## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print <b>Clearly</b> Full Name	Richard (	- Russman	Hunc Work Address	. 18 E	Beach Dr	Kmysta	- NN 3848
Primary Occupation	Retiral	•	e-mail *optional			Work Phone 6	~ NH 33848
Name the office, positio directors, etc. or employ by you. NO ACRONYMS	yment with state or			water o	sul Grandi	inter Tru	st Fund
A. List below the name, proprietor, or employee calendar year. <i>Sources</i> o	e, or served in any o	other professional or a	dvisory capacity, and fr	om which any	income in excess of	\$10,000 was deri	lirector, associate, partner ved during the preceding sary.)
1.	****						
2.		***************************************		<del></del>	<u>.</u>		
If you have no qualifying	income indicate by	writing your initials nex	ct to the following state	ment.	My income does	not qualify	RLR
financial effect on you o	est in an item on this permittee, or other do r a family member th	list if a change in law, a ecision by government a nan it would on the gen business licensed or cer	change in administrativ affecting the listed busi	re rule, a decisioness, profession	on whether or not to a n, occupation, group,	ward a contract, g	rant a license or permit, otentially have a greater
2. Health Care	3. Insurance	1132	ncluding brokers, ers, and landlords	5. Banki services	ng or financial	6. State of N municipal en	ew Hampshire, county, or aployment
7. N.H. Retireme System		urrent use land sment program	9. Restaurants/	1.1	10. Sale and distribut beverages	on of alcoholic	11. Practice of law
12. Any business re Utilities Commission	egulated by the Pub on	ic 13. Hor of gamb	se or dog racing, or oth ling	er legal forms	14. Education	15. Water	Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and ividends Tax	18. Optional: S specia	oecify any other ar I interest	ea in which you have a
I have read RSA 15-A and person who knowingly t	d hereby swear or af fails to comply with t	firm that the foregoing the provisions of this ch	Information is true and apter or knowingly files	complete to the	e best of my knowled ent shall be guilty of a	ge and belief. RS misdemeanor.	A 15-A:9 Penalty. Any
Date 7 (25	/18	_	Rl	al (Dun	M∧	_	
·				Signatur	e of Reporting Individ	ual	RECEIVE

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

JUL 25 2018

NEW HAMPSHIRE DEPARTMENT OF STATE