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

Туре о	r Print Clearly								
Full Na	me Jeffrey C. Bro	wn		Work Address	\$39 Marlboro St Ke	eene, NH			
Primary	y Occupation HV/	AC Service Manager	e-mail Brow	nhvac@yahoo.com		Work Phone	603-356-034	13	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			Mechanical Licens	ing Board					
proprie	tor, or employee,	address, and type of any profess or served in any other profession of retirement benefits other than fed	onal or advisory ca	pacity, and from wh	ich any income in ex	cess of \$10,000 w	vas derived du		
1.	Ciardelli Fuel Co.								
2.								***************************************	
If you h	ave no qualifying i	ncome indicate by writing your i	nitials next to the fo	ollowing statement.	My incom	ne does not qualify			
reporta discipli	ble special interes ne a licensee or pe	or you or a family member has a sp t in an item on this list if a change rmittee, or other decision by gov a family member than it would or	in law, a change in ernment affecting t	administrative rule, a the listed business, pr	decision whether or	not to award a con	itract, grant a l	icense or permit,	
Γ	, ,	on, occupation, or business licent pation, or category of business:	sed or certified by t Ciardelli Fuel Co		pshire. List each such			-	
Γ :	2. Health Care		estate, including brokers, developers, and landlords  5. Banking or financial services			10 :	6. State of New Hampshire, county, or municipal employment		
1	7. N.H. Retiremer System	8. Current use land assessment program	III .	Restaurants/ ging	10. Sale and di beverages	istribution of alcoh	nolic	11. Practice of law	
	2. Any business reg ilities Commission	gulated by the Public	13. Horse or dog of gambling	racing, or other legal	forms 14. Educ	ation	Water Resource	ces	
Γ	16. Agriculture	17. N.H. Business taxes: Profits Ta		Tax   Interest of Dividend		onal: Specify any o special interest —	other area in w -	hich you have a	
		hereby swear or affirm that the foils to comply with the provisions						:9 Penalty. Any	
Date	1-29-19				ghajure of Reporting	I <del>ndivid</del> ual			

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

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NEW HAMPSHIRE DEPARTMENT OF STATE