## 2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Full Name Mark Charles Armaganian	Work Address: 59 Hampton Street Concord, NH 03301		
Primary Occupation Director of Enforcement and Licensing	E-mail mark.armaganian@liquor.r	hh.gov Work Phone 271	-3521
lame the office, position, board or commission, committee, board of Nirectors, etc. or employment with state or county government held y you. NO ACRONYMS.	New Hampshire Liquor Commission Division	n of Enforcement and Licensing	
A. List below the name, address, and type of any profession, busing proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal	advisory capacity, and from which any incom	ne in excess of \$10,000 was derived d	uring the preceding
1. New Hampshire Retirement System			
2.			
f you have no qualifying income indicate by writing your initials next t	o the following statement.	My income does not qualify _	
B. Indicate below whether you or a family member has a special reportable special interest in any item on this list if a change in discipline a licensee or permittee, or other decision by government financial effect on you or a family member than it would on that the lambda occupation, or category of business:  1. Any profession, occupation, or business licensed or certified occupation, or category of business:	law, a change in administrative rule, a decisi nent affecting the listed business, profession, e general public:	on whether or not to award a contract occupation, group, or matter would po	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, inc		6. State of New municipal empl	Hampshire, county, or loyment
7. N.H. Retirement System  8. Current use land assessment program	9. Restaurants/ 10. Sa bevera	ale and distribution of alcoholic ages	11. Practice of law
Utilities Commission	se or dog racing, or other legal forms of	14. Education   15. Water Re	sources
	Business Interest and Dividends Tax	18. Optional: Specify any other area in special interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foreg Penalty. Any person who knowingly fails to comply with the p	provisions of this chapter or knowingly file	les a false statement shall be guilty	
Date December 31, 2018		l C Amgunera	RECEIVE
	Signature of	of Reporting Individual	11202.02

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

JAN 08 2019