2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Cle	arly				Home			
Full Name	Thomas	· M.	Thomson		Work Address	173 Strawb	serry Hill Ro	1, Orford, 17H 02777
Primary Occupati	ion Certif	ied T	ree Farmer	e-mail	•		Work Phone	1-603-353-448-8
bioblicedit of citi	r employmen by you. name, addres ployee, or sen	t with st NO ACI s, and type ved in any	ate or county RONYMS e of any profession other profession	N.H. Cu N.H. For business, or other or advisory caps	rest Advisor er organization in wheelty, and from which	Standards Advisory Boa y Board hich you or a family n th any income in except the included. (Use a	nember was an o	fficer, director, associate, partner, as derived during the preceding s necessary.)
1. Ow	ner of	Tho	mson Fam	ily tree	Farm, Ak	A Conn. Val	ley Wood	lands
2.								
f you have no qua	alifying income	indicate b	y writing your initia	als next to the folio	owing statement.	My Income	does not qualify	
discipline a licens financial effect or	see or permitte n you or a famil	e, or other y member cupation, o	decision by govern than it would on to by business licenses	idw, a change in a iment affecting the he general public: Lor certified by the	e listed business, pro	Acelelan whatbarrar	not to award a cor group, or matter w	os, or matters. A person has a ntract, grant a license or permit, yould potentially have a greater
2. Health C	ليا	urance	4. Real Est	ate, including broi velopers, and land	kers, . 5.1	Banking or financial	6. Stat	te of New Hampshire, county, or pal employment
7. N.H. Ret System	tirement	~ /	urrent use land sment program	9. Res	staurants/	10. Sale and dist	ribution of alcoho	
12. Any bush Utilities Com	ness regulated imission	by the Pub		. Horse or dog rac jambling	ing, or other legal fo	rms 14. Educat	ion 15. V	Vater Resources
16. Agricult	ure	17. N.H. axes:	Business Profits Tax	Business Enterprise Ta	Interest and		al: Specify any ot pecial interest —	her area in which you have a
have read RSA 15 erson who knowl	-A and hereby Ingly falls to co	wear or a	ffirm that the foreg the provisions of t	oing information is his chapter or know	s true and complete wingly files a false sta	to the best of my know atement shall be guilty	wiedge and belief y of a misdemean	RSA 15-A:9 Penalty. Any Or. RECEIVED
Date - (6 – 202	12	1	Signati	ure of Filer	Thomas V	1. Tha	nem JAN 10 2022
	Retu	n to: Offic	e of Secretary of Sta	ite, 107 North Mail	n Street, State House	Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE