2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly | | | | | | |
|---|---|---|---------------------------------------|--|--|--|
| Full Name Scot | T GILBERT | - | Work Address | 33 Ccpital | st Concr | - J NH |
| Primary Occupation | NESTIGATOR | e-mail Soft. | filbert@do | j.nh.gov | Work Phone | 603 271-1290 |
| Name the office, position, boadirectors, etc. or employme government held by you. | | NON | 1É | | · · · · · · · · · · · · · · · · · · · | |
| proprietor, or employee, or se | ess, and type of any profession erved in any other profession erment benefits other than federa | al or advisory capacity, | and from which | h any income in exc | ess of \$10,000 wa | ficer, director, associate, partner, is derived during the preceding necessary.) |
| 1. NONE | = | | | | | |
| 2. | • | | | | | - · · |
| If you have no qualifying incor | me indicate by writing your init | ials next to the following | statement. | My income | does not qualify | 50- |
| 1. Any profession, o | occupation, or business licensed on, or category of business: | d or certified by the State | | | | |
| | agent, de | state, including brokers, evelopers, and landlords | serv | Banking or financial ices | | e of New Hampshire, county, or pal employment |
| 7. N.H. Retirement System | 8. Current use land assessment program | 9. Restaur lodging | ants/ | Sale and dis beverages | tribution of alcoho | lic 11. Practice of law |
| 12. Any business regulate Utilities Commission | · 11 | Horse or dog racing, f gambling | or other legal fo | rms 14. Educa | tion T 15. V | Vater Resources |
| 16. Agriculture | 17. N.H. Business Profits Tax | Business Enterprise Tax | Interest an Dividends | | nal: Specify any ot special interest— | her area in which you have a |
| I have read RSA 15-A and here person who knowingly fails to | by swear or affirm that the fore comply with the provisions of | going information is tru this chapter or knowing | e and complete ly files a false st | to the best of my kno atement shall be guil | owledge and belief ty of a misdemean | RSA 15-A:9 Penalty. Any or. |
| Date / 4 JA | N 2021 | | Leu | All | | RECEIVED |
| ı | | | Sigr | nature of Reporting Ir | ndividual | JAN 15 2021 |
| Re | eturn to: Office of Secretary of S | State, 107 North Main Str | eet, State House | Room 204, Concord | . NH 03301 | NEW HAMPSHIRE |