## 2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - \$\$ A 15-A

Type or Print CLEARLY Full Name BRIAN H. ALLARD	Work Address: 18 Church Street Goffstown WH
Primary Occupation Deputy Fine Chier	Work Address: 18 Church Street Goffstown WH 03045 E-mail br.AN. AllADOC SOFFStown NH. 50V Work Phone 603 660 9488
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	Emensency Medical AND TRAUMA Scruces Coordinating BUARD
proprietor, or employee, or served in any other professional of	siness, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding ral 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	t to the following statement. My income does not qualify <u>BA</u>

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 profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

Г	2. Health Care 73. In	surance u	uding brokers, and landlords	5. Bank services	ing or financial	6. State of New Hampshire, county, or municipal employment		
Γ	7. N.H. Retirement System	and am	9. Restaurants/ lodging		10. Sale and distribution beverages	ofalcoholic	11. Practice of law	
Γ	- 12. Any business regulated by the Public Utilities Commission 13. Horse or gambling			or dog racing, or other legal forms of 14. Education			15. Water Resources	
Γ	16. Agriculture				Interest and Dividends Tax		ecify any other area ir interest	n 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.

23/19

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RECENTED Signature of Reporting Individual

NEW HAND CHILL

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