		2018 NE	WHAMPSHIRE	STATEMENT OF FINAI	NCIAL INTERE	STS - RSA 15-A		L. L
Type or Full Nan	Print Clearl	.,	COLONY I	U Work Addre	Harr Por	isville De Box 806	esigns In Harrisuil	c 11e, NH 03450
Primary	Occupation	Busines	۶	e-mail *optional	Colonyeh	arrisville.	Work Phone 60	<u>3-827-3333</u> X 2 Heritage Progr
director		on, board or comm oyment with state o IS			1em ber	- Land + C	orm unity	, Heritage l'rogr
propriet	tor, or employe	e, or served in any	other professional	business, or other organiza or advisory capacity, and retirement and/or disability (from which any	income in excess of	\$10,000 was derive	d during the preceding
1.	Har	rioille	Designs	INC.				
2.								
lf you ha	ave no qualifyir	ng income indicate b	by writing your initia	ls next to the following stat	ement.	My income does	not qualify	
reporta disciplir	ble special inter ne a licensee or	rest in an item on thi	is list if a change in l decision by governr	al interest in any of the follc aw, a change in administrat nent affecting the listed bu e general public:	ive rule, a decisio	n whether or not to a	ward a contract, grai	nt a license or permit,
[ession, occupation, o cupation, or catego		or certified by the State of N	New Hampshire.	List each such		
Γ 2	2. Health Care	3. Insurance		ate, including brokers, velopers, and landlords	5. Bankir services	ng or financial	6. State of New municipal empl	Hampshire, county, or oyment
	7. N.H. Retirem ystem	11	Current use land ssment program	9. Restaurants/	Н.,	0. Sale and distributi everages	on of alcoholic	11. Practice of law
	2. Any business lities Commiss	regulated by the Pu ion		 Horse or dog racing, or ot gambling 	her legal forms	14. Education	15. Water Res	sources
Γ 1	16. Agriculture	17. N.H. taxes:	Profits Tax		Interest and Dividends Tax	18. Optional: Specia	pecify any other area l interest	in which you have a
I have re	ead RSA 15-A ar	nd hereby swear or a	affirm that the foreg	oing information is true and	d complete to the	best of my knowled	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 2/26/18

Signature of Reporting Individual

2018

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

COMPSHIRE COMPSHIRE