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

ype or Print Clearly	11. 1 1
Full Name ohn G. Cron Work Address 722 Chestn-t St.	, Marchester, N
Primary Occupation Attorney e-mail *optional jevonine chalcu. com Work Phone	603-624-4333
Name the office, position, board or commission, committee, board of lirectors, 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 office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as ne	derived during the preceding
Cronin Bisson + Zalinsky, P.C., 722 Chestat St. Ma	incluster, NH
Derris has Title Clos Servies, LC, 11	
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	(our
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 contract liscipline 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:	
	of New Hampshire, county, or I employment
7. N.H. Retirement 8. Current use land 9. Restaurants/	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 	ter Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any othe special interest	r 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 12/19/17	RECEIVED
Signature of Reporting Individual	JAN 1 7 2018
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE

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OPLC-ADMINISTRATION