

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

Type or Pi	rin <u>t Clear</u> i	<u>ly</u>					
Full Name	John A	. Gilbert		Work Address	Synchrony Advisors, LL	C, P.O. Box 4, I	Exeter, NH 03833
Primary O	ccupation	business advisor	e-mall	Joh@synchronyadvisors.com	n W	ork Phone	603-219-6538
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Chair, NH Wa	ster Council				
proprietor,	, or empt	ame, address, and type of any profess byee, or served in any other profession ces of retirement benefits other than fed	onal of activisc	IV capacity and from which	s any income in evener	√ €10 000	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج
1. S	ynchrony	Advisors, LLC	······································		<u></u>	<u> </u>	
2.					·		
if you have	no qualify	ying income indicate by writing your ir	nitials next to t	he following statement.	My income doe	s not qualify	
discipline a	licensee o	nether you or a family member has a sp terest in an item on this list if a change or permittee, or other decision by gove ur or a family member than it would on	in law, a chan Imment affect	ge in administrative rule, a de ing the listed business, note	ecision whather or not to	swand a cont	met ematalleanea as session
r 1	. Any pro ofession, c	fession, occupation, or business licens occupation, or category of business:	ed or certified	by the State of New Hampsh	nire. List each such		
	ealth Care	agent	Estate, includi developers, ar		anking or financial		e of New Hampshire, county, or pal employment
Syste		assessment program	<u> </u>	9. Restaurants/ lodging	 Sale and distribution beverages 	ion of alcoho	lic 11. Practice of
— 12. An Utilitie:	ny busines s Commi:	s regulated by the Public	13. Horse or of gambling	dog racing, or other legal for		15. W	/ater Resources
16. A	Agriculture	17. N.H. Business taxes: Profits Tax	区 Busin Entern	ess Interest and Dividends Ta	x 18. Optional: S specia	pecify any oth of Interest —	ner area in which you have a
have read i person who	RSA 15-A a knowingi	and hereby swear or affirm that the for ly falls to comply with the provisions	egoing inform of this chapter	nation is true and complete to or knowingly files a false stat	o the best of my knowled ement shall be guilty of a	ge and belief. misdemeand	R5A 15-A:9 Penaity. Any
Date 14	January 2	021		Jona	La Gille ture of Reporting Individ	4	

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