## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS FROM 15-A 12 GOOD TO THE METATORIST FOR 15 FOR 1

Type or Print Clearly				
Full Name ERIL A	UDERSON	Work Addre	55 38 GENRUES	Terr / Ports. NH. 0380
Primary Occupation Comme	TICIAL FISACIOMAI	Me-mail AMDY 4215	2 B AOL. Comw	ork Phone 1003-234-7038
Name the office, position, board o directors, etc. or employment government held by you.	r commission, board of WEO with state or county NO ACRONYMS	AUTHURITY	DIV. OF BOTS ENLARGE	des Addisoly Committee
	d in any other professional c	or advisory capacity, and from v	hich any income in excess i	ber was an officer, director, associate; partne of \$10,000 was derived during the precedin onal sheets as necessary.)
1. MONE				·
2. NOWE	· · · · · · · · · · · · · · · · · · ·			
If you have no qualifying income in	ndicate by writing your initials	next to the following statement	My income doe	s not qualify
reportable special interest in an ite	m on this list if a change in law or other decision by governme	w, a change in administrative rule ent affecting the listed business,	, a decision whether or not to	ations, groups, or matters. A person has a award a contract, grant a license or permit, , or matter would potentially have a greater
1. Any profession, occupation, o		CEPTIFIED by the State of New Ha	moshire. List each such FISHERMENIS	LSSOCIATION!
2. Health Care 3. Insu		e, including brokers, lopers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	ition of alcoholic 11. Practice of law
12. Any business regulated b Utilities Commission		Horse or dog racing, or other leg	al forms 14. Education	15. Water Resources
16 Agriculture	N.H. Business xes: Profits Tax	Business Har Buy Interest Enterprise Tax Divide		Specify any other area in which you have a stall interest
				dge and belief. BCRSA-15-A:9 Penalty. Any a misdemeanor Book State Communication of the commu
Date 344.12, 20	7.	<u> </u>	Signature of Reporting Indivi	dual KECEIVED

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

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NEW HAMPSHIRE DEPARTMENT OF STATE