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

Type or Print Clea	arly	•							
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Primary Occupation	on Infor	mation Te	chnology	e-mail W	ENDY.POL	JLIOT@E	OOIT.NH.GOV	Work Phone	603-223-5746
Name the office, p directors, etc. or government held	employme		e or count		ctor of Oper	rations			
proprietor, or em	ployee, or se	rved in any o	other profes	sional or advisory	capacity, and t	from which		ess of \$10,000 v	officer, director, associate, partne was derived during the preceding as necessary.)
1. Gera	ard Pouliot	, 53 Shawi	mut St., C	oncord, NH 03	301, Carper	nter, Owr	ner of Gerard Po	ouliot Carpen	try
2.									
If you have no qua	alifying incom	e indicate by	writing your	initials next to the	following state	ement.	My income	e does not qualif	y
reportable special discipline a license financial effect on	interest in ar ee or permitte you or a fam	item on this ee, or other de ily member th	list if a changecision by go nan it would	ge in law, a change overnment affecting on the general pub	in administrati g the listed bus plic:	ve rule, a de iness, profe	ecision whether or ression, occupation, o	ot to award a co	ips, or matters. A person has a intract, grant a license or permit, would potentially have a greater
	profession, or in, occupation					ew Hampsh	nire. List each such		
2. Health C	are 🗀 3.1	nsurance		al Estate, including nt, developers, and		5. B	anking or financial ces	11 1	tate of New Hampshire, county, or icipal employment
7. N.H. Re System	tirement		urrent use lai sment progra		. Restaurants/ dging		10. Sale and dis beverages	stribution of alco	holic 11. Practice of law
Utilities Con	ness regulate imission	d by the Publ	lic	13. Horse or do of gambling	g racing, or oth	her legal for	rms 14. Educa	ation [15	. Water Resources
16. Agricul	ture	17. N.H. taxes:	Rusine Profits	ss Busines Tax Enterpris		Interest and Dividends Ta		nal: Specify any special interest -	other area in which you have a
I have read RSA 1: person who know	5-A and hereb ringly fails to	y swear or aft comply with t	firm that the he provision	foregoing informat s of this chapter or	tion is true and knowingly file	complete t s a false sta	to the best of my kn tement shall be guil	owledge and bel ity of a misdeme	norRECEIVED
Date 1/11	/2021					W Sign	endy Poulis	ot ndividual	JAN 1 1 2021
									NEW HAMPSHIRE

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