

**2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly

Full Name **Edmond Talbot** Work Address **100 No. Main St 4th Floor Concord, N.H. 03301**

Primary Occupation **Director** e-mail **prob gambnh@aol.com** Work Phone **(603)225-9540 ext. 122**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  
**NO ACRONYMS**  
**New Hampshire Council on Responsible Gambling**

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.)

- New Hampshire Council on Problem Gambling 100 No. Main St. 4th Floor Concord, N.H. 03301**
- County Of Bristol (Ma.), Hart's Crossing Taunton, Ma. (Pension), Social Security**

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:

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
<input type="checkbox"/>	2. Health Care <input type="checkbox"/>	3. Insurance <input type="checkbox"/>
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords <input type="checkbox"/>	5. Banking or financial services <input type="checkbox"/>
<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment <input type="checkbox"/>	7. N.H. Retirement System <input type="checkbox"/>
<input type="checkbox"/>	8. Current use land assessment program <input type="checkbox"/>	9. Restaurants/ Lodging <input type="checkbox"/>
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages <input type="checkbox"/>	11. Practice of law <input type="checkbox"/>
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission <input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling <input checked="" type="checkbox"/>
<input type="checkbox"/>	14. Education <input type="checkbox"/>	15. Water Resources <input type="checkbox"/>
<input type="checkbox"/>	16. Agriculture <input type="checkbox"/>	17. N.H. taxes: Business Profits Tax <input type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax <input type="checkbox"/>
<input type="checkbox"/>	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.

Date **December 24, 2021** Signature of Filer *Edmond P. Talbot*

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**JAN 19 2022**  
**NEW HAMPSHIRE**  
**DEPARTMENT OF STATE**