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

Type or Print Clearly William S. Ray Full Name	Vork Address 32 Constitution Drive, Bedford, NH			
Primary Occupation Policy, Planning & Co	ommunications e-mail *optional bray	/@nhhfa.org	Work Phone	603-472-8623
position, appointment, o	Managing Director, Policy, Planning & Communications, New Hampshire Housing Finance Author			
employment with state government held by you. NO ACRONYMS	Designee, Council On Resources and Development			
A. List below the name, address, and type of a proprietor, or employee, or served in any other calendar year. Sources of retirement benefits other.	r professional or advisory capacity, and	from which any income in	excess of \$10,000 was o	lerived during the preceding
New Hampshire Housing Finan	ce Authority, 32 Constitution Dr.	, Bedford, NH		
2. Gunstock Mountain Resort, 719	9 Cherry Valley Rd., Gilford, NH			
B. Indicate below whether you or a family member apportable special interest in an item on this list discipline a licensee or permittee, or other decision in ancial effect on you or a family member than a second or the second of the second	if a change in law, a change in administration by government affecting the listed buit would on the general public: iness licensed or certified by the State of N	ive rule, a decision whether c siness, profession, occupation	or not to award a contrac n, group, or matter would	t, grant a license or permit,
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financia		f New Hampshire, county, or employment
× II	nt use land 9. Restaurants/	10. Sale and beverages	distribution of alcoholic	11. Practice of law
 12. Any business regulated by the Public Utilities Commission 	13. Horse or dog racing, or ot of gambling	her legal forms 14. Ed	ucation	er Resources
16. Agriculture	Business Business Enterprise Tax	Interest and Dividends Tax 18. Op	otional: Specify any other special interest	area in which you have a
have read RSA 15-A and hereby swear or affirm erson who knowingly fails to comply with the p				RSA 15-A:9 Penalty. Any
Date 12/12/14		Mill S. 79	a Individual	DEC 1 5 2014

DEPARTMENT OF STATE