2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly					
Full Name David Paris		Work Address			
Primary Occupation refired	e-mail*optional	PARISAbog	mail.com	Work Phone	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Member drin	king water to	rust fund a	duisary co	mm, Has
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity	, and from which a	ny income in exce	ss of \$10,000 was	derived during the preceding
1. Pension City of Muchoster Mee	wicipal Employe	es Refirence	ut System		
Pension City of Muchester Mee. Social Security			l		
If you have no qualifying income indicate by writing your init				does not qualify	
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect of the financial e	nment affecting the list the general public:	ted business, profess	ion, occupation, gro	SUIS ~ C	
2. Health Care 3. Insurance agent, d 7. N.H. Retirement 8. Current use land	developers, and landlor	ds service	\$	municipusion of alcohol	oai employment
System assessment program	lodging		beverages	ibution of alcohol	law
	 Horse or dog racing f gambling 	g, or other legal form	14. Educati	on	ater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		al: Specify any oth pecial interest —	ner area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of					
Date July 15, 2018		124 T2	· ~		RECEIVED
Date July 15, 2018		Signat	ure of Reporting Inc	dividual	JUL 2 5 2018
Return to: Office of Secretary of S	State, 107 North Main S	itreet, State House R	oom 204, Concord,		NEW HAMPSHIRE DEPARTMENT OF STATE