## 2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or	Print Clearly	7				_							
Full Nam	Name Kyle Lombard					Work Addı	ess 30	309 Center rd Fox Forest, Hillsborough, NH					
Primary	rimary Occupation Forest Entomologist				e-mail*optional				 Woı	Work Phone 603 927 4638			
The office, position, appointment, or Pest employment with state government held by you. NO ACRONYMS			Pesticide C	ontrol Board									
propriet	or, or emplo	yee, or served in	any other p	rofessional o	usiness, or other or advisory capacit tirement and/or dis	ty, and from	which an	y income	in excess of	\$10,000 w	as derive	ed durin	ssociate, partner ig the preceding
1.	De	ED DI	115,00	of Fore	sts and	Cards	P	BOX	1856	Conc	ord,	N4	03302
B. Indica reportab disciplin	ate below whole special inte	ether you or a fan erest in an item o	nily member n this list if a her decision	has a special change in lav by governme	next to the follow interest in any of t v, a change in adm ent affecting the lis	the following	businesse le, a decis	es, professi	er or not to a	tions, group	os, or mat stract, gra	ant a lice	nse or permit,
Γ	1. Any pro		on, or busine	ss licensed or	certified by the St	tate of New H	ampshire	. List each	such			·	
Γ 2.	. Health Care	3. Insurance	e		e, including broke lopers, and landlo	11	5. Bank services	ing or fina	ncial		ate of Ne		shire, county, or t
$\nabla$	N.H. 8. Current u assessment p		11		urants/ 10. Sale and beverages			ribution of alcoholic		11. Practice of law			
12. Any business regulated by the Public Utilities Commission			1 6	Horse or dog racir mbling	ng, or other le	gal forms	T 14.	Education		Water Re	esources		
<u> </u>	16. Agriculture 17. N.H. taxes:			usiness ofits Tax	<ul><li>Business</li><li>Enterprise Tax</li></ul>	Interest and Dividends Tax			Optional: S specia	nal: Specify any other area in which you have a special interest			
I have re person v	ad RSA 15-A who knowing	and hereby swea ly fails to comply	r or affirm tha with the pro	at the foregoi visions of thi	ng information is s chapter or know	true and com ingly files a f	plete to the	he best of the hent shall b	my knowled be guilty of a	ge and beli misdemea	ef. <b>RSA</b> nor.		Penalty. Any ECEIVED
Date	12/18/14		AMIN - 19 (19 (19 (19 (19 (19 (19 (19 (19 (19		<u></u>	py	Signatu	re of Repo	rting Individ	ual	·		IAN 12 2015

NEW HAMPSHIRE DEPARTMENT OF STATE