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

Type or Print Clearly	900-30-30			
Full Name JUNE	FICHTER	Work Address	63 MAIN ST SUN	APEE, NH 03782
Primary Occupation EXE	EC, DIRECTOR e-mail	Jn84546@	IMAIL, COM Work Phon	e 603763 2210
Name the office, position, boa directors, etc. or employme government held by you.		/	Who a same law	
proprietor, or employee, or se	ess, and type of any profession, business erved in any other professional or advis ement benefits other than federal retiremen	sory capacity, and from which	h any income in excess of \$10,00	00 was derived during the preceding
1. LAKE S	SUNAPEE PROTE CTIV	E ASSOCIATION	ON, 63 MAINST, SUN	DAPEE, NH(NON-PROFI
2.				
if you have no qualifying incon	ne indicate by writing your initials next to	the following statement.	My income does not qua	alify
reportable special interest in a discipline a licensee or permitt financial effect on you or a fam	u or a family member has a special interest in item on this list if a change in law, a cha see, or other decision by government affe will member than it would on the general accupation, or business licensed or certifie	ange in administrative rule, a c ecting the listed business, prof I public:	ecision whether or not to award a ession, occupation, group, or matt	contract, grant a license or permit,
profession, occupatio	n, or category of business:		<u></u>	
C 2. Health Care	Insurance 4. Real Estate, inclu agent, developers,			State of New Hampshire, county, or unicipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	<ol><li>Sale and distribution of a beverages</li></ol>	coholic 11. Practice of law
12. Any business regulate Utilities Commission	of gambling	or dog racing, or other legal fo	rms   14. Education	15. Water Resources
16. Agriculture	17. N.H. Business Business	siness erprise Tax		ny other area in which you have a st —
have read RSA 15-A and herel person who knowingly fails to	by swear or affirm that the foregoing info comply with the provisions, of this chapt	rmation is true and complete er or knowingly files a false st	to the best of my knowledge and latement shall be guilty of a misder	pelief. RSA 15-A:9 Penalty. Any neanor.
Date 1/29	/2021	Qu	ne Fichter	KECEIVED
			nature of Reporting Individual	FEB <b>0 3 2021</b>

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

NEW HAMPSHIRE DEPARTMENT OF STATE