2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly								
Full Name Geor	rge Ritchie White		Work Address			<u> </u>		
	Consultant	e-mail	R-DWhite Qu	smcost. net	Work Phone	603-496-7482		
Name the office, position, board or commission, board of directors, etc. or employment with state or county		ATLANTIC STATES Marine Fisheries Commission						
government held by y		Advisory Committee on Marine Fisherie's						
proprietor, or employ	me, address, and type of any professi yee, or served in any other professio es of retirement benefits other than fede	nal or advisor	y capacity, and from which	n any income in ex	cess of \$10,000 w	vas derived during the preceding		
	TATT TU Peuse Develo	pment 1	Aumority					
2.				<u> </u>				
If you have no qualifyi	ing income indicate by writing your in	iitials next to th	ne following statement.	My incom	e 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:

-	2. Health Care	— 3. Insura	ance	14	. Real Estate, including brokers, gent, developers, and landlords		 5. Banking or financial services 		6. State of New Hampshire, county, or municipal employment	
_	7. N.H. Retirement 8. Current use System assessment pro					10. Sale and distribute beverages	Sale and distribution of alcoholic T 11. Pract rages law			
_	12. Any business reg Utilities Commission		the Pub	lic	☐ 13. Hor of gambl	se or dog racing, or ot ing	her legal forms	14. Education	15. Water R	lesources
_	16 Agriculture I I			siness F Business Interest and fits Tax Enterprise Tax Dividends Tax		☐ 18. Optional: spec	Specify any other area in which you have a cial interest			

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.

RECEIVED

Date

1/25/20

Signature of Reporting Individual

FER I I

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

DEPARTMENT OF STATE