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

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| Full Name Robert A + | (AMEL | Work Address | Refined | | SEP 2 1 2018 |
|---|--|---|-------------------------------------|-------------------------------|--|
| Primary OccupationRefine | | ail *optional | | Work Phone | RECEIVED |
| Name the office, position, board or con directors, etc. or employment with stat by you. NO ACRONYMS | | Mone | | | |
| A. List below the name, address, and to proprietor, or employee, or served in a calendar year. Sources of retirement ber | any other professional or advi- | sory capacity, and from whic | h any income in excess o | of \$10,000 was d | erived during the preceding |
| 1. <u>None</u> | | | | | |
| 2. | | | | | |
| If you have no qualifying income indicat | te by writing your initials next to | o the following statement. | My income doe | s not qualify | KAH |
| B. Indicate below whether you or a fam reportable special interest in an item on discipline a licensee or permittee, or oth financial effect on you or a family memb | this list if a change in law, a char er decision by government affe | ange in administrative rule, a e ecting the listed business, pro | decision whether or not to | award a contrac | t, grant a license or permit, |
| 1. Any profession, occupation profession, occupation, or cate | n, or business licensed or certifigory of business: $\frac{\cancel{Be}}{\cancel{E}}$ | ed by the State of New Hamp KAAP County Sherit | | ior Court | - |
| 2. Health Care 3. Insurance | 4. Real Estate, incluagent, developers | - 11 | Banking or financial vices | 6. State of municipal | f New Hampshire, county, or employment |
| | B. Current use land sssessment program | 9. Restaurants/ | 10. Sale and distribution beverages | ution of alcoholic | 11. Practice of law |
| 12. Any business regulated by the Utilities Commission | Public 13. Horse of gambling | or dog racing, or other legal f | orms - 14. Education | 15. Wat | er Resources |
| 16. Agriculture 17. N.H taxes: | | siness Interest ar terprise Tax Dividends | | Specify any othe ial interest | r area in which you have a |
| I have read RSA 15-A and hereby swear person who knowingly fails to comply w | | | | | |
| Date 9-18-2018 | | Pole | IA Ham | el [| RECEIVED |

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

SEP 2 6 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

