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

Type or	Print Clearly							
Full Nam	ne Allan Palmer		Work Address 431 River Road, Bow, NH 03304					
Primary	mary Occupation Engineer		e-mail allan.palmer@graniteshorepower.com Work Pho			Work Phone	none 603-230-7951	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS			Rivers Management Advisory Committee					
roprieto	or, or employee, or se	rved in any other profession	ion, business, or other organizational or advisory capacity, and fineral retirement and/or disability be	rom whic	h any income in exc	ess of \$10,000 w	vas derive	d during the preceding
١.	Granite Shore Power I	LC, 431 River Road, Bow, N	H 03304; Electric Utility					
2.		`	-					
f you ha	ive no qualifying incom	e Indicate by writing your ir	nitials next to the following state	ment.	My income	does not qualify	,	AP
disciplina	e a licensee or permitte l effect on you or a fami	ee, or other decision by gove ly member than it would or	ein law, a change in administrative ernment affecting the listed busing the general public: sed or certified by the State of Ne	ness, prof	ession, occupation, g			
	/ Mastra / see		Estate, including brokers, developers, and landlords  5. Banking or finan services		Banking or financial rices	6. State of New Hampshire, county, or municipal employment		
	, N.H. Retirement ystem	8. Current use land assessment program			10. Sale and dis beverages	tribution of alcol	rolic	— 11. Practice of law
	. Any business regulate ities Commission	d by the Public	13. Horse or dog racing, or oth of gambling	er legal fo	orms 14. Educa	ition   T 15.	. Water Re	sources
16. Agriculture							other area	in which you have a
have re person v	ead RSA 15-A and hereb who knowingly fails to c	ry swear or affirm that the for comply with the provisions	oregoing information is true and of this chapter or knowingly files	complete a false st	to the best of my kno atement shall be guil	owledge and beli ty of a misdemea	ef. <b>RSA</b> nor.	15-A:9 Penalty. Any
Date	January 12, 2021		al	<u>/ (</u>	Plan	_		RECEIVED
DOLE			Signature of Reporting Individual					JAN 1 9 2021
	Ref	turn to: Office of Secretary o	f State, 107 North Main Street, St	ate House	e Room 204, Concord	, NH 03301	,	NEW HAMPSHIRE DEPARTMENT OF STA