



Statement of Financial Interests
PEASE DEVELOPMENT AUTHORITY
(RSA 12-G:5)

RECEIVED
MAY 16 2019
NEW HAMPSHIRE
DEPARTMENT OF STATE

Name and address of reporting individual: Robert A. Allard
35 T.J. GAMESTER AVE (print) PORTS MOUTH N.H. 03801

1. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.

- a. none
- b. _____
- c. _____

2. State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).

- d. none
- e. _____
- f. _____

3. State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).

- g. none
- h. _____
- i. _____

Signature of Reporting Individual: Robert A. Allard

Date: 5/15/19

This report is for calendar year 2019