2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A								
Full Name David J. doubert	Work Address 67 minnle	RD. WOIRSOND. N.H.						
Primary Occupation OWNER D. JS Sept. C Pumang e-mail *op		Work Phone 603.569-5286						
Name the office, position, board or commission, committee, board of	water Cauncil							

by you. NO ACRONYMS

A. 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, partner, proprietor, 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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

D.T.

B. 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 reportable 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, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

M	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:															
	2. Health Care	C 3. Insurance			4. Real Estate, including brokers, agent, developers, and landlords			Γ.	5. Banking or financial services			6. State of New Hampshire, county, or municipal employment				
	□ 7. N.H. Retirement □ System			8. Current use land 9. Restaurants, assessment program lodging			s/	10. Sale and distribution of alcoholic beverages						11. Practice of law		
12. Any business regulated by the Public13. Horse or dog not set the publicUtilities Commissionof gambling								g, or c	other lega	al forms		14. Education] 15. Water R	esourc	es
	16. Agriculture		17. N.H. taxes:	1 1	siness fits Tax	1	Business nterprise Tax		Interest Dividen			18. Optional: Sp special	ecify inte	any other are rest	a in wi	nich you have a

I 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. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date

eporting Individual Signature of

RECEIVER JUL 2 5 2018 **NEW HAMPSHIRE** DEPARTMENT OF STATE

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