	•	2	019 NEW _i HAM	PSHIRE STATEMEN	NT OF FINAN	CIAL INTE	ERESTS – RSA 1	5-A	
Tyne o	r Print CLEARLV ~		,			C14	, of Frank	iting Plann	ing Dept.
Full Na	r Print CLEARLY R. (hard	Lewis		_ Work Add	ress:	1316 Len4	ral H. Fr	ing Dept.
Primary	Occupation Frank	in City	Planne	E-mai	1 dlew;1	@trank	limph. org	Work Phone	134-2341
111,00101	he office, position, board ors, etc. or employment wit NO ACRONYMS.	or commission h state or cour	, committee, boa ty government h	rd of Land and eld	Comm	midy t	Jeritage	AULUMA	/
A.	List below the name, add proprietor, or employee, calendar year. Sources of	or served in a	ny other professi	onal or advisory capaci	ty, and from w	hich any inco	ome in excess of S	310,000 was derived	during the preceding
1.							<u> </u>		
2.							ì		
f you h	ave no qualifying income	indicate by w	riting your initial	s next to the following	statement.		My inco	me does not qualify	RAL
В.	discipline a licensee or p financial effect on you or	it in any item of ermittee, or of a family men upation, or bus	on this list if a ch her decision by g nber than it woul	ange in law, a change in government affecting th	n administrative listed busine	e rule, a deci ss, profession	sion whether or n	ot to award a contrac	ct, grant a license or permit, potentially have a greater
	2. Health Care 3. In	nsurance		ate, including brokers, velopers, and landlords	П,	5. Banking or ervices	financial	6. State of Nemunicipal emp	w Hampshire, county, or ployment
	7. N.H. Retirement System		rent use land nent program	9. Restau lodging	rants/	1 :	Sale and distribution rages	on of alcoholic	11. Practice of law
$\Box U$	2. Any business regulated b tilities Commission	y the Public		3. Horse or dog racing, o	or other legal fo	rms of	14. Education	15. Water R	
	16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest Dividence		18. Optional: S specia	pecify any other area in al interest	n which you have a
I have Penal	read RSA 15-A and he ty. Any person who kn	reby swear o owingly fails	r affirm that the to comply with	foregoing informati th the provisions of th	on is true and is chapter or	complete to knowingly f	o the best of my files a false state	knowledge and be ment shall be guilt	elief. RSA 15-A:9 by of a misdemeanor.
Date	January	,2020			Kil.	Signature	of Reporting Ind	vidual	RECEIVAD

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

JAN 0 8 2020