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

Type or Print Clearly	
Full Name KRZS BLOMBACK	Work Address P.O. BUX 2448 - PATSPEAR HEAWER
Primary Occupation GENERAL MANACER e-mail KR	25@ PATS PLACE. COM Work Phone 603-428-3245
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	RESOURCES CONVCRC
	rganization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding ability benefits shall be included. (Use additional sheets as necessary.)
1. PATS PEAK ZNC -P.O. BOX 2448 1	FOUNTKER NH 03242
2. Wi	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in admi discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	ne following businesses, professions, occupations, groups, or matters. A person has a inistrative rule, a decision whether or not to award a contract, grant a license or permit, ted business, profession, occupation, group, or matter would potentially have a greater
1. Any profession, occupation, or business licensed or certified by the Star profession, occupation, or category of business:	ILE OF NEW HAMPSHITE. LIST EACH SWOT
2. Health Care 3. Insurance 4. Real Estate, including brokers agent, developers, and landlord	N N
7. N.H. Retirement System 8. Current use land lodging 9. Restaution lodging	urants/
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax  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 tr person who knowingly fails to comply with the provisions of this chapter or knowin	
Date 6/1/2021 Signature	JUN <b>0 3</b> 2021
Date 6/1/2021 Signature	NEW HAMPSHIRE

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

DEPARTMENT OF STATE