

2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name **Joseph A Doiron** Work Address **100 North Main Street, Suite 100, Concord, NH 03301**

Primary Occupation **Director of Workforce Development** e-mail **Joseph.A.Doiron@livefree.nh.gov** Work Phone **603-931-2848**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **Board of Trustees, Community College System of New Hampshire**
 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. **Director of Workforce Development, NH Department of Business & Economic Affairs**
2. **Part-Time Lecturer, New England College**


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 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:

<input type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment	
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission		<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input checked="" type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 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.

Date **1/8/2021**


Signature of Reporting Individual

RECEIVED
JAN 11 2021
NEW HAMPSHIRE
DEPARTMENT OF STATE

Conflict of Interest Statement

JAN 11 2021

Name: Joseph A Doiron

NEW HAMPSHIRE DEPARTMENT OF STATE

Please Print

I acknowledge that I, a member of the Board of Trustees or Executive Officer of the Community College System of New Hampshire, have reviewed the Board of Trustee Policy Governing Conflicts of Interest before signing this statement. I hereby disclose information on all associations (all business and charitable organizations) in which I have a direct financial interest (as an owner, proprietor, partner, shareholder, employee, officer, a director or trustee thereof) or an indirect financial interest; I understand an indirect interest arises where such an association involves a person or entity of which a member of my immediate family is such an owner, proprietor, partner, shareholder, employee, officer, a director or trustee. (Feel free to attach additional sheets.)

1. Are you aware of any relationships with CCSNH between yourself or a member of your family as defined by the letter or spirit of the CCSNH Conflict of Interest Policy that may represent a conflict of interest?

_____ Yes No

If yes, please list below and elaborate such relationships and the details of actual or potential financial benefit as you can best estimate.

2. Did you or a member of your family knowingly receive, during the past 12 months, any gifts or loans from any source from which CCSNH buys goods or services or otherwise has significant business dealings?

_____ Yes No

If yes, please list below such loans or gifts, their source and their approximate value.

I also understand that I have an ongoing obligation to disclose any other situation from which a possible conflict of interest might arise in the future.

I certify that the foregoing information is true and complete to the best of my knowledge.

Signature: 

Date: 1/8/2021

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Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **College Tuition Savings Plan Advisory Commission**
 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.)

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<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law	
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