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

Type or	Prin <u>t</u> Clearly				_				
Full Nam	lame Brian Rapp		•	Work Address 100 Broad Street - Claremont, NH 03603					
Primary	Occupation F	irefighter		e-mail brapp@clare	montnh.com	w	ork Phone	603-542-5156	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			e or county 🖳	i Member - HealthTru	st, Inc.				
proprieto	or, or employe	e, or served in any o	other professional or	advisory capacity, a	nd from which a	you or a family mem ny income in excess e included. (Use additi	of \$10,000 w	as derived during the	ate, partne e precedin
1.	City of Clarem	ont Fire Department	(self)		<u>. </u>				
2.	Claremont Sch	ool District, Librarian	(wife)	_	_		-		
If you ha	ve no qualifyin	g income indicate by	writing your initials r	next to the following	statement.	My income doe	s not qualify		
reportab disciplin	le special intere e a licensee or p	est in an item on this	list if a change in law ecision by governmer	, a change in adminis nt affecting the listed	trative rule, a deci	ses, professions, occup ision whether or not to ion, occupation, group	award a con	tract, grant a license o	r permit,
K		ssion, occupation, or l supation, or category		ertified by the State of Firefighter 2, NH prov	•	e. List each such			
<u> </u>	Health Care	3. Insurance		, including brokers, opers, and landlords	5. Ban service:	king or financial	1173	te of New Hampshire, ipal employment	county, or
X	. N.H. Retiremorstem		rrent use land ment program	9. Restaurar lodging	nts/	10. Sale and distribution beverages	ition of alcoh	olic 11. P	ractice of
	Any business raties Commission	egulated by the Publ on	ic 13. H of gan	lorse or dog racing, o nbling	other legal form	s 14. Education	<u> </u>	Water Resources	
<u> </u>	5. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optional:	Specify any o ial interest	ther area in which you	have a
l have rea person w	ad RSA 15-A and who knowingly i	d hereby swear or aff fails to comply with the	irm that the foregoin he provisions of this	g information is true chapter or knowingly	and complete to	the best of my knowle ment shall be guilty of	dge and belie a misdemear	f. RSA 15-A:9 Pena lor. ドビビン	Ity. Any
Date	1/6/20	21			J. J. Signik	are of Reporting Indivi	dual	JAN 1 3 20	21

NEW HAMPSHIRE DEPARTMENT OF STATE