## 2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	
Full Name Exice Peter Allen Work Address	
Primary Occupation Forester e-mail Bruse PAllen 16 gm. Low Work Phone	:
Name the office, position, board or commission, board of Plesiclent, NH Association of Conceveration povernment held by you.  NO ACRONYMS  Spring field Conservation Commission  No acronyms	Con Ex. Board
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officoroprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	cer, director, associate, partner, aderived during the preceding
NH ONER Forest + Lands	v
	9
you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	X &
Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, of eportable 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 contradiscipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would inancial 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:	ct, grant a license or permit,
	of New Hampshire, county, or al employment
7. N.H. Retirement	c 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Wa	ater Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other special interest	er area in which you have a
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. 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 1/14/19 Signature of Reporting Individual	MECHNED
Paturn to: Office of Secretary of State 107 North Main Street State House Poom 204 Concord NH 03301	JAN 1 8 2019