2019 NEW HAMDELIDE CTATEMENT OF EINANCIAL INTEDECTS DE

2010 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - KSA 15-A
Type or Print Clearly Full Name MELVIN ANDREW FRIESE Work Address 64 South Street, Concord, NH 03301
Primary Occupation Database Advinistratione-mail * optional Work Phone (603) 230-3423
Name the office, position, board or commission, committee, 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, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1
2.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable 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 contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of System assessment program lodging lodging lodging lodging lodging
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any other area in which you have a special interest 16. Agriculture 17. N.H. Profits Tax Business Interest and 18. Optional: Specify any other area in which you have a special interest
I 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 belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor DECENTED
Date 1 August 2018 Date Signature of Reporting Individual RECEIVED AUG 1 2018
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NH Retirement System Board of Truster \checkmark