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

ype or Print Clearly		
ull Name Brent T. Lemire	Work Address	547 Charles Bancroft Hwy., Litchfield, NH 03052
rimary Occupation Retired	e-mail btlemire@comcast.net	Work Phone 603-424-4911
lame the office, position, board or commission, board of Bulirectors, etc. or employment with state or county lovernment held by you. NO ACRONYMS	Board of Court Reporters	
. List below the name, address, and type of any profession roprietor, or employee, or served in any other professiona alendar year. Sources of retirement benefits other than federa	, business, or other organization in whic al or advisory capacity, and from which Il retirement and/or disability benefits shall l	. 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, partne roprietor, 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
" you have no qualifying income indicate by writing your initials next to the following statement.	als next to the following statement.	My income does not qualify BTL
t. Indicate below whether you or a family member has a special interest in any eportable special interest in an item on this list if a change in law, a change in a liscipline a licensee or permittee, or other decision by government affecting th inancial effect on you or a family member than it would on the general public:	ial interest in any of the following busines law, a change in administrative rule, a deciment affecting the listed business, profes he general public:	t. 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 eportable 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, liscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater inancial 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. profession, occupation, or category of business:	or certified by the State of New Hampshi	re. List each such
2. Health Care	4. Real Estate, including brokers, 5. Bank agent, developers, and landlords services	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
 7. N.H. Retirement System 8. Current use land assessment program 	「 9. Restaurants/	10. Sale and distribution of alcoholic 11. Practice of beverages
usiness regulated by the Public	13. Horse or dog racing, or other legal forms of gambling	ns
16. Agriculture taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax	x 18. Optional: Specify any other area in which you have a special interest
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. erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	going information is true and complete to this chapter or knowingly files a false state	the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ement shall be guilty of a misdemeanor.