## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Clearly                                                                                                                            |                                                                   |                                                        |                                           |                                                      |                                        |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------|------------------------------------------------------|----------------------------------------|-----------------------------------|
| Full Name   CECITY                                                                                                                               | MCNAIX                                                            | _ <u>~</u> '                                           |                                           | 5 OAK Ridg                                           | -                                      | PSOM NH                           |
| Primary Occupation Real                                                                                                                          | TRED                                                              | e-mail Cesys                                           | _2000@YM                                  | how Com Work                                         | Phone 6                                | 03-422-3388                       |
| Name the office, position, boa directors, etc. or employme government held by you.                                                               |                                                                   | E 911 Commiss                                          | im - publ                                 | id Hember                                            |                                        |                                   |
| A. List below the name, addre proprietor, or employee, or se calendar year. Sources of retire                                                    | erved in any other professior                                     | nal or advisory capacity, a                            | nd from which any                         | income in excess of \$                               | 10,000 was deriv                       | ved during the preceding          |
| 1. NH ReTT.                                                                                                                                      | Roment System                                                     | · · · · · · · · · · · · · · · · · · ·                  | •                                         |                                                      |                                        |                                   |
| 2. Social Se                                                                                                                                     | curing                                                            |                                                        |                                           |                                                      |                                        |                                   |
| If you have no qualifying incon                                                                                                                  |                                                                   | tials next to the following :                          | statement.                                | My income does no                                    | ot qualify                             |                                   |
| reportable special interest in an discipline a licensee or permitt financial effect on you or a fam  1. Any profession, o profession, occupation | ee, or other decision by gover                                    | nment affecting the listed<br>the general public:      | business, professior                      | n, occupation, group, or                             | matter would po                        | etentially have a greater         |
| 2. Health Care 3. I                                                                                                                              | nsurance II '                                                     | state, including brokers,<br>levelopers, and landlords | 5. Bankir services                        | ng or financial                                      | 6. State of Ne                         | ew Hampshire, county, or ployment |
| 7. N.H. Retirement<br>System                                                                                                                     | 8. Current use land assessment program                            | 9. Restaurar<br>lodging                                | 11 ! .                                    | <ol> <li>Sale and distribution everages</li> </ol>   | of alcoholic                           | 11. Practice of law               |
| 12. Any business regulate Utilities Commission                                                                                                   |                                                                   | 13. Horse or dog racing, or<br>f gambling              | other legal forms                         | 14. Education                                        | 15. Water R                            | esources                          |
| 16. Agriculture                                                                                                                                  | 17. N.H. Business Profits Tax                                     | Business<br>Enterprise Tax                             | Interest and Dividends Tax                | — 18. Optional: Special in                           | cify any other are                     | a in which you have a             |
| I have read RSA 15-A and hereb<br>person who knowingly fails to o                                                                                | by swear or affirm that the fore<br>comply with the provisions of | egoing information is true                             | and complete to the files a false stateme | e best of my knowledge<br>ent shall be guilty of a m | and belief. <b>RS</b> /<br>isdemeanor. | RECE VI                           |
| Date 1/4/20                                                                                                                                      |                                                                   |                                                        | Signature                                 | of Reporting Individual                              |                                        | JAN 1 3 2020                      |

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

NEW HAMPSHIRE DEPARTMENT OF STATE