2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – R5A 15-A
Type or Print CLEARLY Full Name Work Address: 19 Touch 54 11 11 11 11 11 11 11 11 11 11 11 11 11
Primary Occupation ////s bereigh Courty 1 Brail Deeds Work Phone 459606
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.  ### Commission, committee, board of the commission of
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)
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If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, financial effect on you or a family member than it would on the general public:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment i
System System   7
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resources
16. Agriculture   17. N.H.   Business   Business   Interest and taxes:   Profits Tax   Enterprise Tax   Dividends Tax   Special interest
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  Date
Signature of Reporting Individual

JAN 1 7 2020