2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		J.	
Full Name Brian Bidauell	Work Address	While Front Street	
Primary Occupation Induini 5 trace	e-mail blidge (Busy	h.edu Work Phone	603 - 206-8148
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	President, Manches	er Community Coll	<u>જુ</u>
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal	or advisory capacity, and from whi	ch any income in excess of \$10,000) was derived during the preceding
1.		1	
2.			
If you have no qualifying income indicate by writing your initia	als next to the following statement.	My income does not qua	lify BB
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on the special spec	law, a change in administrative rule, a ment affecting the listed business, pr he general public:	a decision whether or not to award a ofession, occupation, group, or matt	contract, grant a license or permit,
Any profession, occupation, or business licensed profession, occupation, or category of business:	for certified by the State of New Ham	pshire. List each such	
1 1 / Haalth (are il K inclirance il i	•		State of New Hampshire, county, or unicipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of al beverages	coholic 11. Practice of law
	3. Horse or dog racing, or other legal i gambling	forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest a Enterprise Tax Dividends	II 1	ny other area in which you have a tt—
I have read RSA 15-A and hereby swear or affirm that the foreg person who knowingly fails to comply with the provisions of t	poing information is true and complet this chapter or knowingly files a false s	e to the best of my knowledge and l statement shall be guilty of a misden	pelief. RSA 15-A:9 Penalty. Any neanor.
Date 6/6/2022	Signature of Filer	Hill	RECEIVED
Return to: Office of Secretary of St	ate, 107 North Main Street, State Hou	se Room 204, Concord, NH 03301	JUN 0 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE