## 2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

Type or Print CLEARLY Full Name Conge Ritchie Whi	Te w	Vork Address: 30 Lany Ad-	Qye NH 03870
Primary Occupation Consultant	E-mail <u></u>	DWhite@comcast.net	Work Phone 603 - 446 - 7482
Name the office, position, board or commission, condirectors, etc. or employment with state or county go by you. NO ACRONYMS.	mittee, board of Ndvisory Convernment held  ATLANTIC STAT	miTlec on Marine Fish Tes Marine Fisherie's Co	mm1ssion
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. Consultant To Pease Development Authority 2. Deborah J. White Holms + Co. Ine.			
2. Deborah J. White H	olms + Co. Ine.		<u>.</u>
If you have no qualifying income indicate by writing	your initials next to the following stater	nent. My incom	ne does not qualify
financial effect on you or a family member to  1. Any profession, occupation, or business loccupation, or category of business:	icensed or certified by the State of New Ha		
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 assessment p	ogram lodging	beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other gambling	J	15. Water Resources
[ 1/ A = 1   1   1   1   1   1   1   1   1   1	Business Business Enterprise Tax	Interest and Dividends Tax - 18. Optional: Specia	ecify any other area in which you have a l interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.			
Date 1 25 2 Signature of Reporting Individual RECEIVE			

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

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NEW HAMPSHIRE DEPARTMENT OF STATE