

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

Type or Print Clearly							
Full Name 1216h	ard M. Heat		Work Add	1		red	
Primary Occupation 73	etirea	e-mail 🗡	ichamin	heath	egsinet wor inet	k Phone	NIA
Name the office, position, board directors, etc. or employmen government held by you.		ns. 14.	1300,42	est	tre contr	٠ <u>٠</u>	
A. List below the name, address proprietor, or employee, or ser calendar year. Sources of retirent	ved in any other professional	or advisory cap	pacity, and from	which any	income in excess of	\$10,000 was der	ived during the preceding
1. None							
If you have no qualifying income	e indicate by writing your initial	s next to the fo	llowing statemer	t.	My income does	not qualify	Rmit
B. Indicate below whether you or reportable special interest in an discipline a licensee or permitte financial effect on you or a famil	item on this list if a change in la e, or other decision by governn y member than it would on the	aw, a change in nent affecting the e general public	administrative ru he listed business c:	le, a decision, profession	on whether or not to a n, occupation, group,	ward a contract, g	grant a license or permit,
	cupation, or business licensed of , or category of business:	or certified by th	he State of New H	ampshire.	List each such		
C. 2. Health Care 3. In		ate, including b relopers, and la		5. Bankir services	ng or financial	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current use land assessment program	⊢ 9. F lodg	Restaurants/ ing	11	<ol> <li>Sale and distribution</li> <li>Sale and distribution</li> </ol>	on of alcoholic	11. Practice of law
12. Any business regulated Utilities Commission		. Horse or dog jambling	racing, or other le	gal forms	14. Education	☐ 15. Water	Resources
16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise		est and ends Tax		pecify any other ar I interest	rea In which you have a
I have read RSA 15-A and hereb person who knowingly fails to c	y swear or affirm that the forego omply with the provisions of th	oing Informatio his chapter or k	on is true and com nowingly files a fa	plete to the	e best of my knowled ent shall be guilty of a	ge and belief. RS misdemeanor.	5A 15-A:9 Penalty. Any
Date December	41, 2021	Sigr	nature of Filer	1	Zuland J	1 Hen &	

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