## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	Godfroy		s R	ver St S	on home	L 41H
I dii Name						
Primary Occupation <u>SC</u>	1+	e-mail *option	nal		Work Phone 603	3-234-8445
Name the office, position, board of directors, etc. or employment wit by you. NO ACRONYMS		ritee, board or	w England	d Fisher	y Manag	jement_
A. List below the name, address, proprietor, or employee, or serve calendar year. Sources of retirement	ed in any other profes	sional or advisory capa	city, and from which a	ny income in excess of	\$10,000 was deriv	ed during the preceding
1.						
2.		<u>-</u>				
If you have no qualifying income in	ndicate by writing you	r initials next to the follo	wing statement.	My income does	not qualify	
B. Indicate below whether you or a reportable special interest in an ite discipline a licensee or permittee, of financial effect on you or a family n	em on this list if a chang or other decision by go	ge in law, a change in ad overnment affecting the	ministrative rule, a deci	sion whether or not to a	ward a contract, gr	ant a license or permit,
1. Any profession, occupation, or		,	State of New Hampshire	e. List each such		
2. Health Care 3. Insu		al Estate, including brok nt, developers, and landl		king or financial	6. State of Ne	w Hampshire, county, or ployment
7. N.H. Retirement System	<ul> <li>8. Current use lar assessment progra</li> </ul>	- 11	taurants/	<ol><li>Sale and distributi beverages</li></ol>	on of alcoholic	11. Practice of law
12. Any business regulated by Utilities Commission	y the Public	13. Horse or dog rac of gambling	ing, or other legal form	14. Education	15. Water R	esources
16 Agriculture	7. N.H. Busine Profits		Interest and Dividends Tax		pecify any other are l interest —	a in which you have a
I have read RSA 15-A and hereby so person who knowingly fails to com	wear or affirm that the nply with the provision	foregoing information is s of this chapter or know	s true and complete to s vingly files a false state	the best of my knowledge ment shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
Date 1/2/10				> ->		
			Signati	ire of Reporting Individ		

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

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JAN 04 2018

NEW HAMPSHIRE DEPARTMENT OF STATE