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

Type or Print Clearly	<i>^</i>			
Full Name CARSACE	BOULCHAR Work Address 288-BA	plist Mu	1 Kd Contesture	1 nH
Primary Occupation office work bille	ing e-mail cub Bouch Arich Con	Work Phone	403-8-56-31-20	J
Name the office, position, board or commission, board of directors, etc. or employment with state or county		t		ļ
government held by you. NO ACRONYMS	Public Member			

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. 2. 80 BUA If you have no gualifying income indicate by writing your initials 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 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 in 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:						<u> </u>	
12							NEW HAMPSHIRE	
	2. Health Care 🔲 3. Ir	nsurance	4. Real Estate, in agent, develope	cluding brokers, ers, and landlords	5. Banki services	ng or financial		DEPARTMENT-OF-STATE
	7. N.H. Retirement System		ent use land ent program	9. Restaurants/ lodging		10. Sale and distributi peverages	on of alcoholic	11. Practice of law
	12. Any business regulated Utilities Commission	d by the Public	13. Hors of gambl	se or dog racing, or ot ing	her legal forms	14. Education	📑 15. Wa	ter Resources
	16. Agriculture	17. N.H. taxes:	1		Interest and Dividends Tax		ecify any othe I interest	er area in 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

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Signature of Filer

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