2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Prir	nt Clearly			_			
Full Name	James Thomas Bof	fetti		Work Address	33 Capitol Street, Cond	ord, NH 0330	1
Primary Occ	upation Attorney		e-mail james.bo	ffetti@doj.nh.gov		Vork Phone	603-271-0302
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			Associate Attorney Ger	neral			
proprietor, o	or employee, or ser		nal or advisory capacit	y, and from whic	h any income in excess	of \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
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f you have r	no qualifying incom	e indicate by writing your in	itials next to the follow	ing statement.	My income do	es not qualify	B
eportable s discipline a l inancial effe — 1.	pecial interest in an licensee or permitte ect on you or a famil Any profession, oc	item on this list if a change e, or other decision by gove ly member than it would on cupation, or business license , or category of business:	n law, a change in adm rnment affecting the lis the general public: ed or certified by the St	inistrative rule, a outle to the state of New Hamp	decision whether or not tession, occupation, grou	to award a con up, or matter w	s, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
2. He	alth Care	ISHTADCA II	Estate, including broke developers, and landlo		Banking or financial ices		te of New Hampshire, county, or ipal employment.
7. N.I Syste	H. Retirement m	8. Current use land assessment program	9. Resta lodging	urants/	10. Sale and distrib beverages	oution of alcoho	olic 11. Practice of law
	y business regulated Commission		13. Horse or dog racin of gambling	g, or other legal fo	14. Education	n	Water Resources
16. A	griculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends		Specify any ocial interest	ther area in which you have a
person who	knowingly fails to c	y swear or affirm that the for omply with the provisions					rf. RSA 15-A:9 Penalty. Any nor. RECEIVED
Date Jan	uary 8, 2019			Sig	nature of Reporting Indiv	idual	JAN 10 2019

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

NEW HAMPSHIRE DEPARTMENT OF STATE