

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

Type or Print Clearly

Full Name ANTHONY ANDRE BELANGER Work Address PO BOX 5048 MANCHESTER NH 03108

Primary Occupation WASTE INDUSTRY MANAGER e-mail*optional TBELANGER@PINAROWASTE.COM Work Phone 603-623-7933

The office, position, appointment, or employment with state government held by you. COUNCIL MEMBER
WASTE MANAGEMENT COUNCIL
 NO ACRONYMS

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. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. PINARD WASTE SYSTEMS CO, INC. PO BOX 5048 MANCHESTER NH 03108 (ANTHONY BELANGER)
2. GREAT AMERICAN DINING PO BOX 581 ASHLAND NH 03217 (CHRISTIN STONE)

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:

<input type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>TRANSPORTATION AND DISPOSAL OF SOLID WASTE.</u>					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment	
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input checked="" type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission		<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources	
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest ---			

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. **RECEIVED**

Date 4-14-2015

Anthony Andre Belanger
 Signature of Reporting Individual APR 16 2015

RECEIVED

APR 24 2015

NEW HAMPSHIRE
DEPARTMENT OF STATE

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

Type or Print Clearly

Full Name Anthony Andre Belanger Work Address Po Box 5048 Manchester NH, 03108
Primary Occupation Manager - Waste Management Company e-mail*optional tbelanger@pinardwaste.com Work Phone 603-765-7152

The office, position, appointment, or employment with state government held by you. Waste Management Council
NO ACRONYMS

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. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- Pinard Waste Systems Co, Inc. Po Box 5048 Manchester NH, 03108 - (Anthony Andre Belanger)
- Great American Dining - Po Box 581 Ashland NH, 03217 - (Kristin Elaine Stone)

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.

<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>Waste Management</u>
<input type="checkbox"/>	2. Health Care
<input type="checkbox"/>	3. Insurance
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords
<input type="checkbox"/>	5. Banking or financial services
<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	7. N.H. Retirement System
<input type="checkbox"/>	8. Current use land assessment program
<input type="checkbox"/>	9. Restaurants/ Lodging
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	11. Practice of law
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling
<input type="checkbox"/>	14. Education
<input type="checkbox"/>	15. Water Resources
<input type="checkbox"/>	16. Agriculture taxes:
<input type="checkbox"/>	17. N.H. Business Profits Tax
<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---
<input type="checkbox"/>	19. Business Enterprise Tax
<input type="checkbox"/>	20. Interest and Dividends Tax

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 4-21-2014 Signature Anthony Andre Belanger
Signature of Reporting Individual

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

Belanger, Anthony