

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

Type or Print Clearly

Full Name Justin A. Cutting Work Address 140 Winnacunnet Rd. Hampton, NH 03842

Primary Occupation Deputy Fire Chief e-mail jcutting74@gmail.com Work Phone 603-944-2433

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**  
Executive Branch Ethics Committee - Member

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. Justin A. Cutting, Town of Hampton Fire Department, 140 Winnacunnet Rd. Hampton, NH 03842 - Public Safety
2. Lynn D. Cutting (spouse), Hampton School District SAU 90, Marston Way, Hampton, NH 03842 - Education

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 checked="" 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: <u>Firefighting, Emergency Medical Services, Education (teacher)</u>					
<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:2 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 January 4, 2021

  
Signature of Reporting Individual

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JAN 07 2021  
NEW HAMPSHIRE  
DEPARTMENT OF STATE

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Type or Print Clearly

Full Name  Work Address

Primary Occupation  e-mail  Work Phone

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1.
2.

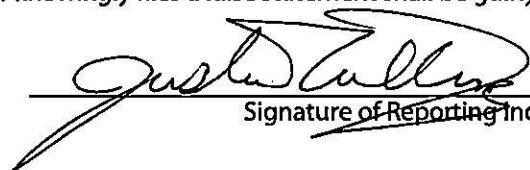
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Date

  
 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  
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