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

Type or Print Clearly				
Full Name GLEN	WARING	Work Address	66 MAIN	STREET PLYMOUNT, NH 03
Primary Occupation Fine	ANCION CONSULTANTE-Mail	GWARING115	@ CMARL Con Work	k Phone 603-396-4667
Name the office, position, boa directors, etc. or employme government held by you.		ELKNIP GUNTA	Commissions	
proprietor, or employee, or s	ess, and type of any profession, business erved in any other professional or advis ement benefits other than federal retiremen	sory capacity, and from which a	any income in excess of	r was an officer, director, associate, partner, \$10,000 was derived during the preceding al sheets as necessary.)
1. Propulsi	on WELLNESS LLC	DBA: BATTLE	CRUSSFH	
If you have no qualifying incor	ne indicate by writing your initials next to	the following statement.	My income does r	not qualify
reportable special interest in a discipline a licensee or permitt financial effect on you or a fam 1. Any profession, c	or a family member has a special interest in item on this list if a change in law, a charge or other decision by government affectily member than it would on the general occupation, or business licensed or certifient, or category of business:	nge in administrative rule, a dec cting the listed business, profess I public:	cision whether or not to av sion, occupation, group, o re. List each such	vard a contract, grant a license or permit
☐ 2. Health Care ☐ 3.	nsurance 4. Real Estate, including agent, developers, a	ding brokers, 5. Bar	nking 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 distributio beverages	
12. Any business regulate Utilities Commission	ed by the Public 13. Horse of of gambling	r dog racing, or other legal form	14. Education	15. Water Resources
☐ 16. Agriculture		iness Interest and Dividends Tax		cify any other area in which you have a interest
I have read RSA 15-A and herel	by swear or affirm that the foregoing infor	rmation is true and complete to	the best of my knowledge	and belief. RSA 15-A:9 Penalty. Any
Date 1/15/24	comply with the provisions of this chapte	P O L	ment shall be guilty of a n	RECEIVED JAN 2 6 2021
1 1/15/4		Signate	ure of Reporting Individua	NEW PAUNE SHIRE

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