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

Type o	r Print Clearly						
Full Na	me Peter Bowman			Work Address	172 Pembroke Roa	ad, Concord, NH 03	301
Primary	Occupation Wildlife S	pecialist	e-mail*optional	peter.bowman@d	ncr.nh.gov	Work Phone	271-2792
director	· •	d or commission, board of it with state or county NO ACRONYMS	Aquatic Resource Miti	gation Fund Comm	nittee		
proprie	tor, or employee, or ser		nal or advisory capaci	ty, and from which	h any income in ex	cess of \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
1.	State of New Hampshi	re, Department of Resource	A L AND CULTURAL s and Economic Develo	- Resources pment , 172 Pembr	roke Road, Concord,	NH 03301	
2.							
If you h	ave no qualifying incom	e indicate by writing your in	itials next to the follow	ring statement.	My incom	e does not qualify	
reporta disciplir	ble special interest in an ne a licensee or permitte al effect on you or a famil	item on this list if a change e, or other decision by gove y member than it would on	in law, a change in adn rnment affecting the li the general public:	ninistrative rule, a d sted business, prof	lecision whether or i ession, occupation, o	not to award a con	rs, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
		cupation, or business licens , or category of business:	ed or certified by the St	tate of New Hamps	hire. List each such		
Γ 2	2. Health Care 3. Ir		Estate, including broke developers, and landlo		Banking or financial ices		te of New Hampshire, county, or ipal employment
IX	7. N.H. Retirement ystem	8. Current use land assessment program		aurants/	10. Sale and di beverages	stribution of alcoh	olic 11. Practice of law
	2. Any business regulated lities Commission		13. Horse or dog racir of gambling	ng, or other legal fo	rms 14. Educ	ation 15.	Water Resources
T 1	16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise Tax	Interest and Dividends T		onal: Specify any o special interest	ther area in which you have a
I have re	ead RSA 15-A and hereby who knowingly fails to c	y swear or affirm that the fo omply with the provisions	regoing information is of this chapter or know	true and complete ingly files a false sta	to the best of my kn atement shall be gui	owledge and belied lty of a misdemear	ef. RSA 15-A:9 Penalty. Any nor. RECEIVE
Date	1/2/2018	:		Sign	nature of Reporting I	Individual	JAN 1 2 2018

NEW HAMPSHIRE DEPARTMENT OF STATE