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

Full Name KRZS BLOMBACK	Work Address: PATS DEAR PO. BOX 2448 HON-VILLUR WAR O3241
Primary Occupation 5M - PATS PERM E-mail_	Knes @ PATS O CAM. COM Work Phone 603 428-3245
Name the office, position, board or commission, committee, board of <u>FRRRE</u> directors, etc. or employment with state or county government held by you. NO ACRONYMS.	SOVREE COUNCIEN
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derived during the preceding
1. N/A	· · · · · · · · · · · · · · · · · · ·
2	
If you have no qualifying income indicate by writing your initials next to the following star	tement. My income does not qualify
reportable special interest in any item on this list if a change in law, a change in a	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, listed business, profession, occupation, group, or matter would potentially have a greater Hampshire. List each such profession,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaura lodging	10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or gambling	other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax	Interest and Dividends Tax Interest and Specifyany other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this	n is true and complete to the best of my knowledge and belief. RSA 15-A:9 chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date $1/20/20$	12578 RECEIVED
Date	Signature of Reporting Individual

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