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

| Type or Print Clearly  |  |  | <del>_</del>                  |                                     | <u></u>  |
|--|--|--|-------------------------------|-------------------------------------|--|
| Full Name Frederick Joseph Lulka   |  | Work Address   | 33 Capitol Street             |                                     |  |
| Primary Occupation Police Officer  | e-mail   | frederick.lulka@doj.nh.gov                                   |                               | Work Phone                          | 603-271-1471                                       |
| Name the office, position, board or commissi<br>directors, etc. or employment with state<br>government held by you. NO ACRO  | or county  |  | ·····                         |                                     |  |
| A. List below the name, address, and type o proprietor, or employee, or served in any or calendar year. <i>Sources of retirement benefits o</i>  | ther professional or advisor   | y capacity, and from which                                   | h any income in exc           | ess of \$10,000 v                   | was derived during the preceding                   |
| 1. Frederick J. Lulka, Office of the Attor   | ney General, 33 Capitol Stre   | et, Concord, NH 03301, em                                    | oloyee                        |                                     |  |
| 2. New Hampshire State Retirement Sy   | /stem  |  |                               |                                     | · · · · · · · · · · · · · · · · · · ·              |
| If you have no qualifying income indicate by   | writing your initials next to t  | he following statement.                                      | My income                     | does not qualify                    | /  |
| B. Indicate below whether you or a family me<br>reportable special interest in an item on this l<br>discipline a licensee or permittee, or other de<br>financial effect on you or a family member that | ist if a change in law, a chang<br>cision by government affect   | ge in administrative rule, a<br>ing the listed business, pro | decision whether or n         | ot to award a coi                   | ntract, grant a license or permit,                 |
| 1. Any profession, occupation, or b<br>profession, occupation, or category   |  | •  | shire. List each such         |                                     |  |
| 2. Health Care 3. Insurance  | 4. Real Estate, includi<br>agent, developers, ar   |  | Banking or financial<br>⁄ices | 112                                 | ate of New Hampshire, county, or icipal employment |
|  | rrent use land from the second s | 9. Restaurants/<br>lodging                                   |                               | tribution of alco                   | holic 11. Practice of<br>law                       |
| 12. Any business regulated by the Publi<br>Utilities Commission  | c T 13. Horse or of gambling   | dog racing, or other legal f                                 | orms 14. Educa                | tion 📑 15                           | . Water Resources                                  |
| 17. N.H.<br>taxes:   | ☐ Business ☐ Busin<br>Profits Tax ☐ Enter  | prise Tax Dividends  |                               | nal: Specify any special interest - | other area in which you have a                     |
| I have read RSA 15-A and hereby swear or affi  | irm that the foregoing inforr  | nation is true and complete                                  | to the best of my kno         | owledge and bel                     | ief. 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.

Signature of Reporting Individual

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

January 11, 2021

Date

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