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

Type or P	rint Clearly				
Full Name	Robert	L. Quinn	Work Address	33 Hazen Drive, Conco	ord, NH 03305
Primary O	ccupation	Commissioner	e-mail Robert.1.quinn@dos.	nh.gov Work Pho	ne 603-223-3889
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		nployment with state or county			Governor's Advisory Council on -sée attached additional boards
- A. List be proprietor	low the nan	ne, address, and type of any profes ree, or served in any other profess	sion, business, or other organization in whiconal or advisory capacity, and from whicoderal retirement and/or disability benefits sha	ich you or a family member was h any income in excess of \$10,0	an officer, director, associate, partner, 2000 was derived during the preceding
1.	NH Reti	Irement System			
2.	The state of the s	•	y)		
If you have	e no qualifyi	ng income indicate by writing your	initials next to the following statement.	My income does not q	ualify
reportable discipline financial e	e special inte a licensee of effect on you	erest in an item on this list if a chang r permittee, or other decision by gov or a family member than it would o		lecision whether or not to award ession, occupation, group, or ma	a contract, grant a license or permit,
		ession, occupation, or business licer ccupation, or category of business:	nsed <u>or certified by the State of New Hamps</u>	hire. List each such	
2, i	Health Care		al Estate, including brokers, t, developers, and landlords 5.		6. State of New Hampshire, county, or municipal employment
ł X	N.H. Retirer stem	ment 8. Current use lan assessment progra		Sale and distribution of beverages	alcoholic 11. Practice of law
	Any businessies Commis	s regulated by the Public	Horse or dog racing, or other legal for of gambling	orms 14. Education	15. Water Resources
<u> </u>	. Agriculture	17. N.H. Busines taxes: Profits T			any other area in which you have a rest —
I have rea person wi	d RSA 15-A a ho knowingl	and hereby swear or affirm that the i	foregoing information is true and complete of this chapter or knowingly files a false st	to the best of my knowledge and atement shall be guilty of a misd	d belief. RSA 15-A:9 Penalty. Any emeanor.
Date	01-14-2	2021	Sig	nature of Reporting (Individual	— JAN 1 4 2021

NEW HAMPSHIRE DEPARTMENT OF CONTE Page -2-

2021 NH Statement of Financial Interests RSA 15-A

Robert L. Quinn Department of Safety 33 Hazen Drive Concord, NH 03305

-Governor's C3mmission on Alcohol & Other Drugs

-NH Opioid Overprescribing & Misuse Project Advisory Council

-Law Enforcement, Accountability, and Transparency