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

Type or Print CLEARLY Full Name William R. Bolton, Jr.	Work Address: 167 Reservoir Road, Plymouth, NH 03264	
Primary Occupation Retired E-mail	wbolton@live.com	Work Phone 603-236-1812
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	gewasset River Local Advis	ory Committee
A. List below the name, address, and type of any profession, business, or other organization, 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.		
2.		
If you have no qualifying income indicate by writing your initials next to the following st	atement. My income	does not qualify
 B. Indicate below whether you or a family member has a special interest in any of reportable special interest in any item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public: Any profession, occupation, or business licensed or certified by the State of New occupation, or category of business: 	administrative rule, a decision whether or not to listed business, profession, occupation, group,	o award a contract, grant a license or permit,
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	ants/ 10. Sale and distribution of beverages	of alcoholic 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. Business Business Enterprise Tax		
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 kn chapter or knowingly files a false stateme	owledge and belief. RSA 15-A:9 ent shall be guilty of a misdemeanor.
Date 01/03/2019	Signature of Reporting Individual	RECEIVED

JAN 07 2019

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

NEW HAMPSHIRE DEPARTMENT OF STATE