



2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Robert J. Gagne Work Address City of Manchester, Board of Assessors, One City Hall Plaza, 03101
Primary Occupation Assessor e-mail*optional RGagne@ManchesterNH.gov Work Phone (603)624-6520 x5408

The office, position, appointment, or employment with state government held by you. NO ACRONYMS Assessing Standards Board - Member

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year.

- 1. Robert J. Gagne, 41 Edna Ave, Manchester, NH 03103 - Employed by City of Manchester, NH
2. Debra Gagne, 41 Edna Ave, Manchester, NH 03103 - Teacher, SAU25, Bedford, NH (spouse)

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

Grid of 18 categories for special interests. Category 1 is checked: 'Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: NH RE Appraiser Board - Licensed/NH DRA - Certified Property Assessor Supervisor'.

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date January 21, 2015

Signature of Reporting Individual (Handwritten signature of Robert J. Gagne) RECEIVED JAN 23 2015