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

| ype o ull Na | r Print CLEARL | Y R | ichand | <u> </u> | Russ | | W4 | owc rk Address | | | h Dr | Kingst | . Ma | 3848 | |
|--|---|----------|--------------------|-------------|--------------------|------------------------|------------------------|---------------------------------------|---------------------------------------|----------------------|--------------------------------|---------------------|---------------|---------------|--|
| rimar | y Occupation | Re- | tired | | <u>``</u> | | E-mail vic | hardre | kssyna: | ~ Damplo | ion Work-I | hone 603 | - 642-5 | 5904 | |
| lame the office, position, board or commission, committee, board of Drinking Water and Grandwater Trust Fund Commission, irectors, etc. or employment with state or county government held y you. NO ACRONYMS. | | | | | | | | | | | | | | | |
| A. | 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. | NA | | | | | <u>,</u> | | | · · · · · · · · · · · · · · · · · · · | | | | | , | |
| 2. | | | , | · | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| f you l | nave no qualifying | income | indicate by | writing yo | ur initials nex | t to the follo | owing statem | ent, | | My ir | come does n | ot qualify L | <u>.</u> | | |
| <u></u> | A Peal Festate including brokers 5 Reguing or financial 6 State of New Hampshire county or | | | | | | | | | | | | | | |
| <u> </u> | 2. Health Care 7. N.H. Retiremen | <u>'</u> | nsurance | Current use | agent, develope | | llords Restaurants/ | serv | ices |). Sale and distrib | l mu | nicipal employr | | | |
| Г | System | | asses | sment prog | gram | lod | ging | | ber | verages | inon or aicon | | law | | |
| | Any business reg Itilities Commissi | | y the Public | | T 13. Ho | _ | acing, or other | legal forms | of r | 14. Educatio | n F | 5. Water Resou | rces | | |
| Γ | 16. Agriculture | | 17. N.H. taxes: | | siness fits Tax | Business Enterprise | | Interest and Dividends T | | – 18. Optional sp | : Specify any ecial interest - | other area in whi | ch you have a | <u>.</u> | |
| 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. | | | | | | | | | | | | | | | |
| Date | 1/16/30 | <u> </u> | <u>.</u> | | - | | | R | ell (| CRIVANE_ | | R | ECEIV | ED | |
| | Signature of Reporting Individual JAN 17 2020 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STAT | | | | | | | | | | | | | HIRE | |