## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

• •

| pe or Pri    | n <u>t Clearly</u>                         |  |                                |   |                          |   |                                       |                       |  |
|--------------|--|--|--------------------------------|---|--------------------------|---|---------------------------------------|-----------------------|--|
| ıll Name     | Mark E. Doyle                              |  |                                | Work /  | Address                  | 110 Smokey Bear                             | r Blvd.                               |                       |  |
| imary Occ    | cupation Director -                        | NHDOS / ESC  | —<br>e-mail                    | mark.e.doyle@dos                                | s.nh.gov                 |   | –<br>Work Phone                       | 603-                  | 271 <del>-6</del> 911  |
| rectors, e   |  | l or commission, board of<br>t with state or county<br>NO ACRONYMS                 | New Hamps                      | shire E9-1-1 COMM!                              | SSION                    |   |                                       |                       |  |
| prietor,     | or employee, or ser                        | is, and type of any professived in any other professionent benefits other than fed | onal or advis                  | ory capacity, and fi                            | rom which                | h any income in e                           | excess of \$10,00                     | ) was der             | director, associate, partner, ived during the preceding sary.) |
| M            | ary A. Doyle, Wife, Th                     | ne Gap, Inc. Cherry Ave., Sa   | in Bruno, CA.                  | (Employee)                                      |                          |   |                                       |                       |  |
| M            | ark E. Doyle, Director                     | r, New Hampshire Departm   | ent of Safety,                 | , Concord, NH                                   |                          |   |                                       |                       |  |
| ,<br>ou have | no qualifying incom                        | e indicate by writing your i   | nitials next to                | the following state                             | ment.                    | My inco                                     | me does not qua                       | lifv                  |  |
| 1.           | Any profession, oc<br>ofession, occupation | y member than it would o cupation, or business licen, or category of business:     | sed or certifie                |   |                          | shire. List each suc<br>Banking or financia |                                       | State of N            | lew Hampshire, county, or                                      |
|              |  | agen   | , developers,                  | and landlords                                   |                          | rices                                       | <u> </u>                              | unicipal en           | nployment  |
| Syste        |  | 8. Current use land assessment program   | n <sup>1</sup>                 | <ul> <li>9. Restaurants/<br/>lodging</li> </ul> | ٦                        | beverages                                   | distribution of al                    | coholic<br>           | 11. Practice of law  |
|              | ny business regulated<br>s Commission      | d by the Public  | 13. Horse of gambling          | or dog racing, or oth                           | er legal fo              | 14, EG                                      | ucation                               |                       | Resources  |
| 16. #        | Agriculture                                | 17. N.H. Busines<br>taxes: Profits T   | •                              |   | nterest an<br>Dividends  |   | special interes                       | ny other a<br>st      | rea in which you have a  |
| eve read     | RSA 15-A and hereb<br>knowingly fails to c | y swear or affirm that the formula the formula with the provisions                 | oregoing info<br>of this chapt | rmation is true and<br>er or knowingly file     | complete<br>s a false st | to the best of my<br>atement shall be g     | knowledge and l<br>juilty of a misder | oelief. Ri<br>neanor. | SA 15-A:9 Penalty. Any   |
| ite 7        | lanuary 2021                               |  |                                |   | nd                       | 302   |                                       |                       | KECEI  |
| ·-   '       | ,  |  |                                | <del></del> _                                   | Sig                      | nature of Reportin                          | <del>ig Indivi</del> dual             |                       | JAN 1 4 2  |

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

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