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

Type or Print Clearly	
Full Name GLEWN DAVISON	Work Address 7 HAZEN DIZIVE, CONCOIZD, NH 03301
Primary Occupation CIVIL ENGINEER	e-mail Causan Day (School Cos) 271-7145
Name the office, position, board or commission, board of directors, etc. or employment with state or county provided by you. NO ACRONYMS	GESCRAPHIC INFORMATION SYSTEM COMMUTTEE
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder.	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.)
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	tials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting th financial effect on you or a family member than it would on the general public:	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 an 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 license profession, occupation, or category of business:	Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such fession, occupation, or category of business: Pofession Company of Company of State of New Hampshire. List each such Company of Comp
☐ 2. Health Care ☐ 3. Insurance ☐ 4. Real E	4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission o	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling
16. Agriculture taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax Interest and Special Interest — Interest and Special Interest Interprise Tax Interest and Special Interest Interprise Tax Interest I
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	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 1/13/2020	Glu Offices
-	/ Signature of Reporting Individual