## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		
Full Name Mark Anthony Brave	Work Address 259 County Farm Road Dover, NH 0382	
Primary Occupation Law Enforcement	e-mail mbrave@co.strafford.nh.us Work Phone 603-516-	7184
Name the office, position, board or commission directors, etc. or employment with state of government held by you.  NO ACRONY	or county	~
opticion of chiployee, of served in ally office	any profession, business, or other organization in which you or a family member was an officer, director, er professional or advisory capacity, and from which any income in excess of \$10,000 was derived duther than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	associate, partner, ing the preceding
2.		<del></del>
f you have no qualifying income indicate by wri	iting your initials next to the following statement.  My income does not qualify	IAB
discipline a licensee or permittee, or other deci- financial effect on you or a family member than	isiness licensed or certified by the State of New Hampshire. List each such	GEO 4 4
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords  5. Banking or financial formunicipal employments of the services formunicipal employments of the services formunicipal employments of the services for the ser	pshire, county, or nt
Systemassessme	ent use land  9. Restaurants/ ent program  10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resource	es
16. Agriculture 17. N.H. taxes:	Business Profits Tax Business Enterprise Tax Business Interest and Dividends Tax Business Interest and Specify any other area in when the special interest —	ich you have a
have read RSA 15-A and hereby swear or affirm person who knowingly fails to comply with the	that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A: provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	9 Penalty. Any
		RECEIVE
Date 01/12/2022	Signature of Filer	JAN <b>27</b> 2022
Return to: Office of :	Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIF DEPARTMENT OF S