	2018 NEW HAMPSHIRE STAT	EMENT OF FINANCIAL IN	TERESTS - RSA 15-A		
Type or Print Clearly			CTRUM MARKET	NG	
D. CHARA	W.PEASE				NANUHESTER D31
Full Name					
Primary Occupation	vers anno e-	mail *optional <u>Riciperofi</u>	ASE C WET	Work Phone 6	03-620-0490
	pard or commission, committee, board o It with state or county government hele		BL Rasourcas	COUNC	
proprietor, or employee, or s	ress, and type of any profession, busine served in any other professional or adv rement benefits other than federal retirem	visory capacity, and from whic	h any income in excess of	\$10,000 was deriv	ved during the preceding
1. SPRITELIM MAN	KATTING COMMANJES, PLIN	THE + DIERT MAN	+51611400 .95	TODY AD SI	UTE 10)
			W W	NUMBSTOL	Mt D3107
2. YCOMSOTA, i	2BAL BITATE CUNHISHT	•		<u>۱</u>	,)
lf you have no qualifying inco	me indicate by writing your initials next	to the following statement.	My income does n	ot qualify	
reportable special interest in a discipline a licensee or permit	u or a family member has a special intere an item on this list if a change in law, a ch tee, or other decision by government aff nily member than it would on the gener	hange in administrative rule, a c fecting the listed business, prof	lecision whether or not to av	vard a contract, gi	rant a license or permit,
	occupation, or business licensed or certif on, or category of business:	fied by the State of New Hamps	hire. List each such		
2. Health Care 3.	Insurance 4. Real Estate, incl agent, developer		Banking or financial	 6. State of Ne municipal em 	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
12. Any business regulat Utilities Commission	ed by the Public 13. Horse of gamblin	or dog racing, or other legal fo	rms 14. Education	15. Water R	lesources
16. Agriculture		usiness Interest and hterprise Tax Dividends T		ecify any other are interest	a in which you have a
have read RSA 15-A and here	by swear or affirm that the foregoing inf	formation is true and complete	to the best of my knowledge	e and belief. RS	A 15-A:9 Penalty. Any
	comply with the provisions of this chap			nisdemeanor	
Date 2/28/18		\frown		1	RECEIVED
Date			10-		

Signature of Reporting Individual

MAR 0 2 2018

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

NEW HAMPSHIRE DEPARTMENT OF STATE