2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type c	or Print Clearly		=			
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Primary Occupation Retired		e-mail wjfrancis@yahoo.com		Work Phone	603-271-2569	
directo	the office, position, board or commission, board of ors, etc. or employment with state or county ment held by you. NO ACRONYMS	New Hampshire /	Adult Parole E	oard, Vice-Chai	r	
proprie	below the name, address, and type of any profession etor, or employee, or served in any other profession ar year. Sources of retirement benefits other than feder	nal or advisory capacit	y, and from whic	h any income in ex	cess of \$10,000 wa	is derived during the preceding
1.						
2.	·					
lf you h	ave no qualifying income indicate by writing your ini	tials next to the followi	ng statement.	My incom	e does not qualify	WJF
report discipl	icate below whether you or a family member has a sp able special interest in an item on this list if a change ine a licensee or permittee, or other decision by gove ial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	in law, a change in adm rnment affecting the lis the general public:	ninistrative rule, a sted business, pro	decision whether or fession, occupation,	not to award a con group, or matter w	tract, grant a license or permit,
	/ Mealth Care II IS Insurance II I	state, including broker developers, and landlor	.)	Banking or financial ices		e of New Hampshire, county, or oal employment
	7. N.H. Retirement 8. Current use land assessment program	9. Restau lodging	urants/	10. Sale and di beverages	stribution of alcoho	lic 11. Practice of law
		13. Horse or dog racing f gambling	g, or other legal fo	orms 14. Educ	ation 15. V	Vater Resources
	16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest an Dividends		onal: Specify any other special interest	her area in which you have a
l have r	ead RSA 15-A and hereby swear or affirm that the fore who knowingly fails to comply with the provisions of	egoing information is tr f this chapter or knowir	ue and complete	to the best of my kn atement shall be gui	owledge and belief Ity of a misdemeand	RSA 15-A:9 Penalty. Any
Date	10/03/22	Signature	e of Filer	M. Jota	lance 6	OCT 0 4 2022
	Return to: Office of Secretary of S	State, 107 North Main S	treet, State House	Room 204, Concord	d, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATI