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

Full Name Thomas ? Volume		Work Address: 259 (Atha)	y Farm Rd Ste 201 Dover N
Primary Occupation	E-mail	tiel rurdia co são Pend	. Ah. USWork Phone 749 2808
Name the office, position, board or commission, committed directors, etc. or employment with state or county govern by you. NO ACRONYMS.		ord County Attorner	A SWORPHONE (11 COUR
A. List below the name, address, and type of any proprietor, or employee, or served in any other proprietor year. Sources of retirement benefits other.	ofession, business, or other organ rofessional or advisory capacity, er than federal retirement and/or	ization in which you or a family mem and from which any income in excess disability benefits shall be included.	ber was an officer, director, associate, partner, of \$10,000 was derived during the preceding Use additional sheets as necessary)
2.			
If you have no qualifying income indicate by writing your	initials next to the following stat	ement. My i	ncome does not qualify \(\sum{\text{\text{M}}} \)
B. Indicate below whether you or a family member reportable special interest in any item on this list discipline a licensee or permittee, or other decision financial effect on you or a family member than it. 1. Any profession, occupation, or business license occupation, or category of business:	on by government affecting the list would on the general public:	ted business, profession, occupation,	ecupations, groups or matters. A person has a or not to award a contract, grant a license or permit, group, or matter would potentially have a greater
age	eal Estate, including brokers, ent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 12. Any business regulated by the Public	n lodging	beverages	
Utilities Commission	 13. Horse or dog racing, or oth gambling 	er legal forms of 14. Educatio	n 15. Water Resources
16. Agriculture 17. N.H. Busing taxes: Profits	Tax Enterprise Tax	Dividends Tax Special Specia	Specify any other area in which you have a cial interest
I have read RSA 15-A and hereby swear or affirm th Penalty . Any person who knowingly fails to comply	with the broatstons of this ci	true and complete to the best of n apter or knowingly files a false sta	ny knowledge and belief. RSA 15-A:9 ttement shall be guilty of a misdemeanor.
Date Juny 27, Wo	RECEIVED	mundel	na.
\mathcal{O}	JAN 2 8 2020	Signature of Reporting In	dividual THOMAS P. VELARDI

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

DEPARTMENT OF STATE

THOMAS P. VELARDI Strafford County Attorney NH Bar ID # 12951 259 County Farm Rd, Suite 201 Dover, NH 03820