2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A CONTINUES IN THE REPORT OF THE REPORT OF

Type or Print Clearly			· ·	
Full Name ERIL ANDERSON	Work Address	30 Georg	ESTER.	PORTS NH 03801
Primary Occupation ComMERCIAL FESHERMAN -mail AND	NY 421520	AOL. COM	Work Phone	603-234-7038
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	COMMET	iee on Mr	HEINEFI	SHERIES .
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capaci calendar year. Sources of retirement benefits other than federal retirement and/or di	ity, and from whic	h any income in exc	ess of \$10,000 w	as derived during the preceding
1. MONK	·			
2. MONE	· · ·			s
If you have no qualifying income indicate by writing your initials next to the follow	ving statement.	My income	does not qualify	- Malana (angla) - Ja
B. Indicate below whether you or a family member has a special interest in any of i	the following busir	nesses, professions, or	ccupations, group	s, or matters. A person has a

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 an 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 profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:											
	2. Health Care	🔲 3. Insu	irance			luding brokers,	<u> </u>		ng or financial		w Hampshire, c	ojunty, or
	7. N.H. Retirem System	ent [1	urrent us iment pr		9. Restaurants	/ _ [10. Sale and distribution everages	on of alcoholic 🗤	Law a	ctice of
	12. Any business Utilities Commiss		lic	13. Hors of gambli	e or dog racing, or o ng	ther legal fo	orms	14. Education	📋 15. Water R	lesources		
				siness Business ¹ - dis to Dividends Tax			18. Optional: Specify any other area in which you have a special interest -					

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. Government of the provision of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Government of the provision of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Government of the provision of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Government of the provision of th

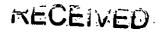
Date

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Signature of Reporting Individual

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

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NEW HAMPSHIRE DEPARTMENT OF STATE