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

Type or Print Clearly Full Name DANA GREGORY JONES Work Address PD BOX 690 NORTH LO	NW94 NH 0386
Primary Occupation MARKETUG DIRECTOR e-mail *optional DJWMOOYGhoo, 6000 Pho	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	ement Board
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets	was derived during the preceding
1.	
2.	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	у
3. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, group eportable 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 codiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter in it would on the general public:	ntract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
A HEALTH LARE II IS INSUITANCE II II	tate of New Hampshire, county, or icipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alco beverages	holic 11. Practice of law
 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15 	5. Water Resources
16. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any special interest -	other area in which you have a
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 beliers on who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemea	ief. RSA 15-A:9 Penalty. Any anor.
Date 02/05/18	RECEIVED
Signature of Reporting Individual	FEB 1 2 2018

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

NEW HAMPSHIRE DEPARTMENT OF STATE

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