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

ı ype	or Print Clearly			_	·			
Full N	ame Gerald H. Little		•	Work Address	1 Eagle Square,	Second Floor,	Concord;	NH 0339
Primary Occupation Director			e-mail Gerald.h.little@goferr.nh.gov		Work Phone	ne 603-271-8684		
directo	the office, position, boardors, etc. or employment nment held by you.	or commission, board of with state or county NO ACRONYMS	Governor's Office For	Emergency Reli	ef and Recovery			
propri	t below the name, address etor, or employee, or serv lar year. Sources of retirem	ed in any other professio	nal or advisory capacit	ty, and from whic	h any income in e	xcess of \$10,000	was derived du	
1.	Self- employee of NH	State Government						,
2.	Wife - performs uncompensated volunteer work							
If you !	have no qualifying income	indicate by writing your in	itials next to the followi	ing statement.	. My incor	ne does not qualif	у	
reporta discipl	icate below whether you or able special interest in an it ine a licensee or permittee ial effect on you or a family 1. Any profession, occupation,	tem on this list if a change of the change of the control of the change	in law, a change in adm rnment affecting the lis the general public:	inistrative rule, a c ted business, prof	lecision whether or ession, occupation,	not to award a co group, or matter	ntract, grant a l	icense or permit,
	2. Health Care 3. Ins		Estate, including broker developers, and landlor		Banking or financial		tate of New Har icipal employm	npshire, county, or ent
	System	8. Current use land assessment program	9. Resta lodging	urants/	10. Sale and o	listribution of alco	holic	11. Practice of law
	2. Any business regulated tilities Commission		13. Horse or dog racin of gambling	g, or other legal fo	rms 14. Edu	cation [15	5. Water Resour	ces
	To Adriculture 1	Taxes: Business Profits Tax	Business Enterprise Tax	Interest an Dividends 7	d 18. Opti	ional: Specify any special interest -	other area in w	hich you have a
l have i person	read RSA 15-A and hereby who knowingly fails to co	swear or affirm that the for mply with the provisions	egoing information is t of this chapter or knowi	rue and complete ngly files a false st	to the best of my/k	nowledge and beluilty of a misdeme	lief. RSA 15-A anor.	:9 Penalty. Any
Date	May 12, 2020	•	<u> </u>	NA	1 415		R	ECEIVED
				Sigr	nature of Reporting	Individual		MAY 1 4 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE