## 2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	• •	•
Full Name Richard M. Her	Work Address	
Full Name Richard M. Her Primary Occupation Refired	e-mail *optional	Work Phone 603 774-3658
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	Community College Systam of N.7	4. Buard of Trustee
proprietor, or employee, or served in any other	profession, business, or other organization in which you or a family professional or advisory capacity, and from which any income in exthan federal retirement and/or disability benefits shall be included. (Use:	cess of \$10,000 was derived during the preceding
1.		
2.		
If you have no qualifying income indicate by writing	g your initials next to the following statement. My incom	e does not qualify $\mathcal{L}m\mathcal{H}$
reportable special interest in an Item on this list if	r. has a special interest in any of the following businesses, professions, a change in law, a change in administrative rule, a decision whether or a by government affecting the listed business, profession, occupation, would on the general public.	not to award a contract, grant a license or permit,
1. Any profession, occupation, or busing profession, occupation, or category of busing profession.	ess licensed or certified by the State of New Hampshire. List each such siness:	
2. Health Care 3. Insurance	4. Real Estate, Including brokers, agent, developers, and landlords  5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. 8. Current assessment		istribution of alcoholic 11. Practice of law
12. Any business regulated by the Public. Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	cation . 15. Water Resources
	Business Business Interest and Dividends Tax 18. Option	ional: Specify any other area in which you have a special interest—
	hat the foregoing information is true and complete to the best of my k	
	ovisions of this chapter or knowingly files a false statement shall be gu	RECEIVED
Date 11/20/2017	Righard M. Flets 42 Signature of Reporting	Individual NOV 2.7 2017