## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Full Name ANTHAN A. NOYES	Work Address:	33 HAZEN DUVE	Concord NHOS
Primary Occupation DIRECTOR - NH STATE F	Buce E-mail Nathan.	Noyes Coas. nb. go Work Phone	603-223.8818
Name the office, position, board or commission, committee, board directors, etc. or employment with state or county government he by you. NO ACRONYMS.	rd of PSIC Exec. Board,	MESPIN, MESPAC	
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	onal or advisory capacity, and from which a	any income in excess of \$10,000 was deri	ived during the preceding
1.			
2.		- 4th	,e
If you have no qualifying income indicate by writing your initials	s next to the following statement.	Director or	isto Police
B. Indicate below whether you or a family member has a sreportable special interest in any item on this list if a characteristic alicensee or permittee, or other decision by granding financial effect on you or a family member than it would be a likely sometimes.  1. Any profession, occupation, or business licensed or concupation, or category of business:	ange in law, a change in administrative rule to vernment affecting the listed business, produced on the general public:  ertified by the State of New Hampshire. List e	e, a decis ofession,	
1 Z. Dealdi Cale II 3 Instrance II	ate, including brokers, velopers, and landlords 5. Bar service		f New Hampshire, county, or l employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	3. Horse or dog racing, or other legal forms o	f 14. Education 15. Wat	ter Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Tax	18. Optional: Specify any other a special interest	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the <b>Penalty</b> . Any person who knowingly fails to comply with			
Date 04/09/2020	The state of the s	M)	
	Si	gnature of Reporting Individual	RECEIVED
			APR 132020

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

NEW HAMPSHIRE DEPARTMENT OF STATE