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

Type or Print Clearly				
Full Name William Chausson	Work Address	PO BOX72	Wilmot Nt	+ 03287
Primary Occupation property / and-us clerk e-mail ps	opertycuilmot	nhorg	Work Phone	603-526-4802
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	c Resources	Advisory C	ouncil	
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and/or advisory calendar year.	pacity, and from which	any income in exc	ess of \$10,000 was	s derived during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My incomé	does not qualify	lie
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general publ 1. Any profession, occupation, or business licensed or certified by a profession, occupation, or category of business:	n administrative rule, a c the listed business, prof lic:	decision whether or r ession, occupation, c	ot to award a cont	ract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including b		anking or financial ces	6. State municip	e of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land 9. F System assessment program lodg	Restaurants/ ging	10. Sale and dis	tribution of alcoho	lic 11. Practice of law
	racing, or other legal for	rms 14. Educa	tion 15. V	Vater Resources
16. Agriculture 17. N.H. Business Business Enterprise	Interest and Dividends T	11 (')	nal: Specify any ot special interest —	her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or k	on is true and complete mowingly files a false sta	to the best of my kno etement shall be guil	owledge and belief ty of a misdemean	f. RSA 15-A:9 Penalty. Any or.
	nature of Filer	CylinC	<u> </u>	NOV 1 7 2022
Return to: Office of Secretary of State, 107 North M	Main Street, State House	Room 204, Concord	, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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