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

Type or Print Clearly		
Full Name Jared Chicoine	Work Address 21 South	Fruit Street, Concord, NH 03301
Primary Occupation Interim Commissioner	e-mall Jared. S. Chiccine Denergy whijes Wo	ork Phone 603-271-3670
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Interim Commissioner, NH Departu	ent of Energy
proprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member all or advisory capacity, and from which any income in excess or al retirement and/or disability benefits shall be included. (Use addition	f \$10,000 was derived during the preceding
1. Jared Chicoine Direct	v. NH Office of Strategic Initiat	ives 107 Pleasant Street, Concord, NH
2.		
If you have no qualifying income indicate by writing your in	Itials next to the following statement. My income does	s not qualify
discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business licens profession, occupation, or category of business:	ed or certified by the State of New Hampshire. List each such	or matter would potentially have a greater
2. Health Care 3. Insurance agent,	Estate, including brokers, 5. Banking or financial developers, and landlords services	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 distribut beverages	tion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax		pecify any other area in which you have a al interest —
person who knowingly fails to comply with the provisions of	egoing information is true and complete to the best of my knowled of this chapter or knowingly files a false statement shall be guilty of a	misdemeand. RECEIVED
Date /0/8/2021	Signature of Filer	OCT 1 1 2021
Return to: Office of Secretary of	State, 107 North Main Street, State House Room 204, Concord, NH 0	NEW HAMPSHIRE DEPARTMENT OF STATE