

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

Type or Print Clearly

Full Name

William H. Wright

Work Address

42 County Drive Laconia, NH 03246

Primary Occupation

Sheriff

e-mail

wwright@belknapcounty.org

Work Phone

603-729-1259

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS

NH Enhanced 911 Commission, Commissioner. Governor's Commission on Humane Treatment of Animals, board member. NH Sheriff's Association, Secretary,

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, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1.

Belknap County Nursing Home, Administrative Assistant (employee), Spouse

2.

NH Retirement System, Self

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 an 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, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater 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: Police Officer, Firearms Instructor

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

7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/lodging 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 of gambling 14. Education 15. Water Resources

16. Agriculture 17. N.H. taxes: Business profits, Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest —

I 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

12/22/2021

Signature of Filer

RECEIVED

DEC 27 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

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

19 a Supplemental Page

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

Type or Print Clearly
Full Name William H. Wright Work Address 42 County Drive Laconia, NH 03246

Primary Occupation Sheriff e-mail wwright@belknapcounty.org Work Phone 603-729-1259

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Lakes Region Veterans Coalition, Board Member

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, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. Belknap County Nursing Home, Administrative Assistant (employee), Spouse
2. NH Retirement System, Self

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<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	<u>Police Officer, Firearms Instructor</u>	
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/>	5. Banking or financial services
<input checked="" type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>	9. Restaurants/lodging
<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>	11. Practice of law
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>	14. Education
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	15. Water Resources
<input type="checkbox"/>	17. N.H. taxes: Business Profits Tax	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest
<input type="checkbox"/>	17. N.H. taxes: Business Enterprise Tax	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest

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