## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

Type or Full Na	r Print CLEARI meOShu	a Paul	Beard	nema	1		<u></u>	Vork Ac	ldress:	39	Tron West	vRd. Co	n wdi.	NA 03361	
Primary	Occupation	State	Trupe				E-mail	Sher	bearc	heno	medusnh.go	✓ Work Phone	223	3-8540	
Type or Print CLEARLY Full Name Joshun Paul Beauchemm  Work Address: 39 Tron Work Plane  Work Address: 39 Tron Work Phone 330  E-mail joshun beau chemine dusinh gw Work Phone 33-8540  Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.															
	A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)  1. Shuk of WH- Jupi. of Sway - Juvisum of Shuke Police.														
1.		K OI	NI	by	<del>7.</del> W	Jordy		13000	W	MN	DE 1-0110			1 · <del> </del>	
2.  If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify															
В.	B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:														
	1. Any profest occupation, or			iness licen	sed or cei	tified by the Sta	te of New H	ampshire	e. List each	such p	orofession,			· ·	
	2. Health Care 3. Insurance					te, including bro elopers, and land		5. Banking or financial services			nancial	6. State of New Hampshire, county, or municipal employment			
	7. N.H. Retireme System	ent	1 1	rrent use l		□ 9.	Restaurant	s/		10. Sa bevera	le and distribution iges	n of alcoholic	. 🗆	11. Practice of law	
	12. Any business re Itilities Commiss		the Public		11 1	3. Horse or dog randling	acing, or oth	ier legal	forms of		14. Education	☐ 15. Wat	er Resource	es	
	16. Agriculture		17. N.H. taxes:	1 1	iness its Tax	Business Enterprise	F 1		st and ends Tax		18. Optional: Sp special	ecify any other a interest	rea in which	you have a	
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.															
Date	01-06	-707	0	· ———			. ,—		Signa	oture o	Berry Indiv	vidual	RE	ECEIVED	

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