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

Type or	Print Clearly							_				
Full Nam	Paul McInnis			Work Address One Junipe			er Road, North Hampton, NH					
Primary	rimary Occupation Auctioneer		e-mail paul@paulmcinnis.com					Work Phone	603	3-964-1301		
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Fish and	Game (Commission)				
propriet	or, or employ	ee, or ser	ved in any o	ther profession	ial or advisor	ry capacity	, and from wl	nich ar	ny income in ex	member was an occess of \$10,000 v additional sheets	vas deriv	rector, associate, partner, ed during the preceding ary.)
1.	Paul McI	nnis, LL	С	•							. <u>-</u> .	
2.			·									
lf you ha	ve no qualifyi	ng income	indicate by	writing your ini	tials next to t	he followir	ng statement.		Му іпсоп	ne does not qualify	•	
reportab disciplin	ole special inte e a licensee of effect on you	erest in an r permitte or a famil ession, oc	item on this e, or other de y member th cupation, or	list if a change in ecision by gover van it would on business license	n law, a chang nment affect the general p	ge in admining the list oublic:	nistrative rule, ed business, p	a deci: rofessi	sion whether or	not to award a cor group, or matter v	itract, gr	tters. A person has a ant a license or permit, tentially have a greater
<u> </u>				Estate, including brokers, 5. Bardevelopers, and landlords 5 service				es			w Hampshire, county, or ployment	
1	. N.H. Retirer ystem	ment	II i	irrent use land ment program		9. Restau lodging	irants/		T0. Sale and d beverages	istribution of alcol	olic	11. Practice of law
	. Any business ities Commis		l by the Publ		13. Horse or of gambling	dog racing	, or other lega	l forms	14. Educ			esources
1	6. Agriculture	,	17. N.H. taxes:	☐ Business Profits Tax	Busin Enter	iess prise Tax	☐ Interest Dividend	_	18. Opti	onal: Specify any o special interest	other are - -	a in which you have a
I have re person v	ad RSA 15-A a	ınd hereby v fails to c	swear or aff omply with t	irm that the for he provisions o	egoing inforn f this chapter	nation is tr	ue and comple	ete to t	he best of my ki ment shall be gu	nowledge and beli lilty of a misdemea	ef. RS A nor.	15-A:9 Penalty. Any
F 21-2011					Ç e		(17) 入 _一	WL	4	-	RECEIVED
Date	1/6/21						<u> </u>	ignatu	ire of Reporting	Individual		JAN 1 5 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE