## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or	Print Clearly		-;			
Full Nan	ne Nathan B Nichols		Work Address	251 South Mai	n St	
Primary	Occupation Deputy Fire Chief	e-mail fdnichd	ols@wolfebor	onh.us	Work Phone	6035691400
director: governn	ne office, position, board or commission, board of s, etc. or employment with state or county nent held by you. NO ACRONYMS					
propriet	pelow the name, address, and type of any profess or, or employee, or served in any other professi r year. Sources of retirement benefits other than fea	onal or advisory capacit	ty, and from which	h any income in exc	ess of \$10,000 v	as derived during the preceding
1.	Town of Wolfeboro, Deputy Fire Chief. 251 South Main St, Wolfeboro NH 03894					
2.						
f you ha	ave no qualifying income indicate by writing your i	nitials next to the follow	ing statement.	My income	e does not qualify	
reporta discipli	cate below whether you or a family member has a able special interest in an item on this list if a chang ne a licensee or permittee, or other decision by go al effect on you or a family member than it would o 1. Any profession, occupation, or business licen profession, occupation, or category of business:	ye in law, a change in adr vernment affecting the l on the general public:	ninistrative rule, a isted business, pro	decision whether or ofession, occupation,	not to award a co group, or matter	ntract, grant a license or permit,
2		l Estate, including broke t, developers, and landlo		Banking or financial vices		ate of New Hampshire, county, or cipal employment
	7. N.H. Retirement 8. Current use land ystem assessment program		urants/	10. Sale and dis beverages	stribution of alcoh	nolic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources						
1	6. Agriculture 17. N.H. Business taxes: Profits Ta		Interest an Dividends		nal: Specify any of special interest	other area in which you have a
l have re person v	ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions	oregoing information is a of this chapter or knowi	true and complete ingly files a false s	e to the best of my kn tatement shall be guil	owledge and beli Ity of a misdemea	nor.
Date	6/15/2022	Signatu	re of Filer	Nathan Nice	hols	TECEIVED
	Return to: Office of Secretary o	of State, 107 North Main	Street, State Hou	e Room 204, Concorc	ł, NH 03301	JUN 17 2022 NEW HAMPSHIRE DEPARTMENT OF STAT