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

Type or Print Clearly		_		
Full Name Janacs	- Piet	Work Address	215 FRUIST, #120	Concord NHOS30
Primary Occupation DIL Re	ations socialist e-mail Jan	71105-6-Pi	Work Phone	603271-6894
Name the office, position, board or c directors, etc. or employment wir government held by you.		al Rehabili	tation	
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.				
If you have no qualifying 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 potentially have a greater financial effect on you or a family member than it would on the general public:				
1. Any profession, occupation, or coupation,	tion, or business licensed <u>or certified by the Sta</u> ategory of business:	te of New Hampshire	e. List each such	
2. Health Care 3. Insurar	4. Real Estate, including broker agent, developers, and landlor			ite of New Hampshire, county, or ipal employment
7. N.H. Retirement System	8. Current use land 9. Restau lodging	urants/	10. Sale and distribution of alcohoeverages	olic 11. Practice of law
12. Any business regulated by to Utilities Commission	of gambling	g, or other legal forms	14. Education	Water Resources
16. Agriculture taxe		Interest and Dividends Tax	18. Optional: Specify any conspecial interest	ther 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 1/12/21	Signature	e of Filer	James G	JAN 1 3 2021

NEW HAMPSHIRE DEPARTMENT OF STATE