2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			41 /
Full Name Coron Micholau	Work Address \\ \\ \\ \\ \	e Mila Rd, Barlin A	4 03510
Primary Occupation worden Norther Correction Forcility e-mail	*optional	Work Phone	
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Worden, Norther	n New Hampshire Correct	tional facility
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisor calendar year. Sources of retirement benefits other than federal retirement	y capacity, and from which ar	ny income in excess of \$10,000 was	derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next to the	ne following statement.	My income does not qualify	
B. Indicate below whether you or a family member has a special interest in reportable special interest in an item on this list if a change in law, a chang discipline a licensee or permittee, or other decision by government affectifinancial effect on you or a family member than it would on the general p	ge in administrative rule, a deci: ng the listed business, professi	sion whether or not to award a contra	ct, grant a license or permit,
Any profession, occupation, or business licensed or certified profession, occupation, or category of business:	by the State of New Hampshire	e. List each such	
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, are	• 11	1 1	of New Hampshire, county, or I employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or of gambling	dog racing, or other legal forms	14. Education	ter Resources
17. N.H. Business Business taxes: Profits Tax	ess Interest and Dividends Tax	18. Optional: Specify any other special interest	r area in which you have a
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 3-31-18	Con	Ruet	
	Signatu	re of Reporting Individual	