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

Type or Pri	in <u>t</u> Clearly				_				
Full Name	WELLE	Am C. H	SN5ON	Work	Address	POBOX ?	2192 NS	WCASTE NH 03851	
Primary Oc	cupation 500	ECTS, OWN	CNT e-r	nail WCH688		4		07-759-1366	
directors,		ord or commission, bo ent with state or on NO ACRONYMS		A-DPH	Commo	CHA-C	HARMAN 3	Robertona	
proprietor,	or employee, or s	erved in any other p	rofessional or ac	dvisory capacity, and	from which	h you or a family memb any income in excess o be included. (Use addition	f \$10,000 was deri	director, associate, partner, ived during the preceding ssary.)	
1. [Wennog	154 SONEOR	Lover,	346 RUSASA	vr 57,	Consmon 132, N.	107821		
J_	no qualifying incor	no indicate by writing		t to the following state					
ii you nave	no qualifying incor	ne indicate by writing	your initials nex	it to the following stati	ement.	My income does	not qualify		
financial eff	fect on you or a fam . Any profession, of ofession, occupation.	nily member than it w eccupation, or busines on, or category of busi	ould on the gen is licensed or cer ness:	eral public: tified by the State of N	ew Hampshi	·		otentially have a greater	
	2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor		ers, and landlords	services — municip			pployment		
l Syste		8. Current u assessment p		9. Restaurants/ lodging		Sale and distribut beverages	ion of alcoholic	11. Practice of law	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms Utilities Commission 14. Education 15. Water Resources								Resources	
☐ 16. A	16. Agriculture 17. N.H. Business Business Business Interest and 18. Optional: Specify any other area in which you have special interest —							ea in which you have a	
I have read person who	RSA 15-A and here knowingly fails to	by swear or affirm tha comply with the prov	t the foregoing i	nformation is true and apter or knowingly file	complete to	the best of my knowled	ge and belief. RS misdemeanor.	A 15-A:9 Penalty. Any	
Date	02/11/2	<u></u>				Amount .		RECEIVED	
Signature of Reporting Individual							ual	FEB 1 6 2020	
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301								