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

Type or Print Clearly							
Full Name			Work Address	5			
Primary Occupation		e-mail			Work Phone		
Name the office, position, board directors, etc. or employment government held by you.							
A. List below the name, addres proprietor, or employee, or ser calendar year. <i>Sources of retiren</i>	ved in any other professional	or advisory cap	acity, and from wh	nich any income in e	excess of \$10,000 wa	s derived during the prec	
1.							
2.							
If you have no qualifying income	e indicate by writing your initia	ls next to the foll	owing statement.	My incor	me does not qualify		
B. Indicate below whether you or reportable special interest in an idiscipline a licensee or permittee financial effect on you or a family	item on this list if a change in l e, or other decision by governi	aw, a change in a nent affecting the	dministrative rule,	a decision whether o	r not to award a conti	ract, grant a license or perm	nit,
	cupation, or business licensed or category of business:	or certified by the	e State of New Ham	pshire. List each such	h		
2. Health Care 3. In	CHITANCA II	ate, including brovelopers, and land		5. Banking or financia ervices		e of New Hampshire, count pal employment	y, or
7. N.H. Retirement System	8. Current use land assessment program	9. Re lodgir	estaurants/ ng	10. Sale and o	distribution of alcoho	lic 11. Practice	of
12. Any business regulated Utilities Commission		s. Horse or dog ra gambling	cing, or other legal	forms 14. Edu	cation	Vater Resources	
16. Agriculture	17. N.H. Business Profits Tax	Business Enterprise T	ax Interest Dividend		tional: Specify any otl special interest	her area in which you have	a
I have read RSA 15-A and hereby person who knowingly fails to co							ıy
Date		Signa	ture of Filer				