2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		
Full Name Thomas J. Moses Wo	ork Address 463 Washington St.	, Keene, NH 03431
	1110323 19 2113112011	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	I dential Ratepayers Advis	ory Board (OCA)
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capac calendar year. Sources of retirement benefits other than federal retirement and/or a 1.	city, and from which any income in excess o	f \$10,000 was derived during the preceding
2		
If you have no qualifying income indicate by writing your initials next to the follow	wing statement. My income does	not qualify TAM
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in adu discipline a licensee or permittee, or other decision by government affecting the l financial effect on you or a family member than it would on the general public:	ministrative rule, a decision whether or not to listed business, profession, occupation, group, N/A	award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the S profession, occupation, or category of business:	State of New Hampshire. List each such	
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landle		6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Rest System lodging	taurants/ 10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog raci	ing, or other legal forms T 14. Education	15. Water Resources
- 16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax Special interest		
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.		
Date 8-27-18	Monas Mose	RECEIVED
	Signature of Reporting Individ	ual a contraction of the contrac

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

AUG 2 9 2018 NEW HAMPSHIRE DEPARTMENT OF STATE