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

Type or Print Clearly

Full Name		Work Address						
Primary Occupation	e-mail		Work Phone					
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS								

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.)

1.			
2.			
lf you ha	e 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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:													
	2. Health Care	🕅 3. ln	surance				5. Bank services	5. Banking or financial services		6. State of New Hampshire, county, municipal employment			
	7. N.H. Retirement8. Current use assessment proSystemassessment pro							10. Sale and distribution of alcoholic peverages			11. Practice of law		
						13. Horse or dog racing, or other legal forms f gambling			14. Education	🔲 15. Water R	15. Water Resources		
	16. Agriculture		17. N.H. taxes:			Business nterprise Tax		st and nds Tax		18. Optional: Sp specia	pecify any other are l interest	ea in wh	ich 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

Signature of Filer

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