	MPSHIRE STATEMENT OF FINANCIAL	NTERESTS - RSA 15-A	Crediting from state service
Type or Print Clearly Full Name John M. Rogan	Work Address 29	Hazer Drive, Con	CON, NH 03301
Primary Occupation Hydrogoologist	e-mail *optional	—————————————————————————————————————	el(erk Phone 603-856-6948
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	Board of Professional Professional hicensure		₩ OFFIR OF
A. List below the name, address, and type of any proprietor, or employee, or served in any other calendar year. Sources of retirement benefits other	professional or advisory capacity, and from w	nich any income in excess of \$1	10,000 was derived during the preceding
1. State of New Hampshire	- Depot metof Environment	1 Sovies	
2.			
If you have no qualifying income indicate by writing	ng your initials next to the following statement.	My income does no	t qualify
B. Indicate below whether you or a family member reportable special interest in an item on this list if discipline a licensee or permittee, or other decisio financial effect on you or a family member than it	a change in law, a change in administrative rule, n by government affecting the listed business, p	a decision whether or not to awa	ard a contract, grant a license or permit,
Any profession, occupation, or busin profession, occupation, or category of business.	ess licensed or certified by the State of New Har usiness:	npshire. List each such	
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial ervices	State of New Hampshire, county, or municipal employment
7. N.H. 8. Current assessmen		10. Sale and distribution beverages	of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes:	Business Business Interest Profits Tax Enterprise Tax Dividen	11	cify any other area in which you have a nterest
I have read RSA 15-A and hereby swear or affirm to person who knowingly fails to comply with the person who knowingly fails to comply which who know the person wh			
Date //5/2017		lm. R	RECEIVED
		Signature of Reporting Individua	JAN 10 2017