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

ype or l	Print Clearly		-87		Ē.,		- ;			<u>, </u>	-	
Full Nam	ne Kevin H. Smith					Work Address 2688 Mammoth Ro				d. Londonderry, NH 03053		
Primary	Occupation	Town Ma	nager			e-mail ksmith@lo	ondonderry	nh.org		Work Phone	603 4	32-1100
directors governm	, etc. or ement held by ye	ploymer ou.	nt with state NO ACRO	or co	unty	Chairman, Pease Devel						
roprieto	or, or employe	ee, or se	rved in any o	ther pro	ofession	on, business, or other conal or advisory capacited or advisory capacited or all retirement and/or distributed or distributed or all retirement and/or distributed or all retirement and all reti	y, and fron	n which	any income in ex	cess of \$10,000 v	was deriv	irector, associate, partner, red during the preceding sary.)
	Town Manag	er, Town	of Londonde	rry								
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f you ha	ve no qualifyi	ng incom	e indicate by	writing	your init	tials next to the follow	ing stateme	ent.	My incom	e does not qualify	/	
liscipline inancial	e a licensee or effect on you	permitte or a fami ession, oc	ee, or other de ily member th ccupation, or l	ecision b an it wo business	y gover uld on license	rnment affecting the list the general public:	ited busine:	ss, profe	ssion, occupation,	group, or matter v	would po	ant a license or permit, tentially have a greater
2.	Health Care	3.1	nsurance			state, including broke developers, and landlo		5. Ba	anking or financial ces			w Hampshire, county, or ployment
	. N.H. Retiren	nent	The second and the	irrent us ment pr	File State College of the	9. Resta lodging	urants/		10. Sale and di beverages	stribution of alco	holic	11. Practice of law
	Any business		d by the Publ	ic		13. Horse or dog racin of gambling	g, or other	legal for	ms 14. Educ	ation	. Water R	esources
1	6. Agriculture	5	17. N.H. taxes:	F 500 500 500 500 500 500 500 500 500 50	siness fits Tax	Business Enterprise Tax	1 92	rest and dends Ta	II 8	nal: Specify any special interest	other are	a in which you have a
have re	ad RSA 15-A a	nd hereb y fails to c	y swear or aff comply with t	irm that he provi	the fore	egoing information is 1 If this chapter or knowi	true and co	mplete t false sta	to the best of my kr tement shall be gu	owledge and bel Ity of a misdeme	ief. RS/ anor.	A 15-A:9 Penalty. Any
	. /20/2021				1		L	ml	an		T	RECEIVED
Date	1/20/2021			-Į	Signature of Reporting Individual						JAN 2 5 2021	
		Re	turn to: Office	of Secre	tary of	State, 107 North Main	Street, State	e House	Room 204, Concor	, d, NH 03301		NEW HAMPSHIRE