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

Type or Frinc Clearly	
Full Name Peter T. Whelley Work Address	
Primary Occupation Retires, School Bychologist e-mail Peterwhelle 18 9 mail	COM Work Phone
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS School Psychology Advisory Tunivile Parole Board	Board, State Advisory GROUP
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. New Hampshine Retirement System, Concord NH	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	y 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 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 licensed or certified by the State of New Hampshire. List eapprofession, occupation, or category of business:	ch such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or fine services	nancial 6. State of New Hampshire, county, or municipal employment
System assessment program lodging beverage	e and distribution of alcoholic law
Offilties Commission of gambling	4. Education 15. Water Resources
16. Agriculture laxes: Business Business Business Enterprise Tax Interest and Dividends Tax	18. Optional: Specify any other area in which you have a special interest
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 1/27/21	parting ladical and
Signature of Reporting Individual	

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