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

Type or I	Prin <u>t Clearly</u>	•			}			_		-							
Full Nam	ne LEE	FC	ARROLL					Work A	Address	P	O Box	F,	GURH	AM	NH	03	981-3090
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Name the office, position, board or commission, board directors, etc. or employment with state or cou government held by you. NO ACRONYMS					d of _	NH S	tole B	UIL DIN	g Cod	PE F	REVIEW E		ARD				
proprieto	pelow the nar or, or employ year. Source	yee, or se	rved in any o	ther prof	fession	al or advis	sory capacit	ty, and fr	rom whic	ch any	income i	in excess	of \$10,00	0 was de	rived d	luring th	tiate, partner, he preceding
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2.																	
If you ha	ve no qualify	ing incom	e indicate by	writing y	our init	tials next to	the follow	ing state	ment.	•	My in	ncome do	es not qua	lify			
reportab discipline financial	te below who de special into e a licensee o effect on you 1. Any prof profession, o	erest in an r permitte u or a fami fession, oc	item on this e, or other de ly member th cupation, or	list if a checision by han it wou business l	ange ii gover Id on icense	n law, a cha nment affe the genera d or certifis	ange in adm ecting the lis I public:	ninistrativ sted busii ate of Ne	ve rule, a ness, pro w Hamp	decisio fession shire. L	n whethe , occupat ist each :	er or not t ion, grou such	o award a p, or matt	contract,	grant a	license	or permit,
<u> </u>	. Health Care	3. lr	nsurance				ding broke and landlo		1) .	Bankin vices	g or finar	ncial	11 1	State of unicipal e		-	e, county, or
i i _	. N.H. Retirei /stem	ment	11 }	rrent use ment pro	į.	,	9. Resta	urants/		i	0. Sale a everages		ution of a	coholic		11. law	Practice of
	Any business ities Commis		d by the Publ	ic		13. Horse of gambling	or dog racin J	ng, or oth	er legal f	orms	14.	Education		15. Wate	r Resou	irces	
10	6. Agriculture	•	17. N.H. taxes:		ness ts Tax	1 1	siness erprise Tax		nterest ar ividends			Optional: spe	Specify a cial intere	ny other a st —	area in v	which yo	ou have a
I have reaperson w	ad RSA 15-A a vho knowingl	and hereb ly fails to c	y swear or aff omply with t	îrm that t he provisi	he fore	egoing info f this chapt	ormation is ter or knowi	true and i	complete a false s	e to the tateme	best of n	ny knowle e guilty o	edge and of a misder	pelief. R neanor.	SA 15-	A:9 Pen	a ity. Any
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Date	11 Pece	em ver	2011					July De	Śig	nature	of Repor	ting Indiv	/idual		DEC	1 9 20	10

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

NEW HAMPSHIRE DEPARTMENT OF STATE