2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		_				
Full Name		Work Address				
Primary Occupation	e-mail		Wo	rk Phone		
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS						
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacit	y, and from which	any income in excess of	\$10,000 was o	derived during the pre	
1.						
2.						
If you have no qualifying income indicate by writing your in	itials next to the followi	ng statement.	My income does	not qualify		
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in adm rnment affecting the lis	inistrative rule, a de	cision whether or not to a	ward a contrac	t, grant a license or per	mit,
Any profession, occupation, or business licens profession, occupation, or category of business:	ed or certified by the Sta	ate of New Hampshi	re. List each such			
	Estate, including broker developers, and landlor		nking or financial es		of New Hampshire, cour employment	nty, or
7. N.H. Retirement System 8. Current use land assessment program	9. Resta lodging	urants/	10. Sale and distributi beverages	on of alcoholic	11. Practic	e of
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racino of gambling	g, or other legal forn	ns 14. Education	15. Wat	er Resources	
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		pecify any other l interest	r area in which you have	e a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of					RSA 15-A:9 Penalty. A	lny
Date		Signa	ture of Reporting Individ	ual		