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

Type or Print Clearly	1
Full Name GREGORY G. Hill Work Address 1 Knowles FARM Rd Northfield NI	<u>†</u>
Primary Occupation Financial Services e-mail *optional Work Phone 603 286 7	1329
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS WH school boilding authority	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the parallel calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	partner, receding
1. Gragory Hill I knowles farm & Novetheld NH self-employed financial sorvers provider	
2. Lawrie Hill I knowles form RE Novellight NH - Dept of Information Technology State of NH. Co	moste
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	nalige
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person have reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or pediscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a grant affect on you or a family member than it would on the general public:	rmit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: The profession occupation or category of business: The profession occupation or category of business:	
2. Health Care 3. Insurance agent, developers, and landlords 5. Banking or financial municipal employment	nty, or
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practi	ce of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling	
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have	e a
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. A person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	iny
Date 10-7-2018 RECEIVED)
Algnature of Reporting Individual 0CT 1 2018	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF ST	