| 1 | 2021 NEW HAMPSHIR | E STATEMENT OF I | FINANCIAL | INTERESTS | - RSA 15-A | | |
|---|--|--|-----------------------------------|----------------------------------|--|---|--|
| Type or Print Clearly Full Name | me Linder | | Work Addres | s 141 | Main St | - Covidor | UNHU33X |
| Primary Occupation | THE CHINEST | e-mail Tipule | en loar | 14e53p | gmal (Work Pt | ione (LO3) | -39/-5/23 |
| directors, etc. or employs | pard or commission, board of nent with state or county NO ACRONYMS | | | | | | into partin |
| | dress, and type of any profession served in any other profession direment benefits other than fede | | | | | | |
| 1. Boston | College 140 |) (OMMOHW | ectin A | re. Ch | estnuthuci | MA. 0246 | 7 Pot. R.She |
| 2. | orne indicate by writing your in | 4, | • | | My income does r | oot qualify | ŗ |
| reportable special interest in | ou or a family member has a sp an item on this list if a change ttee, or other decision by gove | in law, a change in act ernment affecting the l | ministrative ru isted business | le, a decision, , profession, | whether or not to a occupation, group, o | ward a contract, gr or matter would po | ant a license or perm stentially have a great |
| financial effect on you or a fa | mily member than it would on occupation, or business licens | the general public: | | | | | |
| 1. Any profession, profession, occupat | occupation, or business licens Ion, or category of business: | Psychol | 09155 | しし | # 895 | | |
| 2. Health Care | Insurance 4. Real | Estate, including brok developers, and land | ers, | services | g or financial | municipal er | |
| 7. N.H. Retirement | 8. Current use land assessment program | 9. Res | taurants/ | 11 | Sale and distributeverages | tion of alcoholic | 11. Practic |
| System 12. Any business regula Utilities Commission | ted by the Public | 13. Horse or dog rac of gambling | ing, or other | egal forms | T 14. Education | \ \ \ \ | r Resources |
| 16. Agriculture | 17. N.H. Business Profits Ta | x I Enterprise Ta | x Divi | rest and dends Tax | spec | ial interest — | area in which you ha |
| have read RSA 15-A and her | eby swear or affirm that the foo comply with the provisions | | is true and co wingly files a | mplete to th false statem | e best of my knowle ent shall be guilty o | edge and belief. f a misdemeanor. | RSA 15-A:9 Penalty |
| letson vivo wiewing , | R | ECEIVED | $\frac{1}{2}$ | 2/11/11 | es 9. \$ | Inder | |
| pate JUNMUN | 1, 2021 | JAN 13 2021 | | 1 | e of Reporting Indiv | | · |
| V R | eturn to: Office of SecretaryN DEFA | ESPHAMPSHIRE | in Street, Sta | te House Ro | om 204, Concord, N | H 03301 | |

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