2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| •• | Print CLEARLY ne Paul Joseph Brown | Work Address: | 15 Sunapee Street, Newport, NH | | | | | | | |
|---|--|-------------------------|--|----------------------------|--|--|--|--|--|--|
| Primary | Occupation Finance Director/ Asst Town Man | ager E-mail | pbrown@newportnh.gov | Work Phone (603) 863-1360 | | | | | | |
| | e office, position, board or commission, committ NO ACRONYMS. <u>Assessing Standard</u> | | s, etc. or employment with state or co | ounty government held | | | | | | |
| 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. | Town of Newport | | | | | | | | | |
| 2. | Newport School District | | | | | | | | | |
| If you h | ave no qualifying income indicate by writing you | initials next to the fo | ollowing statement. | My income does not qualify | | | | | | |

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 any 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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>Certified Public Accountant</u>

| Г | A DEALIN LAFE US (Incurance II) | | | Real Estate, including brokers, gent, developers, and landlords | | 5. Banking or financial services | | 6. State of New Hampshire, county, or municipal employment | |
|-----------|---|--------------------|---------------------------|---|-------------------------------------|----------------------------------|-------------------------------------|--|--|
| Г | 7. N.H. Retirement 8. Current usel System assessment program | | | 9. Restaurants/ lodging | 10. Sale and distribut beverages | | n of alcoholic | II. Practice of law | |
| Г | 12. Any business regulated by the Public13. Horse or do gamblingUtilities Commissiongambling | | | | er legal forms of X 14. Education | | 15. Water Resources | | |
| IX | 16. Agriculture | 17. N.H. taxes: | – Business Profits Tax | | Interest and Dividends Tax | | ecify any other area in interest | n which 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 ____

Signature of Reporting Individual

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