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

Type or Print Clearly	
Full Name BRADley J. Cook	Work Address NA.
Primary Occupation Refired e-mail Captb	MONTH WORKPhone 603-234-2750
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Mant Authority / Div. of And + Hongorg Advisory Council
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 follow	ving 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
profession, occupation, or category of business:	/. A.
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo	
7. N.H. Retirement 8. Current use land 9. Resta	aurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public II. Horse or dog racin Utilities Commission of gambling	ng, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business taxes: Profits 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 Date	ingly files a false statement shall be guilty of a misdemeanor.
Return to: Office of Secretary of State, 107 North Main:	Signature of Reporting Individual NEW HAMPLE STREET Street, State House Room 204, Concord, NH 03301 SEPARTMENT OF THE STREET