2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		***			
Full Name Enoch Francis Willard		Work Address	405 Valley Street, Manche	ester NH	
Primary Occupation Police Chief	e-mail*optional	ewillard@manche	sternh.gov Wo	k Phone 60	3-792-5400
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	Hampshire Police Stand	lards & Training Co	uncil		
A. List below the name, address, and type of any profest proprietor, or employee, or served in any other professicalendar year. Sources of retirement benefits other than fed	ional or advisory capaci	ty, and from which	n any income in excess of	\$10,000 was de	erived during the preceding
1.					
2.	AND THE RESERVE AND THE PARTY OF THE PARTY O	444			
If you have no qualifying income indicate by writing your	initials next to the follow	ving statement.	My income does	not qualify	EFW MY
B. Indicate below whether you or a family member has a s reportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would o	e in law, a change in adn vernment affecting the li	ninistrative rule, a c	lecision whether or not to a	ward a contract	grant a license or permit,
Any profession, occupation, or business licer profession, occupation, or category of business:	nsed or certified by the S	tate of New Hamps	hire. List each such	1	
i / Meaith Care ii 3 insilrance ii	al Estate, including broke t, developers, and landlo	11	Banking or financial	I L	New Hampshire, county, or employment
7. N.H. RetirementSystem 8. Current use lan assessment program	11	aurants/	Sale and distribut beverages	ion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	Horse or dog racin of gambling	ng, or other legal fo	rms 14. Education	15. Wate	er Resources
T 16. Agriculture 17. N.H. Busines taxes: Profits T.	s	Interest an Dividends T		oecify any other I interest	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the f person who knowingly fails to comply with the provisions					RSA 15-A:9 Penalty. Any
Date January 4, 2017		Sign	nature of Reporting Individ	/ ual	JAN 0 9 2017

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

NEW HAMPSHIRE DEPARTMENT OF STATE