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

Type or Print Clearly							
Full Name Peter Bees	son			Work Address	retired		
Primary Occupation	ttorney		e-mail pbeeson@	Pcomcast.net		Work Phone	6034919097
lame the office, position lirectors, etc. or empoyers overnment held by yo	ployment with state	or county	Member, Medical Revie	w Subcommittee	, NH Board of Medic	ine	·, ·
oprietor, or employe	e, or served in any o	ther profession	n, business, or other or all or advisory capacity al retirement and/or disc	y, and from whic	h any income in e	xcess of \$10,000 w	officer, director, associate, partner, ras derived during the preceding s necessary.)
State of New H	Hampshire (Spouse's p	ension); Devine	e, Millimet & Branch (my	former law firm	s deferred compens	ation payments)	
you have no qualifyin	g income indicate by	writing your init	tials next to the following	ng statement.	My incon	ne does not qualify	
eportable special inter- iscipline a licensee or p nancial effect on you c 1. Any profe	est in an item on this I permittee, or other de or a family member the	ist if a change in cision by govern an it would on to ousiness license	n law, a change in admi nment affecting the list	nistrative rule, a cled business, profess, profess, profess of New Hamp:	decision whether or fession, occupation, shire. List each such	not to award a con group, or matter w	os, or matters. A person has a tract, grant a license or permit, could potentially have a greater
2. Health Care	3. Insurance	1 1	state, including brokers levelopers, and landlore	s, 5.	Banking or financial	6. Sta	ite of New Hampshire, county, or ipal employment
7. N.H. Retirem System	II 1	rrent use land ment program	9. Restau lodging			istribution of alcoh	
12. Any business r Utilities Commissi	regulated by the Publi ion	11 1	13. Horse or dog racing f gambling	, or other legal fo	orms 14. Educ	tation [15.	Water Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest an Dividends		onal: Specify any o special interest —	ther area in which you have a
have read RSA 15-A an erson who knowingly	nd hereby swear or affi fails to comply with th	rm that the fore e provisions of	egoing information is tr f this chapter or knowin	ue and complete ngly files a false st	to the best of my k atement shall be gu	nowledge and belie filty of a misdemear	
Date January 14, 20	21		Signature	e of Filer	Peter	6. Be	RECEIV JAN 15 20
	Return to: Office	of Secretary of S	State, 107 North Main S	treet, State Hous	e Room 204, Concoi	d, NH 03301	NEW HAMPSH DEPARTMENT OF