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

Type or Print CLEAR Full Name	LLY PA	UL J	Lloy	d	W	ork Address:	/5	58 LD	recty	SA	Cun	Conp	NH 03301
Primary Occupation	Sil	Emple	uzarl		E-mail	PILLUR	Comcae	Tent	/ Work	Phone	603 4	196 191	NH 03301 18
Name the office, position directors, etc. or employ by you. NO ACRONY	yment with	r commission state or coun	, committee, b ty government	oard of	hairm.	An Bo	arro 1	r MA	n ä 6 EUN	<u>, </u>			_
calendar year.	employee,	or served in a	ny other profes	sion, business, or sional or advisor an federal retirer	v capacity, an	d from which	any incom	e in excess of	f \$10,000 v	vas derived	during the	preceding	
1/\dagger 2.	J/K				···								_
If you have no qualifying	ng income	indicate by w	riting your init	ials next to the fo	ollowing stater	ment.		My inc	come does	not qualify		/ Cy	
reportable spec discipline a lic financial effect	ensee or po t on you or ession, occu	t in any item of the committee, or of a family men apation, or bus	on this list if a ther decision by nber than it wo	a special interest change in law, a y government aff ould on the general r certified by the S	change in adm ecting the liste al public:	ninistrative rui ed business, p	le, a decision, o	on whether or occupation, gi	not to awa	ard a contra	ct grant a 1	icense or ne	rmit, ter
2. Health Care	Health Care 3. Insurance 4. Real Estate, incluagent, developers,						5. Banking or financial services			6. State of New Hampshire, county, or municipal employment			
7. N.H. Retirem System		assessr	rrent use land nent program	1 7 !	9. Restaurants		10. Sa bevera	e and distribu				11. Practice o	f
12. Any business in Utilities Commis	regulated b ssion	y the Public		13. Horse or dog gambling	g racing, or oth	er legal forms	of _	14. Education	n 🗔	15. Water I	Resources		
16. Agriculture		17. N.H. taxes:	Business Profits Ta			Interest and Dividends Ta	ıx 🗆	18. Optional:	Specify any cial interest	y other area	in which yo	u have a	
I have read RSA 15-Penalty. Any person Date	-A and he on who kn	reby swear o	or affirm that s to comply v	the foregoing in with the provision	nformation is	s true and con apter or kno	mplete to wingly fil	the best of n as a false sta	ny knowle	edge and b	elief. RSA	A 15-A:9 sdemeanor.	
						S	Signature o	Reporting la	ndividual	-	R	ECE	VED

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