2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name Mark E. Doyle	Work Address	110 Smokey Bear Blvd., Conco	rd, NH 03301
Primary Occupation Director	e-mail mark.doyle@dos.nh.gov	Work Pho	one 603-271-6911
lame the office, position, board or commission, board of lirectors, etc. or employment with state or county povernment held by you. NO ACRONYMS	Director, Division of Emergency Services Member: E9-1-1 Commission	and Communications; New Ham	pshire Department of Safety
 List below the name, address, and type of any professi roprietor, or employee, or served in any other professional alendar year. Sources of retirement benefits other than fedor 	onal or advisory capacity, and from whic	h any income in excess of \$10,	000 was derived during the preceding
N/A			
N/A	 		
f you have no qualifying income indicate by writing your in	nitials next to the following statement.	My income does not o	qualify
eportable special interest in an item on this list if a change iscipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on a support of the control of the co	ernment affecting the listed business, prof the general public:	ession, occupation, group, or ma	i a contract, grant a license or permit, itter would potentially have a greater
	-		6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program	11	Sale and distribution of beverages	falcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling	orms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		11	any other area in which you have a rest —
have read RSA 15-A and hereby swear or affirm that the fo erson who knowingly fails to comply with the provisions	pregoing information is true and complete of this chapter or knowingly files a false st	to the best of my knowledge an atement shall be guilty of a misd	d belief. RSA 15-A:9 Penalty. Any lemeanor.
Date 12/17/2019	Mole	-3 QC	RECEIVED
	Sig	nature of Reporting Individual	JAN 1 7 2020
Return to: Office of Secretary of	f State, 107 North Main Street, State Hous	e Room 204, C oncord, NH 03301	NEW HAMPSHIRE