2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			 .
Full Name Eliever RIVERA	Work Address	12 COURT St	KEENE NH 0343
Primary Occupation Ster. 10	e-mail erwera Ca	o.choshine. al. Work Phone	603-352-4238
Name the office, position, board or commission, board directors, etc. or employment with state or cogovernment held by you. NO ACRONYMS		Steritis office	E :
A. List below the name, address, and type of any proprietor, or employee, or served in any other proceed calendar year. Sources of retirement benefits other than	fessional or advisory capacity, and from whicl	any income in excess of \$10,000 to	was derived during the preceding
1. NH ROTURDONT SysTem	(repres)	·	
2. Darhusuth Hirchcock CI	inc (spouse)		
If you have no qualifying income indicate by writing y	our initials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member has reportable special interest in an item on this list if a chediscipline a licensee or permittee, or other decision by financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member has reportable special interest in an item on this list if a chediscipline a licensee or permittee, or other decision by financial effect on you or a family member has reportable special interest in an item on this list if a chediscipline a licensee or permittee, or other decision by financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be a financial effect on you or a family member than it would be	ange in law, a change in administrative rule, a digovernment affecting the listed business, profested on the general public: Compared or certified by the State of New Hamps Compared on the general public Compared on the gene	ecision whether or not to award a coression, occupation, group, or matter value. List each such	ntract, grant a license or permit.
13. Z. Gearri Care 11 A. S. Risurance 11		anking or financial 6. St	ate of New Hampshire, county, or
7. N.H. Retirement System 8. Current use assessment pro	land 9. Restaurants/	10. Sale and distribution of alcol beverages	cipal employment nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling	ms 14. Education 15.	Water Resources
I . IN ACCICUITICA I I	ness Business Interest and ts Tax Enterprise Tax Dividends Ta		other area in which you have a
I have read RSA 15-A and hereby swear or affirm that to person who knowingly fails to comply with the provisi	he foregoing information is true and correlete to ons of this chapter or knowingly files a false sta	o the best of my knowledge and beli tement shall be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date 1/5/2024	-	Abuse of Demonstrate divided	- KECEIVEI
•	Signi	ature of Reporting Individual	· · · · · · · · · · · · · · · · · · ·

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

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