| 1 | 2015 NEW HAMP | SHIRE STATEME | NT OF FINANCIAL | . INTERESTS : | - RSA 15-A | _ | |
|--|--|---|---|--------------------------|-----------------|---------------------------------|--|
| Type or Print Clearly | 1 2./ | | | 1 13. | 1 . 1 | . () -1 | 20.00 |
| Full Name - ! You as | H. Cicha | rqi | Work Address | 1 Oar | berry h | n (300 | 100mg WA |
| Primary Occupation | Tired | e-mail * | optional | | (| Work Phone | 603-715-4441 |
| The office, position, a employment with state gov you. NO ACRONYMS | | Conn | Resorders | Bogn | / | | |
| A. List below the name, addr proprietor, or employee, or s calendar year. Sources of retin | erved in any other prof | fessional or advisory | capacity, and from v | vhich any incon | ne in excess o | f \$10,000 was d | erived during the preceding |
| 1. <u>None</u> | | | | | | | |
| 2. | | | | | | | |
| If you have no qualifying inco | me indicate by writing ye | our initials next to th | e following statement | . М | y income does | not qualify | Me . |
| B. Indicate below whether yo reportable special interest in a discipline a licensee or permit financial effect on you or a far | in item on this list if a cha tee, or other decision by | ange in law, a chang government affectir | e in administrative rule ng the listed business, | e, a decision who | ether or not to | award a contract | t, grant a license or permit, |
| | occupation, or business l on, or category of busine | | by the State of New Ha | mpshire. List ea | ch such | | |
| 2. Health Care 3. | Insurance u | Real Estate, includingent, developers, an | | 5. Banking or f services | inancial | | f New Hampshire, county, or employment |
| 7. N.H. RetirementSystem | 8. Current use assessment pro | gram l | 9. Restaurants/ odging | bevera | | tion of alcoholic | 11. Practice of law - (MOLC) W |
| 12. Any business regulat Utilities Commission | ed by the Public | of gambling | log racing, or other leg | al forms | 14. Education | 15. Wat | er Resources |
| 16. Agriculture | 1 1 : | iness Busine ts Tax Enterp | 1 | nds Tax | | pecify any other al interest | area in which you have a |
| I have read RSA 15-A and here person who knowingly fails to | | | | | | | RSA 15-A;2 Penalty Any |
| Date 9 tanuar | y 15_ | | 140 | - f. C | ichare/ | <i>,</i> | JAN 09 2015 |
| - | | • | <i>l</i> | Signature of Re | porting Individ | | NEW HAMPSHIRE DEPARTMENT OF STATE |