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

Type or P	rint Clearly					•						
Full Name	Charles M	narles M. Arlinghaus			Work Address			25 Capitol Street, Concord, NH 03301				
Primary O	rimary Occupation Commissioner			e-mail	e-mail charles.arlinghaus@das.nh.gov			Work Phone	603-271-3201			
overnment held by you. NO ACRONYMS					Commissioner, Department of Administrative Services							
					*See attached list of other positions. on, business, or other organization in which you or a family member was an officer, director, associate, partner, and or advisory capacity, and from which any income in overest of \$10,000.							
List bel oprietor, lendar ye	ow the name or employed ear. Sources	e, address, e, or serve of retireme	and type o ed in any o ent benefits o	f any profession ther profession other than fede	on, business, nal or adviso eral retirement	or other organization ory capacity, and from tand/or disability bene	n in wh n which fits sha	iich you or a family h any income in ex ill be included. (Use a	member was an occess of \$10,000 wadditional sheets a	officer, dire vas derived is necessar	ctor, associate, partner, d during the preceding y.)	
	None				<u> </u>					·		
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ou have	no qualifyin	g income l	ndicate by v	writing your in	itiais next to	the following stateme	nt.	My incom	e does not qualify		(A)	
1		ssion, occu	pation, or b	ousiness licens of business:	ed or certified	d by the State of New I						
	agent, c					Estate, including brokers, 5. Banking or financial					of New Hampshire, county, or al employment	
7. N.H. Retirement System 8. Current use land assessment program					9. Restaurants/ lodging	Г	10. Sale and di beverages	stribution of alcoh		11. Practice of		
12. Aı Utilitie	ny business r es Commissi	egulated b on	y the Public	14	13. Horse or of gambling	dog racing, or other l	egal fo		ation 15.	Water Res		
16. Agriculture 17. N.H. Business taxes: Profits Tax				Business Interest and Dividends Tax Dividends Tax Specify any other area in which you have a special interest —						n which you have a		
ive read son who	RSA 15-A and knowingly	d hereby s fails to con	wear or affi aply with th	rm that the for e provisions o	egoing infor of this chapte	mation is true and con r or knowingly files a f	nplete alse sta	to the best of my kn stement shall be gui	owledge and belie Ity of a misdemear	ef. RSA 1 nor.	5-A:9 Penalty. Any	
ate Ja	nuary 12, 20	21				Signature of Filer		Chr	n. and	-	RECE!VEL JAN 1 9 2021	
		Returi	n to: Office o	of Secretary of	State, 107 No	orth Main Street, State	House	Room 204, Concord	d, NH 03301		NEW 1 3 2021	