2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

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Full Name/70/	nald PoltA	<u>K</u>	Work Addre	ess <u>630 -</u>	Suffolk Si	ret Low	10/1	01834
Primary Occupation <u>EXE</u>	cutive Di	RECIVI	-mail *optional			Work Phone —	978-373	- 7929
The office, position, ap employment with state gove you. NO ACRONYMS	ppointment, or - ernment held by -	LANGS	cape Arc	hitects	BOARD			
A. List below the name, addre proprietor, or employee, or se calendar year. Sources of retires	rved in any other pr	rofessional or ad	visory capacity, and	from which any	income in excess of	\$10,000 was de	rived during th	
1. None								
2.								
If you have no qualifying incom	e indicate by writing	your initials next	t to the following sta	tement.	My income does	not qualify	R.P.	
B. Indicate below whether you reportable special interest in an discipline a licensee or permitte financial effect on you or a fami	n item on this list if a c ee, or other decision l	change in law, a c by government a	thange in administra ffecting the listed bu	tive rule, a decision	on whether or not to a	ward a contract,	grant a license o	or permit,
1. Any profession, oc profession, occupation			ified by the State of	New Hampshire.	List each such			
2. Health Care 3. li	nsurance	4. Real Estate, in agent, develope	cluding brokers, ers, and landlords	5. Banki services	ng or financial		New Hampshire employment	, county, or
7. N.H. RetirementSystem	8. Current u assessment p		9. Restaurants lodging	11 .	10. Sale and distribut beverages	ion of alcoholic	11. F law	ractice of
12. Any business regulate Utilities Commission	d by the Public	of gambli	e or dog racing, or o ing	ther legal forms	14. Education	15. Wate	r Resources	
16. Agriculture	taxes:		Business Interprise Tax	Interest and Dividends Tax		pecify any other al interest	area in which yo	u have a
I have read RSA 15-A and hereb person who knowingly fails to o							RSA 15-A:9 Pena	a lty :∵Any
Date 1/15/15			· · · · · · · · · · · · · · · · · · ·	To	of other		JAN 2 0 20)15
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