2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-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:	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	2.	1.
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. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial municipal employment 6. State of New Hampshire, county, or services 7. N.H. 3. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of law 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. Business B	B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or makers. 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 category of business: 2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords 7. N.H. RetirementSystem 8. Current use land 9. Restaurants/ 12. Any business regulated by the Public of gambling 12. Any business regulated by the Public of gambling 13. Horse or dog racing, or other legal forms bewerages 14. Education 15. Water Resources 17. N.H. Business Enterprise Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest and special interest. 18. Water Als-A. 19. Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false state of my knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief. RSA 15-A. 19 Penalty. Any person who knowledge and belief.	If you have no qualifying income indicate by writing your initials next to the following statement. 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State of New Hampshire, county, or business; profession, occupation, group, or matter would potentially have a greater financial services 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. 18. Business 18. Business 18. Business 19. Business 19. Business 19. Business 10. Sale and distribution of alcoholic 11. Water Resources 11. Profits Tax 11. Profits Tax 12. Interest and 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. 18. Profits Tax 18. Business 19. Business 19. Business 19. Business 10. Sale and distribution of alcoholic 11. Water Resources 11. Practice of promition of alcoholic profits of my knowledge and belief. 18. CET V.E.D. 19. Business 19. B
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1	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 category of business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Health Care	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or makers. 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 businesss, profession, occupation, groups, 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 category of businesss: 2. Health Care 2. Health Care 3. Insurance 4. Real Estate, including brokers, and landlords services 5. Banking or financial 5. State of New Hampshire, county, or municipal employment 6. State of New Hampshire, county, or municipal employment 7. N.H. 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages 11. Any business regulated by the Public 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 17. N.H. 18. Design or other legal forms 19. Water Resources 19. Sale and distribution of alcoholic 19. Water Resources 10. Sale and distribution of alcoholic 11. Practice of beverages 11. Any business regulated by the Public 12. May business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources 16. Agriculture 17. N.H. 18. Design or financial 18. Optional: Specify any other area in which you have a special interest and special interest and special interest. 18. Any profession, occupation, or category of the read that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowledge and	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify 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 alw, a change in administrative rule, a decision whether or not to award a contract, grant a license or permittiese, or other decision by government affecting the listed business, profession, occupations, groups, 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 businesss: 2. Health Care
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n, occupation, or business licensed or certified by the State of New Hampshire. List each such ation, or category of business: 3. Insurance 4. Real Estate, including brokers, and landlords 5. Banking or financial services 7. Banking or financial logent, developers, and landlords 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of beverages	of the following businesses, professions, occupations, idministrative rule, a decision whether or not to award e listed business, profession, occupation, group, or ma e State of New Hampshire. List each such solvers, berrs, services State of New Hampshire State of State of New Hampshire State of State of New Hampshire State of New Hamp	owing statement. My income does not questions of the following businesses, professions, occupations, idministrative rule, a decision whether or not to award e listed business, profession, occupation, group, or male state of New Hampshire. List each such obsers, services Staurants/ D. Sale and distribution of beverages	owing statement. My income does not quot from the following businesses, professions, occupations, and individual to a decision whether or not to award e listed business, profession, occupation, group, or made e State of New Hampshire. List each such sold or services Staurants/ Description of the following businesses, professions, occupations, or not to award e listed business, profession, occupations, group, or made is stated business. My income does not quot and the following businesses, professions, occupations, occupations, or not to award e listed business.
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The office, position, appointment, or start a pure where employment with state government held by A Brash Ment at the following statement. 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. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	The office, position, appointment, or employment with state government held by NH Brash Munture Heat Market Survey. 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.	The office, position, appointment, or employment with state government held by NH Brash Metall Lettle fraction 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.)	The office, position, appointment, or employment with state government held by 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.)
Primary Occupation RETIRED e-mail *optional JRK 73 COURAL Work Phone (DS, 451, 734). The office, position, appointment, or employment with state government held by NA CRONYMS 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. 1. 1. 1. 1. 1. 1. 1. 1.	Primary Occupation RETIRED e-mail *optional JPRE73 COWCAL Work Phone (DS. 451.73 H) The office, position, appointment, or employment with state government held by 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.	The office, position, appointment, or amployment with state government held by NO ACRONYMS A. List below the name, address, and type of any profession, business, or other organization in 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.)	Primary Occupation RETIRED e-mail *optional JRK 130 COWCRA Work Phone 623. 451.734 The office, position, appointment, or employment with state government held by 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.)
Full Name HARLE PULER KILLD NEW Address 67 TARES H. 1 CARTSMOUTH, NH Primary Occupation RETIRED e-mail *optional JRK 130 COTULOR WORK Phone 603. 451.7342 The office, position, appointment, or employment with state government held by NO ACRONYMS A List below the name, address, and type of any profession, business, or other orgabization 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. 1. 1. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	Full Name ANTERWERKILD PNE WAR Address 67 GATES AT WORK Phone 603. 431.734 Primary Occupation RETIRED Email optional JRK 730 COWALT Work Phone 603. 431.734 The office, position, appointment, or Employment with state government held by 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.	Full Name A FILE DWER KILCOUNE was Address 67 GATTS Work Phone 603. 451.73 K Primary Occupation RETIRED e-mail *optional JRK 8730 COWCRAF. Work Phone 603. 451.73 K The office, position, appointment, or employment with state government held by 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.)	Full Name

NEW HAMPSHIRE DEPARTMENT OF STATE