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

Гуре	or	Print	Clea	arty
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Type or Print Clearly			
Full Name JEGFREY M. TAYLOR	Work Address	323 FITZWILLIAM RD.	RICHMOND, NH 03470
Primary Occupation RETIRED	e-mail taylertrespense (e)		603-239-4005
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	MEMBER OF N.H. IN		
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			
1. TAYLOR'S INVASIVE PLANT	CONTROL - OWNER		
2. WINDSWEPT MTNS. VIEW		- OWNER	

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

	1. Any profe profession, oc	ession, oc cupatior	ccupation, or 1, or category	business of busine	licensed o ess:	NH CERTIFIED	New Hampsh PESTICI	ire. List DE #	each such		· · · · · · · · · · · · · · · · · · ·
	2. Health Care	-	nsurance			te, including brokers, elopers, and landlords	5. Ba		pr financial	6. State of N municipal en	ew Hampshire, county, or
Гі 	7. N.H. Retirement System 8. Current use land assessment program				9. Restaurants/ lodging					11. Practice of	
of of				☐ 13. of ga	Horse or dog racing, or other legal forms 14. Education 14		14. Education				
	16. Agriculture		17. N.H. taxes:		ness ts Tax		Interest and Dividends Ta	, Г	18. Optional: Specia	pecify any other are l interest —	ea in which you have a

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.

RECEIVED

Date

1/8/21

ffrey M. Jugelon Signature of Reporting Individual

JAN 1 3 20

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

NEW HAMPSHIRE DEPARTMENT OF STATE