## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or F   | Print Clearly   |  |                            |   |                                 |                              |
|---|---|--|----------------------------|---|---------------------------------|------------------------------|
| Full Nam  | e DNID ROTHM  |  | Work Address               | 33 CAPITUL ST                                     | CONCORD                         | , NH 03301                   |
| Primary (   | Occupation ASS'T MT. CEN  | UK F e-mail                                      | David. Rotma               | ng doj. nh. Work F                                | Phone 271                       | -1260                        |
| directors,  | e office, position, board or commission, be etc. or employment with state or ent held by you.  NO ACRONYM                       | county   | ATTORNET LE                | JERUMI) OFFICE                                    |                                 | <del></del>                  |
| proprieto   | elow the name, address, and type of an<br>or, or employee, or served in any other<br>year. Sources of retirement benefits other | professional or advisory                         | capacity, and from which   | any income in excess of \$1                       | 10,000 was derived o            | luring the preceding         |
| 1.  | OFFICE OF PUBLIC GUANA  |  |                            |   |                                 |                              |
| 2.  | STRAFTORD COUNTY A  | MORNEY'S OF                                      | FICE . 326 CO              | UNIT FIRM RD                                      | , DOUEN A                       | H (MYDELF)                   |
| 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:  1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |   |  |                            |   |                                 |                              |
| 7 2.  | Health Care 3. Insurance  | 4. Real Estate, including agent, developers, and | · II                       | anking or financial ces                           | 6. State of New Ha              | ampshire, county, or<br>ment |
| 1 _   | N.H. Retirement 8. Current assessment   | 14   | Restaurants/ dging         | <ol><li>Sale and distribution beverages</li></ol> | of alcoholic                    | 11. Practice of law          |
| 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources   |   |  |                            |   |                                 |                              |
| <u> </u>  | Anneumine   | Business Busines Profits Tax Enterpri            |                            |   | cify any other area in voterest | 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.   |   |  |                            |   |                                 |                              |
| ·   |   |  |                            |   | R                               | ECEIVED                      |
| Date  | 1-14-2020   |  | Sign                       | ature of Reporting Individual                     |                                 | JAN 17 2020                  |
|   | Return to: Office of Se   | cretary of State, 107 North                      | n Main Street, State House | Room 204, Concord, NH 033                         | 01                              | IEW HAMPSHIRE                |