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

| Signature of Reporting Individual | Date 1/8/2021 . |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. | I have read RSA 15-A and hereby swear or affirm that to person who knowingly fails to comply with the provis |
| Business Business Interest and Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest — | 16. Agriculture taxes: Prof |
| 13. Horse or dog racing, or other legal forms | Utilities Commission |
| e land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages | 7. N.H. Retirement System 8. Current use land assessment program |
| 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment | 3. Insurance |
| Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such fession, occupation, or category of business: | Any profession, occupation, or business lice profession, occupation, or category of business: |
| 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 | B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting th financial effect on you or a family member than it would on the general public |
| your initials next to the following statement. My income does not qualify | If you have no qualifying income indicate by writing your initials next to the following statement. |
| Joseph Harnois, Atlantic builders Supply N.E., Inc. 703 Suncok Valley Hwy Epsom ntt 03234 | 1. Joseph Harnois, Atlanti |
| THE COPPMENT DIFFECTOR WITH Ton, business, or other organization in which you or a fond or advisory capacity, and from which any income eral retirement and/or disability benefits shall be included. | government held by you. NO ACRONYMS A. List below the name, address, and type of any pr proprietor, or employee, or served in any other pro calendar year. Sources of retirement benefits other than |
| business and Economic Affairs, Division of Travel and Townsm | Name the office, position, board or commission, board of directors. etc. or employment with state or county |
| e-mail lori.j.harnotsallivefree.nh.gov | |
| work Address IMA MAIN CH. Suite IM CANAR A# | Full Name 1 Ari Tran Harmais |

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