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

Type or P	rint Clearly			9.9	-			o <u>z</u>	
Full Name	e Alexander J.D.	Fries	- Tablika - Isaa	reprint the transfer of the management of the contract of the	Work Address	One Eag	le Square Conco	ord NH 03301	
Primary C	Occupation Assist	ant Director for Extern	nal Affairs	e-mail alexande	r.j.fries-g@goferr.	nh.gov	Wo	ork Phone	603.271.7480
directors,		oard or commission, k nent with state or NO ACRONYM	county	overnor's Office for E	mergency Relief a	ind Recove	ry		
proprieto	r, or employee, or	dress, and type of any served in any other tirement benefits other	professiona	I or advisory capacit	y, and from whi	ch any inco	ome in excess o	f \$10,000 w	fficer, director, associate, partner as derived during the preceding s necessary.)
1.	Governor's Office fo	or Emergency Relief a	nd Recovery	.One Eagle Square Co	oncord, NH 03301				
2.							. 32		
If you hav	e no qualifying inc	ome indicate by writir	ng your initia	als next to the followi	ng statement.		My income does	not qualify	ajdf
discipline financial e	a licensee or perm iffect on you or a fa 1. Any profession,	an item on this list if a itee, or other decision mily member than it a occupation, or busin- ion, or category of bu	n by govern would on the ess licensed	ment affecting the liss ne general public:	ted business, pro	fession, occ	cupation, group,	award a con or matter w	tract, grant a license or permit, ould potentially have a greater
	lealth Care	3. Insurance		tate, including broker velopers, and landlor	(CO)	Banking or vices	financial		te of New Hampshire, county, or ipal employment
IV.	N.H. Retirement tem	8. Current assessment		9. Restai lodging	urants/		ale and distribut ages	ion of alcoho	olic 11. Practice of law
2	Any business regula es Commission	•		3. Horse or dog racing gambling	g, or other legal fo	orms _	14. Education	Barand	Water Resources
<u> </u>	Agriculture		Business Profits Tax	Business Enterprise Tax	Interest ar Dividends	11 1	18. Optional: S specia	pecify any of al interest	ther area in which you have a
I have read person wh	d RSA 15-A and her no knowingly fails t	eby swear or affirm th o comply with the pro	nat the foregovisions of t	joing information is to his chapter or knowir	rue and complete ngly files affalse si	to the best tatement sl	t of my knowled nall be guilty of a	ge and belie misdemear	f. RSA 15-A:9 Penalty. Any
Date 1	/14/2021				Sig	nature of R	eporting Individ	ual	JAN 1 4 2021
									NEW HAMPSHIR

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

NEW HAMPSHIRE DEPARTMENT OF STATE