. Suite 4 Hampton NH	
Primary Occupation Attorney e-mail candicc@hudkins and one il. conwork Phone 1063 - 493 - 6925	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
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If you 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: Afformed	
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 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.	VE.
Date 6/9/27 Signature of Filer 6 JUN 13	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	SHIRE OF STA

Type or Print Clearly		_			
Full Name DAVID STATES	NACOZ	Work Address	Corcos on	WAESICS	264 PUSASAT
Primary Occupation Physical	e-mail 🛇	rage 59	e yahar. wall	rk Phone	603-224-3368
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE	right	Sangines	NE	Jul Hamskin
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capaci	ty, and from which	any income in excess o	f \$10,000 was	derived during the preceding
1. Concom ontrop	PAETICS,	PA-	PATITUES >	ema	2250
f you have no qualifying income indicate by writing your in	w HAM	stime o	831 My income does	not qualify	
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or	in law, a change in ad ernment affecting the	ministrative rule, a d	ecision whether or not to	award a contra	ct, grant a license or permit,
Any profession, occupation, or business licens profession, occupation, or category of business:		State of New Hamps	hire. List each such		
/ I / Health Care II IS Insulfance II I	Estate, including broke developers, and landlo		anking or financial es	11 (of New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program		aurants/	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racir of gambling	ng, or other legal for	ms 14. Education	15. Was	ter Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends Ta		pecify any othe al interest	r area in which you have a
have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is	true and complete t	o the best of my knowled tement shall be guilty of a	ge and belief. misdemeanor.	RSA 15-A:9 Penalty. Any
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Date June 6, 2022	Signatu	re of Filer	5/WX		JUN 07 2022
Return to: Office of Secretary of	State, 107 North Main	Street, State House	Room 204, Concord, NH C	3301	NEW HAMPSHIRE

Type or Print Clearly			
Full Name RICHARD M. NALEVANKO	Work Address	N/A	galanting programs along surgestablished survivales and a control of the control
Primary Occupation RETIRED	e-mail RMN4@CORNEU	L, edu Work Phon	ie N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	N/A N/A		
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	any income in excess of \$10,00	00 was derived during the preceding
1. N/A			
2. N/A			
If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qu	alify R/
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	in law, a change in administrative rule, a d rnment affecting the listed business, profe	ecision whether or not to award	a contract, grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	ed or certified by the State of New Hamps \mathcal{N}/\mathcal{A}	hire. List each such	25
i i z meatro care il istostirance il i	state, including brokers, developers, and landlords 5. Baseline Service	9 11 1	. State of New Hampshire, county, or unicipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of a beverages	Icoholic 11. Practice of law
	13. Horse or dog racing, or other legal for of gambling	ms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta	16 1	iny other area in which you have a est —
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions o	egoing information is true and complete t f this chapter or knowingly files a false sta	o the best of my knowledge and tement shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any
Date 6/6/2022	Signature of Filer	R.M. Nalevanko	JUN 0 8 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 William J. O. Will Work Address 100 Gay ST Manchester
Primary Occupation Congruter SAC. Jech e-mail Willtan Oncil 20 pmail Work Phone (603-303-8262
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Allen Planning Board.
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 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 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Dividends 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 6/3/2022. Signature of Filer

Type or Print Clearly	
Full Name Paul Douglas Orr Work Address	
Primary Occupation Truck Driver-Ret e-mail dougorr5@gmail.com Work Phone (603	3)203-4648
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, dire proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was 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
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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	None
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, graudiscipline 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:	nt 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, and landlords 5. Banking or financial services municipal employees services	Hampshire, county, or oyment
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 Res	ources
16. Agriculture 17. N.H. Business Business Interest and Dividends Tax Business 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 6/8/22 Signature of Filer JUN 1	0 2022
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	POHIRE

