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

| | Print CLEARI | YFY | ances | Suce | ney | Work Address: | | . | |
|--|---|-------------------------|--|---------------------------------------|---|--|------------------------------------|---|---|
| Primary (| Occupation <u>じし</u> | ner | nolou | ed | E-mail | SSween | 40 act con | Vork Phone | |
| Name the | e office, position | , board or nent with | r commission, | committee, board or y government held | Nationa | | on Oversi | | nclusion |
| | proprietor, or en | nployee, c | or served in an | y other professiona | l or advisory capacit | zanization in which you o y, and from which any in for disability benefits sha | come in excess of \$10,6 | 000 was derived during | the preceding |
| 1. | · | | | | | | | | and the second |
| 2. | | | | | | | | | |
| If you ha | ve no qualifying | g income i | indicate by wr | iting your initials n | ext to the following | statement. | My income | does not qualify | S JAN |
| F | financial effect 1. Any profetoccupation, or | on you or | a family men upation, or busi of business: | nber than it would o | n the general public | ew Hampshire. List each su | | ÷ \$.5 | in the stand |
| | 2. Health Care | 1.4 | nsurance | agent, devel | opers, and landlords | services | | municipal employme | nt |
| 1 . | 7. N.H. Retireme System | ent | 11 | rrent juse land nent program | 9. Restau lodging | • 11 | DeSale and distribution of verages | falcoholic | 11. Practice of law |
| | 2. Any business re tilities . Commiss | egulated b sion | y the Public | | Horse or dog racing, o | or other legal forms of | 14. Education | 15. Water Resource | |
| Γ | 16. Agriculture | <u>-</u> . | 17. N.H. taxes: | Business Profits Tax | Business Enterprise Tax | Interest and Dividends Tax | 18. Optional: Speci special in | fy any other area in which terest -D15000117 | you have a 15 |
| 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 provincing of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date 5/13/20 JAN 15 2021 | | | | | | | | | |
| | | | Return to: | NEW I | HAMPSHIRE MENT OF STATE of State, 107 North | Signatu Main Street, State House | re of Reporting Individ | .Ni | MAY 1 5 2020 EW HAMPSHINE RTMENT OF STATE |
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