2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		_			
Full Name Kevin Cogla	_	Work Address	1119 No	-th RE B	E8850 HN 700m (VIL
Primary Occupation Attorne	e-mail*optional			Work Phone	679-9350
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	County	Commissio	, ~! ~		
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 federal	nal or advisory capacit	y, and from whic	h any income i	n excess of \$10,000	was derived during the preceding
1. Seir Employel Attoine 2 2. NH Retirement System)				
2. NH Retirement System	•				
If you have no qualifying income indicate by writing your ini	itials next to the follow	ing statement.	My in	come does not qualif	fy
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business licensee.	in law, a change in adm rnment affecting the list the general public: ed or certified by the St	ninistrative rule, a casted business, professed business, professed business attacks.	decision whethe fession, occupat	r or not to award a co ion, group, or matter	ontract, grant a license or permit,
profession, occupation, or category of business:	V++o~~	.			
	Estate, including broke developers, and landlo	11	Banking or finar vices		state of New Hampshire, county, or nicipal employment
7. N.H. Retirement System 8. Current use land assessment program		I	beverages	nd distribution of alco	oholic 11. Practice of law
1	13. Horse or dog racir of gambling	ng, or other legal fo	orms 14. E	Education 1	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Dividends	- 11	Optional: Specify any special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is of this chapter or know	true and complete	to the best of nate	ny knowledge and be e guilty of a misdeme	eanor.
			7 (RECEIVED
Date 10/19/2018		Sig	rature of Repor	ting Individual	OCT 2 4 2018
Return to: Office of Secretary of	State, 107 North Main	Street, State Hous	se Room 204, Co	ncord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA