2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A	v
Full Name JUSEPH Bernard TSouchard Work Address: 25 Gapital Street State House Annex, RW1119 G	modNH
Type or Print CLEARLY Bernand TSouchard Full Name JUSEPH Bernand TSouchard Work Address: 25 Gapito Street State Howe Annex, Nullig G Primary Occupation Budget Officer E-mail Jseph Buchard Cdos, nh. gov Work Phone 603-271-3204	53301
Name the office, position, board or commission, committee, board of State of New Haynpshive	
directors, etc. or employment with state or county government held by you. NO ACRONYMS. Budget Office - Department of Administrative Services	
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. Granite Case Management, 288 Baptist Hill Rd, Canterbury, NH. 03224	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
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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: 40ne Health Cave Providers

N	2. Health Care	3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords		5. Banking or financial services		6. State of New Hampshire, county, or municipal employment	
Г	7. N.H. Retirement System		rrent use land nent program	9. Restaurants/	11 .	10. Sale and distribution beverages	ofalcoholic	11. Practice of law
Г	12. Any business regulat Utilities Commission	ted by the Public	11	13. Horse or dog racing, or other l ambling	egal forms of	14. Education	15. Water Re	esources
Γ	16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and ividends Tax		ecify any other area in interest	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 December 24, 2018 la rc RECENSED Signature of Reporting Individual DEC 2 8 2018

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

NEW HAMPSHIRE DEPARTMENT OF STATE