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

| Type of Full Na | r Print CLEARL   | y<br>cel    | B. J         | Stocke                         | bridge                                |                          | Work         | Address: _t           | 141E                | pping.                     | LOAD,                 | Eleta  | HCL             |
|-----------------|--|-------------|--------------|--------------------------------|---------------------------------------|--------------------------|--------------|-----------------------|---------------------|----------------------------|-----------------------|--|-----------------|
|                 | Occupation   |             | sar t        | urecta                         | ,<br>                                 | E-mai                    | 1 Dano       | @ 51x                 | Jelza               | deethe                     | Work Phone            | 603-772                                      | -0400           |
|                 | he office, position  |             |              |                                |                                       |                          |              |                       |                     |                            |                       | <u>,                                    </u> |                 |
| director        | rs, etc. or employn NO ACRONYM   | nent with s | tate or coun | ty governme                    | nt heid                               |                          |              |                       |                     | Emya(a                     |                       |  |                 |
| A.              | 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.              |  | 5-100       | CBRI         | DE=_                           | FUNC                                  | SRAC                     | - Ho         | mE                    |                     | Exet                       | en                    |  |                 |
| 2.              |  |             |              |                                |                                       |                          |              |                       |                     |                            |                       |  |                 |
| If you h        | nave no qualifying   | income in   | dicate by w  | riting your in                 | itials next to                        | the following            | statement.   |                       |                     | My incor                   | ne does not qual      | ify  |                 |
| В.              | 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 perridiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greate 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. |             |              |                                |                                       |                          |              |                       |                     |                            |                       |  |                 |
|                 | 2. Health Care   | 3. Inst     | ırance       |                                | al Estate, includ<br>t, developers, a |                          |              | 5. Bank               | king or fin         | ancial                     | 6. State of municipal | New Hampshir                                 | e, county, or   |
| - making        | 7. N.H. Retireme<br>System   | nt : I      |              | rrent use land<br>nent program |                                       | 9. Restau<br>lodging     | irants/      | <b></b>               | 10. Sale<br>beverag | and distribution           | n of alcoholic        | 11 :   | 11. Practice of |
|                 | 12. Any business rep<br>Itilities Commissi   |             | he Public    | [                              | 13. Horse gambling                    | or dog racing, o         | or other leg | al forms of           |                     | 4. Education               | 15. Wate              | r Resources                                  |                 |
|                 | 16. Agriculture  |             | 7. N.H.      | Busine Profits                 | 4 1                                   | usines's<br>terprise Tax |              | rest and<br>dends Tax |                     | 18. Optional: Sp<br>specia | ecify any other ar    | ea in which you                              | ı have a        |
|                 | e read RSA 15-A<br>lty. Any person   |             |              |                                |                                       |                          |              |                       |                     |                            | nent shall be g       | uilty of a mis                               | demeanor.       |
| Date            | ;  | 4           |              | •                              | •                                     |                          | -            |                       |                     |                            |                       | EIVEL  | )               |
|                 | •  | į           | :            | į                              |                                       |                          |              | Sig                   | nature of           | Reporting Indiv            | vidual<br>JAN         | 1 7 2020                                     |                 |

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH ONENV HAMPSHIRE DEPARTMENT OF STATE