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

ype or Pi	rint Clearly						
ull Name	William R. Hayn	es Jr		Work Address	33 Hazen Drive, Conc	ord NH	
rimary O	ccupation Comm	ander, Office of Highway Safe	ty e-mail	william.r.haynes@dos.nh.go	ov j	Work Phone	603-223-8918
lirectors,		oard or commission, board of nent with state or county NO ACRONYMS	New Hamps	shire Office of Highway Safety	,		
oprietor,	, or employee, or	fress, and type of any profess served in any other professi irement benefits other than fed	onal or advise	ory capacity, and from which	h any income in exces	s of \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
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you have	no qualifying inco	ome indicate by writing your i	nitials next to	the following statement.	My income o	loes not qualify	WRH
portable scipline a nancial et	special interest in a licensee or permi ffect on you or a fa ——————————————————————————————————	ou or a family member has a s an item on this list if a change ttee, or other decision by gov mily member than it would or occupation, or business licen ion, or category of business:	e in law, a cha ernment affec n the general	nge in administrative rule, a c cting the listed business, prof public:	lecision whether or not ession, occupation, gro	to award a con-	rs, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
2. H	lealth Care		Estate, includ , developers,	ding brokers, 5. I and landlords serv	Banking or financial ices		te of New Hampshire, county, or ipal employment
Syst		8. Current use land assessment program		9. Restaurants/ lodging	10. Sale and distri beverages		
	ny business regula es Commission	ited by the Public	13. Horse o of gambling	r dog racing, or other legal fo	rms 14. Education	on 🗍 15 ¹	Water Resources
16.	Agriculture	17. N.H. Business Profits Ta	I	iness Interest an prprise Tax Dividends 1		l: Specify any o ecial interest—	ther area in which you have a
nave read erson wh	d RSA 15-A and her to knowingly fails t	eby swear or affirm that the fo o comply with the provisions	oregoing info of this chapte	rmation is true and complete er or knowingly files a false st	to the best of my know stement shall be guilty	rledge and belie of a misdemear	
Date 8	January 2021			Am			JAN 08 2
•	· ·-	- · · · · ·		Sign	nature of Reporting Ind	ividual	JAN OR 2

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

NEW HAMPLINGE DEPARTMENT OF STATE