2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	
Full Name Edward John Gibson Work Addre	
Primary Occupation FNG/NECKING CONSULTANT e-mail *optional	
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	de Roview Board
A. List below the name, address, and type of any profession, business, or other organizar proprietor, or employee, or served in any other professional or advisory capacity, and calendar year. Sources of retirement benefits other than federal retirement and/or disability be	from which any income in excess of \$10,000 was derived during the preceding
•	CONSULTANT, / MACLISON AUG, GORGAN NH 0358
2. NORTHERN HUMAN SCRUCCES, 87 WAShing TON	ST CONWAY NH 03818
If you have no qualifying income indicate by writing your initials next to the following state	
B. Indicate below whether you or a family member has a special interest in any of the follor reportable special interest in an item on this list if a change in law, a change in administrat discipline a licensee or permittee, or other decision by government affecting the listed bus financial effect on you or a family member than it would on the general public:	ive rule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of N profession, occupation, or category of business: Licensed Licensed	lew Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current use land lodging 9. Restaurants/	10. Sale and distribution of alcoholic Law 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or ot of gambling	her legal forms 14. Education 15. Water Resources
1 16 Agriculture 1 1 1	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and person who knowingly fails to comply with the provisions of this chapter or knowingly file	
	RECEIVED Signature of Reporting Individual NAME 1 6 2015
, ,	Signature of Reporting Individual IAN 16 2015

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

NEW HAMPSHIRE DEPARTMENT OF STATE