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

Type or Print Clear	dy								
Full Name	ivise Pe	OUOT			Work Address	PO BOX	52 AL	u not	H 03809
Primary Occupation	RETIR	ED		-mail DENSE	SNHWA	D. IAHODA	71 Work Phone	603	776.1090
Name the office, po directors, etc. or government held b	employment w		county	1. COMMI	5510N C	ON NATIVE	AMERICA	an Afa	MIRS
proprietor, or empl	loyee, or served	in any other p	rofessional or	advisory capacity,	and from which	hich you or a family ch any income in ex all be included. (Use a	cess of \$10,000 v	vas derived dui	associate, partnering the precedir
1.							-		
2.						Personal registration design against a property against a separate party and a separate party against a separate party ag			
f you have no quali	fying income inc	licate by writing	g your initials n	ext to the following	, statement.	My incom	e does not qualify	_	DP
reportable special in discipline a licensee financial effect on y	nterest in an iten or permittee, or ou or a family m	n on this list if a other decision ember than it w	change in law, by governmen ould on the ge	a change in admin t affecting the liste eneral public:	istrative rule, a d d business, pro	nesses, professions, o decision whether or r fession, occupation, o	not to award a cor	tract, grant a lic	cense or permit.
	rofession, occupa , occupation, or o			ertified by the State	of New Hamp	shire. List each such	··		
2. Health Car	e 🗀 3. Insura	ince 🗀		including brokers, pers, and landlords	11 1	Banking or financial vices	11 '	ite of New Ham ipal employme	pshire, county, or
7. N.H. Retir System	rement	8. Current u assessment p		9. Restaura	ants/	10. Sale and di	stribution of alcoh	olic 🔲	11. Practice of law
Utilities Comn	ess regulated by nission	the Public	13. He of gam	orse or dog racing, bling	or other legal fo	orms 14. Educa	ation 🗀 15.	Water Resource	es
16. Agricultu	re 17.		usiness ofits Tax	Business Enterprise Tax	Interest ar Dividends		onal: Specify any conspecial interest —	ther area in wh	
l have read RSA 15-/ person who knowin	A and hereby sw gly fails to comp	ear or affirm tha ly with the prov	at the foregoing visions of this o	g information is tru hapter or knowing	e and complete ly files a false si	e to the best of my kn tatement shall be gui	owledge and beli Ity of a misdemea	ef. RSA 15-A:	
Date 15	2021			Signature c	of Filer	Demas	Jutud	-	EIVED

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

NEW HAMPSHIRE
DEPARTMENT OF STATE