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

Type or Print Clearly		/ /	/ / / // -25
Full Name Thomas W. G'Brean	Work Address /9 Hers	reshoe final	Lane, Concerd, Not, 0330
Primary Occupation Manager, Wagooft	Takrès à	nhlakes.org	ork Phone 6 <u>03-226-0299</u>
The office, position, appointment, or — employment with state government held by you. NO ACRONYMS —	Water Council (DES)		
A. List below the name, address, and type of any proprietor, or employee, or served in any other procalendar year. Sources of retirement benefits other than	fessional or advisory capacity, and from which any	income in excess of \$	0,000 was derived during the preceding
1. Employeed by Now Henry	hire Lates Association, Inc	fell-time	
2. Redree from Commonweal	the Massachusetts		
If you have no qualifying income indicate by writing y	our initials next to the following statement.	My income does no	t qualify
B. Indicate below whether you or a family member ha reportable special interest in an item on this list if a ch discipline a licensee or permittee, or other decision by financial effect on you or a family member than it wou	ange in law, a change in administrative rule, a decisi government affecting the listed business, professio	on whether or not to awa	ard a contract, grant a license or permit,
Any profession, occupation, or business profession, occupation, or category of business.	licensed or certified by the State of New Hampshire. SSS: None	List each such	
I Doolth Caro II 3 Incurance II	Real Estate, including brokers, gent, developers, and landlords 5. Banki services	ng or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current use assessment pro	11 : 13 :	Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	14. Education	15. Water Resources
16 Agricultura	iness Business Interest and Dividends Tax	18. Optional: Special in	cify any other area in which you have a nterest —
I have read RSA 15-A and hereby swear or affirm that to person who knowingly fails to comply with the provis	the foregoing information is true and complete to the	e best of my knowledge	and belief. RSA 15-A:9 Penalty. Any isdemeanor.
Date 2/13/2015		2 M.	RECEIVED
	Signatur	e of Reporting Individua	FEB 1 3 2015

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

NEW HAMPSHIRE DEPARTMENT OF STATE