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

Type or Pri	int Clearly				
Full Name	Edward Richard Sisson	Work Addres	33 Capitol Street, Conce	ord, NH 0330	I
Primary Oc	cupation Attorney	e-mall Edward.R.Sisson@doj.iih	gov W	ork Phone	(603) 271-1139
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Assistant Attorney General - New Hampshire Department of Justice			
proprietor,	ow the name, address, and type of any profess or employee, or served in any other profession ear. Sources of retirement benefits other than fed	onal or advisory capacity, and from wh	ich any income in excess o	of \$10,000 w.	as derived during the preceding
1. St	ate of New Hampshire, New Hampshire Depart	ment of Justice			
2. Da	artmouth-Hitchcock Health				
B. Indicate	no qualifying income indicate by writing your in below whether you or a family member has a space of the spac	pecial interest in any of the following bus	My income does	ntions, group	s, or matters. A person has a
discipline a	licensee or permittee, or other decision by gove ect on you or a family member than it would or	ernment affecting the listed business, pre	fession, occupation, group,	or matter wo	ould potentially have a greater
	Any profession, occupation, or business licens of profession, occupation, or category of business:	sed or certified by the State of New Ham Attorney and Physician Assistant	shire. List each such		
7 2. He	ARM (Arm II) (INCHIANCO II		Banking or financial vices		te of New Hampshire, county, or pal employment
7. N.I Syste	H. Retirement 8. Current use land assessment program	1	 10. Sale and distribut beverages 	ion of alcoho	olic 11. Practice of law
	y business regulated by the Public Commission	13. Horse or dog racing, or other legal of gambling	orms 14. Education	[15.V	Water Resources
16. A	griculture 17. N.H. Business profits Tax	Business Interest a Enterprise Tax Dividends	nd 18. Optional: S Tax specia	pecify any ot al interest —	her area in which you have a
have read R	SA 15-A and hereby swear or affirm that the for	regoing information is true and complet	to the best of my knowled	ge and belief	f. 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.

2/2021

Signature of Reporting Individual

RECEIVED

JAN 15 2021

NEW HAMPSHIRE DEPARTMENT OF STATE

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