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

Type or Print Clearly		0	1/2 / - 11/ 12000
Full Name Dennis E Muchdy In	Work Address 458	Piper HIII Dd, Centi	Harbo WIT 0324
Primary Occupation Refined	e-mail *optional 	Work Phone	968-9778
Name the office, position, board or commission, committee directors, etc. or employment with state or county governiby you. NO ACRONYMS	e, board of Compensation ment held	Appeals Beard	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000 was de	erived during the preceding
1. National Education Crescoe,	innon Retirement DEAM		
2. NH Vetirementy System			
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify			
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	n law, a change in administrative rule, a de nment affecting the listed business, profes	ision whether or not to award a contract,	grant a license or permit,
Any profession, occupation, or business license profession, occupation, or category of business:	d or certified by the State of New Hampshi	re. List each such	-
I / Health (are Insurance	state, including brokers, developers, and landlords 5. Ba	13	New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribution of alcoholic beverages	11. Practice of law
The second state of the Public Utilities Commission and the Public Utilities Commission and the Public Utilities Commission and the Public Institute of the Public Institute o			
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Ta	18. Optional: Specify any other special interest	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			RSA 15-A:9 Penalty. Any
12 / 1 -		-2 [RECEIVED
Date 14/44/17	Signa	ture of Reporting Individual	DEC 2 º 2017

NEW HAMPSHIRE DEPARTMENT OF STATE