2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pi	rint Clearly					
Full Name	Stephen Crawford	Work Addr	ess 25 Capitol Str	eet, Concord, NH 0330	i	
Primary O	ccupation veterinarian	e-mail stephen.crawford@agr	.nh.gov	Work Phone	603-271-2404	
	office, position, board or commission, boar etc. or employment with state or cou		state veterinarian, NH Department of Agriculture, Markets, & Food; member, NH Board of Veterinary			
			Medicine; member, PDMP Advisory Council			
proprietor,	ow the name, address, and type of any pro , or employee, or served in any other pro ear. Sources of retirement benefits other tha	fessional or advisory capacity, and from	which any income i	n excess of \$10,000 w	as derived during the preceding	
S.	elf, employee with State of NH					
<u>}</u> . [s _l	pouse, employee at VCA Russell Animal Hos	pital, Pleasant Street, Concord, NH				
f you have	no qualifying income indicate by writing ye	our initials next to the following statement	. My in	come does not qualify		
discipline a inancial ef 	special interest in an item on this list if a cha a licensee or permittee, or other decision by fect on you or a family member than it wou I. Any profession, occupation, or business l rofession, occupation, or category of busine	government affecting the listed business, ld on the general public: icensed or certified by the State of New Ha	profession, occupat	ion, group, or matter w		
_; 2. H		Real Estate, including brokers, gent, developers, and landlords	5. Banking or finan		ite of New Hampshire, county, or ipal employment	
7. N Syst	I.H. Retirement 8. Current use assessment pro	1.1 1	10. Sale ar beverages	nd distribution of alcoh	olic 11. Practice of law	
	ny business regulated by the Public es Commission	13. Horse or dog racing, or other leg of gambling	gal forms 14. E	Education 15.	Water Resources	
		ness Business Intere ts Tax Enterprise Tax Divide	st and 18.0 nds Tax	Optional: Specify any o special interest—	ther area in which you have a	
have read person who	RSA 15-A and hereby swear or affirm that to knowingly fails to comply with the provisi	he foregoing information is true and compons of this chapter or knowingly files a fal	plete to the best of m se statement shall be	ny knowledge and beli e guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.	
Date De	ecember 19, 2019		*W	Am.	RECEIVE	
F1	Poture to Office of Socret	one of State 107 North Main Street State	Signature of Report		JAN 16 2020	

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

NEW HAMPSHIRE SEPARTMENT OF STATE