2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name Eric Wilking	Work Address	20 Court Street, Exeter NH 03833	
Primary Occupation Fire Chief	e-mail ewilking@exeternh.gov	` Work Phone	603-773-6129
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Fire Standards & Training Commission		
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder	al or advisory capacity, and from which	any income in excess of \$10,000 wa	as derived during the preceding
1.	······································		
2.	<u> </u>	. <u></u>	<u> </u>
If you have no qualifying income indicate by writing your ini	tials next to the following statement.	My income does not qualify	5 Th
 B. Indicate below whether you or a family member has a spectreportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: 	n law, a change in administrative rule, a de mment affecting the listed business, profe the general public:	ecision whether or not to award a cont ssion, occupation, group, or matter we	tract, grant a license or permit.
	state, including brokers, 5. Bi developers, and landlords service		te of New Hampshire, county, or pal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	blic 11. Practice of law
	13. Horse or dog racing, or other legal for f gambling	ms F . 14. Education F 15. V	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta	IX 18. Optional: Specify any of special interest —	ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions or	egoing information is true and complete t f this chapter or knowingly files a false sta	o the best of my knowledge and belie toment shall be guilty of a misdemean	f. RSA 15-A:9 Penalty. Any RECEIVED
Date 1/7/2021		sture of Reporting Individual	JAN - 7 2021
Return to: Office of Secretary of	State, 107 North Main Street, State House	🗡 Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE