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

Type or Pr	int Clearly					
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Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		ounty				
proprietor.	ow the name, address, and type of any or employee, or served in any other pear. Sources of retirement benefits other to	rofessional or advisory capacity	, and from whic	h any income in excess	of \$10,000 w	as derived during the preceding
1.				100 1 E	. T = 100 to 1 g ht	
2.			20 0 000 000 000 000 000 000 000 000 00	man and the second		The state of the s
If you have	no qualifying income indicate by writing	your initials next to the following	ng statement.	My income do	es not qualify	, jc
reportable discipline a financial ef	below whether you or a family member special interest in an item on this list if a licensee or permittee, or other decision fect on you or a family member than it well. Any profession, occupation, or busine rofession, occupation, or category of bus	change in law, a change in admi by government affecting the list ould on the general public: ss licensed or certified by the Sta	nistrative rule, a e ed business, pro	decision whether or not fession, occupation, grou	to award a cor	ntract, grant a license or permit,
	ealth Care	4. Real Estate, including brokers agent, developers, and landlore		Banking or financial vices	11	ate of New Hampshire, county, or cipal employment
7. N 5ys	L.H. Retirement 8. Current contact assessment	11	irants/	 10. Sale and distrib beverages 	oution of alcol	nolic 11. Practice of law
Tal. Any business regulated by the Public Utilities Commission Tal. Horse or dog racing, or other legal forms of gambling Tal. Education Tal.						
T 16.		usiness Business Fofits Tax	Interest ar Dividends		: Specify any ecial interest –	other area in which you have a
person wh	I RSA 15-A and hereby swear or affirm the oknowingly fails to comply with the pro	visions of this chapter or knowin	ngly files a false s	e to the best of my know tatement shall be guilty that the best of my know that the best of my know	of a misdemea	ief. RSA 15-A:9 Penalty. Any anor.
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301