

Type of Print Clearly

MICHAEL

HOME

20 PARTRIDGE RD

Last Name

DAVID M. CIOFFI

Address

ETNA, NH 03750

Present Occupation

RETIRED

e-mail

DAVIDMCIOFFI@

Phone No

603 643 5234

GMAIL.COM

State Workforce Innovation Board

Have you ever served on a board or commission, board of directors, or on an advisory committee with state or county government?

If so, list the name, address, and type of organization or other organization it was affiliated with. If you were an officer, director, or trustee of a corporation, include the name of the corporation and the office you held. If you were a director, officer, or trustee of a corporation, include the name of the corporation and the office you held. If you were a member of a board or commission, include the name of the board or commission and the office you held. If you were a member of an advisory committee, include the name of the committee and the office you held.

NONE

Do you have any other income or assets, other than those reported on the following statement?

Yes (include date and amount)

DMC

If so, list the name, address, and type of organization or other organization it was affiliated with. If you were an officer, director, or trustee of a corporation, include the name of the corporation and the office you held. If you were a director, officer, or trustee of a corporation, include the name of the corporation and the office you held. If you were a member of a board or commission, include the name of the board or commission and the office you held. If you were a member of an advisory committee, include the name of the committee and the office you held.

Any profession, occupation, or business (other than those reported on the following statement) in which you are engaged in the practice of a profession, occupation, or business.

<input type="checkbox"/> 2 Health Care	<input type="checkbox"/> 3 Agriculture	<input type="checkbox"/> 4 Any other including banking, insurance, and investment	<input type="checkbox"/> 5 Savings or financial services	<input type="checkbox"/> 6 Other (New Hampshire business or other employment)
<input type="checkbox"/> 7 Real Estate	<input checked="" type="checkbox"/> 8 Other (not reported elsewhere)	<input type="checkbox"/> 9 Other (not reported elsewhere)	<input type="checkbox"/> 10 Other (not reported elsewhere)	<input type="checkbox"/> 11 Other (not reported elsewhere)
<input type="checkbox"/> 12 Any business regulated by the state	<input type="checkbox"/> 13 Other (not reported elsewhere)	<input type="checkbox"/> 14 Other (not reported elsewhere)	<input type="checkbox"/> 15 Other (not reported elsewhere)	<input type="checkbox"/> 16 Other (not reported elsewhere)
<input type="checkbox"/> 17 Agriculture	<input type="checkbox"/> 18 Other (not reported elsewhere)	<input type="checkbox"/> 19 Other (not reported elsewhere)	<input checked="" type="checkbox"/> 20 Dividends	<input type="checkbox"/> 21 Other (not reported elsewhere)

Signature of filer and hereby swear that the foregoing information is true and correct to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to file this statement or knowingly files a false statement shall be guilty of a misdemeanor.

Date: 12-25-2021

Signature of filer

DMCioffi

Return to: Office of the Secretary of State, 101 North Main Street, State House, 2nd Floor, Concord, NH

