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

Type or Print Clearly	
Full Name John J. Colony III	Work Address Harrisville Designs LNC P.O. Brx 806
2	e-mail *optional))Colony@harrisville.com Work Phone 827-3333 × 206
Primary Occupation	Work phone <u>827-3333 x 206</u>
Name the office, position, board or commission, committee, boa	and of NH Land and Community Heritage Authority

Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

Harrisville Designs, INC. 1. 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

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NEW HAMPSHIRE DEPARTMENT OF STATE

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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

2. Health Care	📃 3. ins	urance				luding broke rs, and landio			5. Ban service:	6	financial		6. State of N municipal en		npshire, county, or ent
7. N.H. Retireme System			rrent use ment pro			9. Resta	urants	5/		10. S bever	ale and distributi ages	lon o	falcoholic		11. Practice of law
12. Any business re Utilities Commissio	-	by the Publi	c		3. Horse gamblir	e or dog racin ng	g, or o	ther leg	al form	s 🗆	14. Education] 15. Water I	Resourc	es
16. Agriculture		17. N.H. axes:	Bus Bus Prof	iness Its Tax		usiness nterprise Tax		Interes Dividen			18. Optional: Specia	becify l inte	any other are rest	ea in wh	nich you have a

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 faise statement shall be guilty of a misdemeanor.

Date 8/29/18

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