2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		
Full Name TUDY WILLIAMS Work Addr	ess 101 GREEN	KD KAYMOND NH 05077
Primary Occupation REAL ESTATE e-mail *optional Jud	Y QUADY WILLIAMS RE	Work Phone 603-895 - 718
The office, position, appointment, or BOARD OF MANU employment with state government held by you. NO ACRONYMS	FACTURING HOUSIN	· G.
A. List below the name, address, and type of any profession, business, or other organize proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability	from which any income in excess of	\$10,000 was derived during the preceding
1. REAL ESTATE		
2.		
If you have no qualifying income indicate by writing your initials next to the following sta	tement. My income does r	not qualify Jul.
B. Indicate below whether you or a family member has a special interest in any of the followereportable special interest in an item on this list if a change in law, a change in administra discipline a licensee or permittee, or other decision by government affecting the listed but financial effect on you or a family member than it would on the general public:	tive rule, a decision whether or not to a	ward a contract, grant a license or permit,
Any profession, occupation, or business licensed or certified by the State of profession, occupation, or category of business:	New Hampshire. List each such	
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. 8. Current use land 9. Restaurants assessment program lodging	10. Sale and distribution beverages	on of alcoholic 11. Practice of law
The second secon	ther legal forms 14. Education	15. Water Resources
To 16. Agriculture 17. N.H. Business Business Laxes: Profits Tax Enterprise Tax		ecify any other area in which you have a interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true an person who knowingly fails to comply with the provisions of this chapter or knowingly file	d complete to the best of my knowledges a false statement shall be guilty of a	re and belief. RSA 15-A:9 Penalty. Any misdemeanor. RECEIVED
Date January, 10, 2017	William)
	Signature of Reporting Individu	JAN 13 201/

NEW HAMPSHIRE DEPARTMENT OF STATE