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

Type or Print Clearly		- 1 1		
Full Name John T. B. Mudge		- Lamphire +	Fill Land	- CYN NH 0370
Primary Occupation Writar / notived e-ma	ail *optional JMudge		Work Phone 603	5-795- 4350
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Ziver Valley R		MISS701)
A. List below the name, address, and type of any profession, business proprietor, or employee, or served in any other professional or advisc calendar year. Sources of retirement benefits other than federal retirement	ory capacity, and from wh	nich any income in excess	of \$10,000 was deriv	red during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials next to	the following statement.	My income do	es not qualify	O TISKS
B. Indicate below whether you or a family member has a special interest reportable special interest in an item on this list if a change in law, a chardiscipline a licensee or permittee, or other decision by government affect financial effect on you or a family member than it would on the general	nge in administrative rule, cting the listed business, pr	a decision whether or not to	o award a contract, gr	ant a license or permit,
Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	d by the State of New Ham	pshire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, a		. Banking or financial rvices	6. State of Ne municipal emp	w Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	 10. Sale and distribetion beverages 	ution of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	r dog racing, or other legal	forms 14. Education	15. Water Re	esources
16 Agricultura	ness Interest a rprise Tax Dividend		Specify any other area ial interest	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing infor person who knowingly fails to comply with the provisions of this chapte				15-A:9 Penalty. Any
Date 3/34/2018		x 7.8 /1		
	Si Si	gnature of Reporting lodivi	dual	