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

Type or Print Clearly	0		4 /		
Full Name	E. Parris	Work Addre	ess <u>Redund</u>	Home	
Primary Occupation		e-mail *optional	rris e metroca	st. Net Work Phor	& 524-6357
Name the office, position, boardirectors, etc. or employment by you. NO ACRONYMS	rd or commission, committee, boa with state or county government		ard of man	factored Hou	os ing-NH
proprietor, or employee, or se	ss, and type of any profession, but rved in any other professional or ment benefits other than federal reti	advisory capacity, and	from which any income	in excess of \$10,000 v	vas derived during the precedin
1.			**************************************		
2.					
lf you have no qualifying incom	e indicate by writing your initials n	ext to the following stat	ement. My	ncome does not qualify	Ly
reportable special interest in an discipline a licensee or permitte	or a family member has a special in item on this list if a change in law, ee, or other decision by governmen ly member than it would on the ge	a change in administrat t affecting the listed bu	ive rule, a decision wheth	er or not to award a cor	tract, grant a license or permit,
	cupation, or business licensed or c n, or category of business:	ertified by the State of N	lew Hampshire. List each	such	
2. Health Care 3. II		including brokers, pers, and landlords	5. Banking or fina services		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale beverage	and distribution of alcoh	olic 11. Practice of law
12. Any business regulate Utilities Commission	d by the Public 13. Ho	orse or dog racing, or ot bling	her legal forms 14	Education 15.	Water Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax		Interest and 18	Optional: Specify any conspectal interest	ther area in which you have a
I have read RSA 15-A and hereb person who knowingly fails to o	y swear or affirm that the foregoing omply with the provisions of this c	information is true and hapter or knowingly file	complete to the best of sa false statement shall	my knowledge and belic be guilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor.
Date 4/16/2018		_Sou	Signature of Repo	ring Individual	
			signature of Repo	rung marviduai	1 1