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

Type or	Print Clearly									
Full Nan	ne Frederick	J. McNei	11			Work Ad	dress	EPD - 300 Winston Stre	et, Mancheste	r, NH 03103
Primary	Occupation	Enginer			— e-mail	FMcNeill@Manchest	erNH.go		ork Phone	603-624-6341
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS				NHDES Rivers Management Advisory Committee						
A. List b proprieto calendar	elow the namor, or employe year. Source	ne, addres ee, or ser s of retirer	ss, and type ved in any ment benefit	of any profession other profession other than fede	i on, business, nal or advisc eral retirement	or other organization ory capacity, and from t and/or disability bene	n in which n which fits shall	ch you or a family mem any income in excess be included. (Use additi	ber was an of of \$10,000 wo	ficer, director, associate, partner, as derived during the preceding necessary.)
1.	N/A		_		<u> </u>					
2.				<u> </u>	<u>. </u>					
If you hav	ve no qualifyir	ng income	e indicate by	writing your in	itials next to t	the following stateme	nt.	My income doe	s not qualify	TIM
inancial (————————————————————————————————————	effect on you	or a family	y member th upation, or	nan it would on	the general p		s, protes	ision, occupation, group	or matter wo	i, or matters. A person has a ract, grant a license or permit, buld potentially have a greater
	Health Care	<u> </u>	surance		state, includi levelopers, ar		5. Ba service	nking or financial	6. State	e of New Hampshire, county, or pal employment
Sys	N.H. Retirem stem		assess	irrent use land ment program		9. Restaurants/ lodging	r-	10. Sale and distribute		
_ 12. / Utiliti	Any business r ies Commissi	egulated on	by the Publ	11	13. Horse or of gambling	dog racing, or other le	gal forn		Г 15. W	/ater Resources
16.	Agriculture		17. N.H. taxes:	Business Profits Tax	Busin Entern		est and ends Tax	18. Optional: S speci	pecify any oth Il interest —	ner area in which you have a
have readerson wh	d RSA 15-A an no knowingly i	d hereby fails to co	swear or aff mply with ti	irm that the fore	egoing inform this chapter	nation is true and com or knowingly files a fa	plete to Ise state	the best of my knowled ement shall be guilty of a	ge and belief. misdemeand	RSA 15-A:9 Penalty. Any or.
Date [ecember 26,	2020				The state of		men 2	/	RECEIVED
'						— ————————————————————————————————————	Signat	ure of Reporting Individ	al	JAN 1 9 2021
		Retu	rn to: Office	of Secretary of S	itate, 107 Nor	rth Main Street, State I	louse R	oom 204, Concord, NH 0	3301	NEW HAMPSHIRE DEPARTMENT OF STATE