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

ype or Print Clearly					
ull Name Christopher J. Ellms Jr.		Work Address	Governor's Office, 107	N. Main St, Ro	om 208, Concord, NH 03301
imary Occupation Legislative Director	e-mail christophe	er.ellms@nh.gov	٧	ork Phone	603-271-8773
me the office, position, board or commission, board of ectors, etc. or employment with state or county vernment held by you. NO ACRONYMS	Sovernor's Office, Legis	slative Director			
List below the name, address, and type of any profession oprietor, or employee, or served in any other profession endar year. Sources of retirement benefits other than federal	al or advisory capacity	y, and from whic	h any income in excess	of \$10,000 w	vas derived during the preceding
State of NH					
ou have no qualifying income indicate by writing your init	ials next to the following	ng statement.	My income do	es not qualify	efe
ndicate below whether you or a family member has a speciortable special interest in an item on this list if a change in cipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on the contract of t	law, a change in admi nment affecting the list	inistrative rule, a d	decision whether or not t	o award a cor	ntract, grant a license or permit,
 Any profession, occupation, or business licensed profession, occupation, or category of business: 	or certified by the Sta	ate of New Hamps	shire. List each such		,
/ Wasith (ara II 4 Inclirance II	state, including brokers evelopers, and landlor		Banking or financial rices		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restau lodging	urants/	Sale and distribebeverages	ution of alcol	nolic 11. Practice of law
	3. Horse or dog racing gambling	g, or other legal fo	orms 14. Education	n 🗀 15.	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an	11 1 '	Specify any c	other area in which you have a -
ave read RSA 15-A and hereby swear or affirm that the fore son who knowingly fails to comply with the provisions of	going information is tr this chapter or knowir	rue and complete ngly files a false st	to the best of my knowl atement shall be guilty o	edge and beli f a misdemea	ef. RSA 15-A:9 Penalty. Any
nte 1/12/2021	Signature	e of Filer	Church	lmo	JAN 1 5 202

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

NEW HAMPSHIRE