2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type o Full Na	r Print CLEAF me 7	LY BERT	M. Z	miton	/		Work Add	ress:	59	Freez S	TRAT, Huoso	NA 03051
Primary	Occupation	Fine	CHIEF			E-mail	TIBUXT	ore f	1-030	WW. GOV	Work Phone	03- 850-0371
director	he office, positions, etc. or employ NO ACRONY	yment wi				STATEN	DE TATE	Loten	ATS: [TY Geen	rive Commis	TEC (Sirc)
А.	proprietor, or	employee	, or served in a	ny other p	rofessional or	advisory capacity	y, and from w	hich any	incom	e in excess of \$		tor, associate, partner, during the preceding necessary)
1.												
2.												
lf you h	nave no qualifyi	ng incom	e indicate by w	riting you	r initials next t	o the following s	tatement.			My incor	ne does not qualify	Frat
B.	reportable spe discipline a lic	cial interest interest interest or	est in any item permittee, or o	on this list ther decisi	t if a change in on by governn	law, a change in	administrativ	e rule, a	decisio	on whether or no	ot to award a contract	atters. A person has a et, grant a license or permit, potentially have a greater
K	••		cupation, or bu of business:	siness licen	sed or certified	by the State of Ne Electrician			such p	rofession,		
	2. Health Care	□ 3.	Insurance			luding brokers, s, and landlords		5. Bankin services	ng or fin	nancial	6. State of Ner municipal em	w Hampshire, county, or ployment
x	7. N.H. Retirer System	nent		urrent use l ment progr		9. Restaut lodging	rants/		10. Sal bevera	e and distributio ges	n of alcoholic	11. Practice of law
	12. Any business Jtilities Commi	•	by the Public		ambling	se or dog racing, o g	r other legal fo	orms of	ষ	14. Education	15. Water R	esources
	16. Agriculture	e	17. N.H. taxes:			Business Enterprise Tax	Dividen				becify any other area i interest	n which you have a
I have	e read RSA 15	-A and h	nereby swear	or affirm	that the foreg	going information	on is true and	d comple	ete to t	the best of my	knowledge and be	elief. 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 1/201

Et M.

Signature of Reporting Individual

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

JAN 16 2019 NEW HAMPSHIRE DEPARTMENT OF STATE

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