Type or Print Clearly	
Full Name Forcest Osterman	Work Address 12 Old Stage Rd Hampton Falls, NH
Primary Occupation Research Consultant	e-mail forrestosterman whotmail.com WorkPhone 225 304 0669
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding etirement 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
reportable special interest in an item on this list if a change in la	il 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, nent affecting the listed business, profession, occupation, group, or matter would potentially have a greater general public:
Any profession, occupation, or business licensed profession, occupation, or category of business:	or certified by the State of New Hampshire. List each such
I / Mealth (are II is insurance II)	te, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or 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
	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 Interest and Special interest —
I have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	ing information is true and complete to the best of my knowledge and belief. RSA 15 R
Date 6 1 / 22	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 03301

Type or Print Clearly			
Full Name Tason Osbone	Work Address		
Primary Occupation retired	e-mail	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	State Representat	ive	
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 wh	ich any income in excess of \$10,000 was d	erived during the preceding
1. Inpower, LLC 8311 Green	Meadows Dr Lewis Center	, OH 43035 electronics	manufacturing
2.			
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a spereportable 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 1. Any profession, occupation, or business license profession, occupation, or category of business:	n law, a change in administrative rule, rament affecting the listed business, p the general public:	a decision whether or not to award a contract rofession, occupation, group, or matter would	t, grant a license or permit,
I I / Health (are II IX Insurance II I			New Hampshire, county, or employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	3. Horse or dog racing, or other legal gambling	14. Education 15. Water	er Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest a Enterprise Tax	1	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	going information is true and comple this chapter or knowingly files a false	te to the best of my knowledge and belief. statement shall be guilty of a misdemeanor.	RECEIVED
Date (0/1/22	Signature of Filer	A	JUN - 3 2022
Return to: Office of Secretary of S	tate, 107 North Main Street, State Hou	use Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT

Type or Pri	nt Clearly						
Full Name	DANIEL R. O'SHEA			Work Address	PO BOX 226,	NEWTON NH	03858
Primary Occ	cupation ACCOUNTANT	e-	mail DANOS	SHEA@OUT	LOOK.COM	Work Phone	603-819-6219
directors, e	office, position, board or commissetc. or employment with state t held by you. NO ACRO	e or county	<u> </u>				
proprietor,		other professional or a	dvisory capacity	y, and from whi	ch any income in e	xcess of \$10,000 v	officer, director, associate, partne was derived during the preceding as necessary.)
1.	SHEA BUSINESS SERV	ICES		-		en . Note that & street mount	
2.							
If you have r	no qualifying income indicate by	writing your initials ne	xt to the followi	ng statement.	My incon	ne does not qualify	
discipline a financial ef	special interest in an item on this licensee or permittee, or other of fect on you or a family member t . Any profession, occupation, or	lecision by government han it would on the ge business licensed or ce	t affecting the list neral public:	sted business, pr	ofession, occupation	n, group, or matter	
	ofession, occupation, or categor	4. Real Estate, in			Banking or financial		ate of New Hampshire, county, or
7. N.I Syste	H. Retirement 8. Cu	agent, develop urrent use land ement program	ers, and landlor 9. Restau lodging		10. Sale and d beverages	listribution of alcoh	cipal employment nolic 11. Practice of law
	y business regulated by the Publ Commission	ic 13. Hor of gamb		g, or other legal i	forms 14. Educ	cation 15.	Water Resources
16. A	griculture 17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest a Dividends		ional: Specify any o special interest	other area in which you have a
	RSA 15-A and hereby swear or aff knowingly fails to comply with t						
Date 05/	/19/2022		Signature	e of Filer			

