2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name Allison	Wilder	Work Address 4 Li	bran way Du	rham NH 03824
Primary Occupation Profes	e-mall all	ison. wilder eu	nh, edu Work Phone	603 962-2710
Name the office, position, board or directors, etc. or employment w government held by you.	commission, board of Reconity NO ACRONYMS	eational Thera	ry Board	wmber
proprietor, or employee, or served	nd type of any profession, business, or other in any other professional or advisory capa benefits other than federal retirement and/or	city, and from which any inco	ome in excess of \$10,000 wa	s derived during the preceding
1. University of	New Hampshire	Durnam NH	03854	
2.				
If you have no qualifying income ind	icate by writing your initials next to the folio	owing statement.	My Income does not qualify	
reportable special interest in an item discipline a licensee or permittee, or financial effect on you or a family me	amily member has a special interest in any of on this list if a change in law, a change in according to other decision by government affecting the ember than it would on the general public: tion, or business licensed or certified by the ategory of business:	iministrative rule, a decision which isted business, profession, occurrence of New Hampshire. List e	nether or not to award a contr supation, group, or matter wo ach such	act, grant a license or permit.
又 2. Health Care ☐ 3. Insura	A Real Estate Including brok	kers, _ 5. Banking or		e of New Hampshire, county, or oal employment
7. N.H. Retirement System	8. Current use land 9. Resassessment program lodging		ale and distribution of alcohol ages	11. Practice of law
12. Any business regulated by the Utilities Commission	the Public 13. Horse or dog rac of gambling	ing, or other legal forms	14. Education 15. W	ater Resources
16. Agriculture 17. I	_ =====================================	Interest and Dividends Tax	18. Optional: Specify any oth special interest —	ner area in which you have a
have read RSA 15-A and hereby swe person who knowingly fails to comp	ear or affirm that the foregoing information i by with the provisions of this chapter or know	s true and complete to the best wingly files a false statement sh	t of my knowledge and belief all be guilty of a misdemeand	RSA 15-A:9 Penalty. Any or.
Date /-/2-21		Signature of Re	eporting Individual	RECEIVE

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