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

Type or Print Clearly			_		<u>. </u>	
Full Name Michael	Carignon		Work Address	28 officer	James Rod	e Orice Nashur N4
Primary Occupation ρ_{ol}	a Chief	e-mail Carig	<u>nenme nesh</u>	. nos. la	Work Phone	607-594-200
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Board & Director Co- Nestruc PAL. Margurarike Place Police Standards and Training Cornell Brand				
A. List below the name, address proprietor, or employee, or serv calendar year. Sources of retirem	, and type of any professioned in any other profession	n, business, or other on all or advisory capacity	rganization in wh y, and from whicl	ch you or a family n any income in exc	nember was an offic ess of \$10,000 was	derived during the preceding
1. _\\/A						
2. N/A						
If you have no qualifying income	indicate by writing your ini	tials next to the followi	ng statement.	My income	does not qualify	(0)
B. Indicate below whether you or reportable special interest in an it discipline a licensee or permittee, financial effect on you or a family 1. Any profession, occupation, profession, occupation,	em on this list if a change i or other decision by gover member than it would on upation, or business license	n law, a change in adm nment affecting the lis the general public:	inistrative rule, a d ted business, profe	ecision whether or nession, occupation, g	ot to award a contra	ct, grant a license or permit,
2. Health Care 3. Ins	urance II I	state, including broker levelopers, and landlor	11 1	anking or financial ces	11 1	of New Hampshire, county, or all employment
Jysteili	8. Current use land assessment program	9. Restar	urants/	10. Sale and dis beverages	tribution of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission		13. Horse or dog racing f gambling	g, or other legal fo	ms 14. Educa	tion 🗍 15. Wa	ater Resources
□ 16 Agriculture L	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		nal: Specify any other special interest	er area in which you have a
I have read RSA 15-A and hereby person who knowingly fails to co						RSA 15-A:9 Penalty. Any
Date 2 16/21		Signature	e of Filer	W.	\	FEB-1-8-2021

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

NEW HAMPSHIRE
DEPARTMENT OF STATE