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

Type or Print Clearly	
Full Name CHRISTOPHER F. NEVINS	Work Address 36 ASHBROCK DRIVE, HAMPTON, NH 0384Z
Primary Occupation RETIRED AIRLINE PILET	e-mall *optional NAU46 @ COMCAST. NET Work Phone 603/926-3736
Name the office, position, board or commission, committee, be directors, etc. or employment with state or county governme by you. NO ACRONYMS	
proprietor, or employee, or served in any other professional	business, or other organization in which you or a family member was an officer, director, associate, partner, or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. US PENSION BENEFIT GUARANTY COR	PORATION.
2.	
If you have no qualifying income indicate by writing your initial	s next to the following statement. My income does not qualify
reportable special interest in an item on this list if a change in la	I interest in any of the following businesses, professions, occupations, groups, or matters. A person has a w, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, ent affecting the listed business, profession, occupation, group, or matter would potentially have a greater general public:
Any profession, occupation, or business licensed o profession, occupation, or category of business:	r certified by the State of New Hampshire. List each such NHATORNEY - SPOUSE
	te, including brokers, 5. Banking or financial 6. State of New Hampshire, county, or services municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic lodging 11. Practice of law
	Horse or dog racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax Interest and Special Interest Int
have read RSA 15-A and hereby swear or affirm that the foregol	ng information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any s chapter or knowlngly files a false statement shall be guilty of a misdemeanor.
Date August 8, 2018	Questin 7 hum
	Signature of Reporting Individual AUG 1 4 2018
Return to: Office of Secretary of State	107 North Main Street, State House Room 204, Concord, NH 03301

DEPARTMENT OF STATE