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

Type or Print Clearly							
Full Name John		Regar	Work	Address	13 Woodman	Strat, Con	ucos), NA 03301
Primary Occupation	Retiral Hidrogeo	logist	e-mail jregan 93	353@g1	nail.com	ork Phone	603-856-6948
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		B-oard of Profes	ssion!	Cadogiste	and the state of t	JAN BIV	
proprietor, or employe	ee, or served in any o	other profession	n, business, or other organiza al or advisory capacity, and al retirement and/or disability b	from which a	iny income in excess	of \$10,000 was	er, director, associate partner, derived during the preceding ecessary.)
1. Retiren	at pension.	Ste of N	lew Hampshire C. De	partment,	S Environme	Il Sorvices) - 204~
2.					•	ŧ	
If you have no qualifyir	g income indicate by	writing your init	tials next to the following stat	ement.	My income do	es not qualify	
discipline a licensee or financial effect on you o	permittee, or other de or a family member th	ecision by govern an it would on t cousiness licensed	n law, a change in administrationment affecting the listed bust the general public: d or certified by the State of N	iness, profess	ion, occupation, grou	o, or matter would	d potentially have a greater
2. Health Care	3. Insurance	II i	state, including brokers, evelopers, and landlords	5. Ban service	king or financial		f New Hampshire, county, or employment
7. N.H. Retirem System	11 1	rrent use land ment program	9. Restaurants/lodging		10. Sale and distrib	ution of alcoholic	11. Practice of law
12. Any business i Utilities Commissi	egulated by the Publi on	11 ;	 Horse or dog racing, or oth gambling 	ner legal form	s 14. Education	15. Wat	er Resources
16. Agriculture	17. N.H. taxes:	Business Profits Tax	1:	nterest and Dividends Tax		Specify any other	area in which you have a
I have read RSA 15-A an	d hereby swear or affi	rm that the fore	going information is true and	complete to	the best of my knowle	dge and belief.	RSA 15-A:9 Penalty. Any
		e provisions of	this chapter or knowingly file	۸.			RECEIVED
Date Veremb	or 30, 2019		-	Signatu	7. Reporting Indivi	dual	JAN 1 0 2020
	Return to: Office	of Secretary of S	tate, 107 North Main Street, S		i		NEW HAMPSHIRE DEPARTMENT OF STATE