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

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Type or Print Clearly	
Full Name Norman Henry Harris TH Work Address 1440 Lake Shore Rel. 6	Silford N.H.
Primary Occupation N.H. Well Driller / Pump Inst. e-mail NOTM309 Hordwell. On Work Phone 60	3-524-6343
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, di proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was deriv calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necess	ed during the preceding
Gittord Well Company Incorporated 1440 Lake Shore Rd Gittord, NH 03249 0	Lel Drilling / Service
2. LRGHalth Care 80 Highland Street Laconia, NH 03046 Hatth Care	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or ma 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, gra discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pot financial effect on you or a family member than it would on the general public:	ant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	n, Nursing
	w Hampshire, county, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic System assessment program Iodging beverages	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Re	esources
16. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any other area taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Special interest	a in which you have a
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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
	RECEIVED

Date /////000	W H Haw	
1 1/11/000	Signature of Reporting Individual	JAN 1 9 2021
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE