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

Full Name									
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Primary Oc	cupation	Airport Elec	tronic Systems Techn	ician e-mail	sshea@flymanchester.	<u> </u>		k Phone	6036246592 x481
Name the c lirectors, e povernmen	etc. or e	mpiovment ·	or commission, board with state or cour NO ACRONYMS	of New Hampsh	nire Statewide Interope	ability Executive C	Committee-Sul	oject Matte	Expert
ilendar yea	w the nar or employ ar. Source	ne, address, a /ee, or server es of retiremen	and type of any prof d in any other profe nt benefits other than	ession, business, essional or adviso federal retirement	or other organization i ry capacity, and from and/or disability benefit	n which you or a f which any income s shall be included.	family membe e in excess of (Use addition	r was an of \$10,000 wa al sheets as	ficer, director, associate, partners of derived during the preceding onecessary.)
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you have n	o qualifyiı	ng income in	dicate by writing you	r initials next to ti	ne following statement	Муі	Income does n	ot qualify	scs
1.	Any profe	ssion, occupa		nsed or certified	by the State of New Har hester, NH-Aviation De	npshire. List each			act, grant a license or permit, uld potentially have a greater
2. Heal	th Care				HESTER IN ITAVIALICIES IN	artment	such		
7 1114		3. Insura	' agen	al Estate, includin it, developers, and	g brokers,	partment 5. Banking or finar		6. State	of New Hampshire, county, or
System		ent	8. Current use lan assessment program	al Estate, includin nt, developers, and d m	g brokers, il landlords s 9. Restaurants/ odging	5. Banking or finar ervices 10. Sale ar beverages	ncial X	` municipa	al employment C - 11. Practice of
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