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

Type or Print Clearly		1		2 / 11
ull Name Denvis Adams	Work Address 28	Range Rd	1)oert	Lid, NH 0313,
Primary Occupation <u>Refired</u>	e-mail *optional	W	ork Phone	03-463 3763
The office, position, appointment, or Compemployment with state government held by you. NO ACRONYMS	pensation Ap	DEALS BOARD	,	
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than federal re	r advisory capacity, and from whi	ch any income in excess of \$	10,000 was der	ived during the preceding
. PONSION - Plumbers & Steam)	-i Hers Local 131	161 Loxbacker	y TPKC.	Harksert NH0310,
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify				
<ol> <li>Indicate below whether you or a family member has a special eportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by governme inancial effect on you or a family member than it would on the company of the special or profession, occupation, or category of business:</li> </ol>	y, a change in administrative rule, a int affecting the listed business, pro general public:	decision whether or not to aw fession, occupation, group, or	ard a contract, g	grant a license or permit,
/ Meaith Care II 3 Insurance II	- I	Banking or financial vices	- 6. State of N municipal er	New Hampshire, county, or mployment
_ 7. N.H. 8. Current use land assessment program	9. Restaurants/	<ul> <li>10. Sale and distribution beverages</li> </ul>	of alcoholic	11. Practice of law
	Horse or dog racing, or other legal f mbling	orms 14. Education	15. Water	Resources
17. N.H. Business taxes: Profits Tax	– Business – Interest a Enterprise Tax Dividends		cify any other a nterest	rea in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoin person who knowingly fails to comply with the provisions of this	ng information is true and complet chapter or knowingly files a false s	e to the best of my knowledge tatement shall be guilty of a m	and belief. Riisdemeanor.	SA 15-A:9 Penalty. Any
Date 4-7-2015	lan	no Volum		APR 0 9 2015
	Sig	nature of Reporting Individua	l .	-