ype or Print Clearly									,				
ull Name	VATHAN T. E	TERSO	N		Work Add	ress	N/P)					
mary Occupation	RETIRED		e-mail	JTO	1951@	Yah.	00.cem	Wark F	hone	603	.285	-1106	
	on, board or commission ployment with state ou. NO ACRONY	or county											
prietor, or employe	e, address, and type of a e, or served in any othe of retirement benefits oth	er professional	or advisor	y capacity,	, and from	which a	any income in	excess of \$1	0,000 w	as derive	d during t		
			1 14 0 00 00										
			•										
ou have no qualifying	g income indicate by wri	ting your initia	ls next to th	he followin	g statemer	nt.	My inco	me does no	t qualify		15		
cortable special intercipline a licensee or ancial effect on you	ther you or a family mem rest in an Item on this list permittee, or other decis or a family member than ession, occupation, or bu	if a change in sion by govern It would on the siness licensed	law, a chan ment affect he general p	ge in admi ting the list public:	inistrative r ted busines	ule, a de	cision whether ssion, occupatio	or not to aw n, group, or	ard a cor	ntract, gra	nt a licens	se or permit,	<u>2</u> 22
profession, oc	cupation, or category of	L				F 8				4(N	N DEV	EW HAMPS!	HINE F ST
2. Health Care	3. Insurance		ate, includii velopers, an	_		service	nking or financia es			te of New ipal empl		re, county, or	
7. N.H. Retiremo		nt use land nt program		9. Restau lodging	rants/		10. Sale and beverages	distribution	of alcoh	olic	11. law	. Practice of	_
12. Any business r Utilities Commissi	egulated by the Public on	11 1	3. Horse or o	dog racing	, or other le	egal form	14. Edi	ucation		Water Res			_
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Busin Enterp	ess orise Tax		est and ends Tax		special in	ify any o terest —	ther area	in which y	ou have a	_
ve read RSA 15-A an son who knowingly	d hereby swear or affirm fails to comply with the p	that the foregorovisions of t	oing inform his chapter	nation is tru or knowing	ue and com gly files a fa	plete to alse state	the best of my ement shall be g	knowledge guilty of a mi	and belie sdemear	ef. RSA nor.	15-A:9 Per	malty. Any	ev
te 06-1	3.2027	40		Signature	of Filer		9 70Hz	rson	na Perina na ambalika da 1914 dan da Indonésia da menungan da ambalika da indonésia da menungan da ambalika da		ELLY WA	PUBLIC	13-
	Return to: Office of S	Secretary of Sta	ate, 107 No	rth Main St	reet, State	House R	oom 204, Conce	ord, NH 0330	01	My	Commissi March 9	Hampshire ion Expires 1, 2027	

Type or Print Clearly				* **
Full Name Marcel Ouellet	Work Address	237 Sheep Dat	lis Road, Concord	2 NH 03301
Primary Occupation Sales Representative e-mail	Quellete chadwel	t-baros.com W	ork Phone 603 -	224-4063
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	k Plenning Board	l administrator,	vocounty or stat	te
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement are	capacity, and from which	any income in excess of	of \$10,000 was derived d	luring the preceding
1.				
2.				
f you have no qualifying income indicate by writing your initials next to the	following statement.	My income doe	s not qualify Mb	
B. Indicate below whether you or a family member has a special interest in reportable special interest in an item on this list if a change in law, a chang 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 put. 1. Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	e in administrative rule, a ong the listed business, probablic:	decision whether or not to ession, occupation, grou	award a contract, grant a	a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and		anking or financial ces	6. State of New Hamunicipal employn	ampshire, county, or ment
	P. Restaurants/	10. Sale and distribution beverages	tion of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or do Utilities Commission of gambling	og racing, or other legal fo	14. Education	15. Water Resour	rces
16. Agriculture 17. N.H. Business Busines Enterpr			Specify any other area in v al interest —	which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information of the comply with the provisions of this chapter of the comply with the provisions of this chapter of the comply with the provisions of the chapter of the comply with the provisions of the chapter of the comply with the provisions of the chapter of the comply with the provisions of the chapter of the comply with the provisions of the chapter of t	ition is true and complete	to the best of my knowled	lge and belief. RSA 15-	A:9 Penalty. Any
	r knownigiy mes a raise sk		R	ECEIVED
Date 6/6/2012 S	ignature of Filer	Mal Vier		JUN 0 9 2022
Deturn to Office of Corretary of State 107 North	h Main Stroot State House	Poom 204 Concord NH		EW HAMPSHIRE