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

Type or Print Clearly			
Full Name Peter J. Spaul	ding Work Addres	: 333 Dan'l	Websler Haw 311527wen, NS +1 03303
Primary Occupation	e-mail Peter JSpz	Ulding@ : Wo	Webster Haw 30522wen, N +1 05303 ork Phone 603-731-8038
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Merrimack C	ounty Comm	i ssibner
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	onal or advisory capacity, and from wl	nich any income in excess o	of \$10,000 was derived during the preceding
1.	· · · · · · · · · · · · · · · · · · ·	·	•
2.			
If you have no qualifying income indicate by writing your in	nitials next to the following statement.	My income does	s not qualify
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on  1. Any profession, occupation, or business licens profession, occupation, or category of business:	e in law, a change in administrative rule, ernment affecting the listed business, pin the general public:	a decision whether or not to or offession, occupation, group,	award a contract, grant a license or permit,
T ZODENIN CATE II SONNUTANCE II		5. Banking or financial ervices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	11 71		
<del></del>	13. Horse or dog racing, or other legal of gambling	forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax			pecify any other area in which you have a al interest —
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	oregoing information is true and comple of this chapter or knowingly files a false	te to the best of my knowled statement shall be guilty of a	misdemeanor.
	Atl	1.1	RECEIVED
Date 01/14/2021	S	gnature of Reporting Individ	
D			NEW HAMPSHIRE

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

DEPARTMENT OF STATE