2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type	or Print Clearly		_			
Full N	ame Perry E. Plummer		Work Address	110 Smokey Be	ear Boulevard, Concor	d, NH
Prima	ry Occupation Director	e-mail*optional	perry.plummer@d	dos.nh.gov	Work Phone	603-419-0255
The emplo you.	office, position, appointment, or byment with state government held by NO ACRONYMS	Director - NH Division of Hor	meland Security an	d Emergency Ma	nagement	
propr	t below the name, address, and type of any ietor, or employee, or served in any other pdar year. Sources of retirement benefits other to	rofessional or advisory capaci	ity, and from whic	h any income in	excess of \$10,000 w	as derived during the preceding
1.	Dover Fire Department, SAU#56, Somersworth Middle School, West High Street, Somersworth, NH 03878					
2.	State of New Hampshire Retirement System					
lf you	have no qualifying income indicate by writing	your initials next to the follow	ving statement.	My inc	come does not qualify	
report discip	licate below whether you or a family member table special interest in an item on this list if a line a licensee or permittee, or other decision tial effect on you or a family member than it w	change in law, a change in adr by government affecting the li	ninistrative rule, a d	decision whether	or not to award a con	tract, grant a license or permit,
×	 Any profession, occupation, or busines profession, occupation, or category of busines 	•	tate of New Hamp:	shire. List each su	uch	
Γ	2. Health Care 3. Insurance	4. Real Estate, including broke agent, developers, and landle		Banking or financ vices		ate of New Hampshire, county, or cipal employment
×	7. N.H. RetirementSystem 8. Current u assessment p		aurants/	10. Sale and beverages	d distribution of alcoh	olic 11. Practice of law
	12. Any business regulated by the Public Itilities Commission	13. Horse or dog racii of gambling	ng, or other legal fo	orms 🔀 14. Ed	ducation	Water Resources
Γ	16 Adriculture ! I	usiness Business ofits Tax Enterprise Tax	Interest an Dividends		Optional: Specify any o special interest	ther area in which you have a
	read RSA 15-A and hereby swear or affirm than who knowingly fails to comply with the prov					
perso	Twile knowingly fails to comply with the prov		migry mes a raise so	atement sharp be	guilty of a misuemean	RECEIVED
Date	December 30, 2014		Sig	rature of Reporti	ng Individual	JAN 0 2 2015

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

NEW HAMPSHIRE DEPARTMENT OF STATE