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

Type or Pr	int Clearly		<u></u>				
Full Name	John A Manning		W	ork Address	63 Community Wa	y Keene, NH 034	31
Primary Oc	ccupation Executive		e-mail jmanning@sc	shelps.org		Work Phone	603-719-4211
directors,	etc. or employment wit		Board member - NH Comm	unity Develo	pment Finance Autho	ority	
proprietor.	or employee, or served in	n any other professio	on, business, or other organical or advisory capacity, and retirement and/or disability	nd from whi	ch any income in exc	cess of \$10,000 v	officer, director, associate, partner, was derived during the preceding as necessary.)
1. s	outhwestern Community S	ervices Inc 63 Commu	unity Way Keene, NH				
2.		<u> </u>					
If you have	no qualifying income indi	cate by writing your ir	nitials next to the following s	tatement	My incom	e does not qualify	·
reportable discipline a financial el	special interest in an item a licensee or permittee, or o ffect on you or a family mer	on this list if a change other decision by gove mber than it would on ion, or business licens ategory of business:	In law, a change in administ ernment affecting the listed the general public: NON sed or certified by the State of	trative rule, a business, pro	decision whether or refession, occupation, o	not to award a cor group, or matter v	ps, or matters. A person has a ntract, grant a license or permit, would potentially have a greater
2. H	lealth Care 3. Insuran	ca II	Estate, including brokers, developers, and landlords	11	Banking or financial vices	l muni	ate of New Hampshire, county, or cipal employment
	N.H. Retirement tem	8. Current use land assessment program		nts/	10. Sale and di beverages	stribution of alcol	nolic 11. Practice of law
	iny business regulated by the commission	he Public	13. Horse or dog racing, or of gambling	r other legal f	14. 2000		. Water-Resources
□ " 16."	Agriculture 17. N			Interest a Dividends	13	onal: Specify any o special interest –	other area in which you have a
person wh	d RSA 15-A and hereby swe no knowingly fails to compl /4/2021	ar or affirm that the fo y with the provisions	oregoing information is true of this chapter or knowingly	files a false s	e to the best of my kn tatement shall be gui	Ity of a misdemea	RECEIVED
	Return to	o: Office of Secretary o	f State, 107 North Main Stre				JAN 15 2021 NEW HAMPSHIRE DEPARTMENT OF STATI