

2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - I

Type or Print Clearly

Full Name FRED KEACH Work Address 495 STATE ST
Primary Occupation Business Owner e-mail *optional keachf@NH0330

Name the office, position, board or commission, committee, board of Employment Security Appealate
directors, etc. or employment with state or county government held Board
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, or employee, or served in any other professional or advisory capacity, and from which any income was received during the calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

- 1. D. McLeod Inc.
- 2. _____

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

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, or other organizations. Reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision which disciplines a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, or other activity has a financial effect on you or a family member that it would not have had otherwise.

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each profession, occupation, or category of business:	_____
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/> 3. Insurance
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax
<input type="checkbox"/>		<input type="checkbox"/> 5. Banking or financial services <input type="checkbox"/> 9. Restaurants/lodging <input type="checkbox"/> 10. Sales and beverage <input type="checkbox"/> 14 <input type="checkbox"/> 18

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, and that I am not knowingly filing a false statement.

Date 1/9/18
Fred Keach
Signature of Repc

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

RECEIVED

JAN 11 2018

NEW HAMPSHIRE DEPARTMENT OF STATE