2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	
Full Name LETER W CASWELL Work Addr	ess 35 Colbarn
	SWELLBump my FAIRPOIT 878-1672
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	WHAMPSHIRE WATER WIEll BOA
A. List below the name, address, and type of any profession, business, or other organiz proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability	from which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following stat	ement. My income does not qualify CLC
3. 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 inancial effect on you or a family member than it would on the general public:	
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 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial county, or services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ System assessment program lodging	10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other of gambling	her legal forms 14. Education 15. Water Resources
16 A - view 14: 44	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
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 erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
Date Leg 2 28 18	the W Course RECEIVED
	Signature of Reporting Individual

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

OCT 04 2018

NEW HAMPSHIRE DEPARTMENT OF STATE