## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

Type or Print CLEARLY Full Name	PAUL RYDEL		Work Address:/	1HDES - 29 H	SZEN DRICK	CONCORP NH 03
Primary Occupation	edpostologis?	:- !	h	۸۵	· /	61 10 100
Name the office, position, directors, etc. or employment you. NO ACRONYMS	board or commission, committee, board o ent with state or county government held	f BEARD OF	LICENSURF	FOR PASHESS	isnar 6to	106075
A. List below the nar proprietor, or emp calendar year. <i>Sou</i>	board or commission, committee, board or contribution, committee, board or country government held in the contribution of any profession, beloyee, or served in any other professional urces of retirement benefits other than federal comme indicate by writing your initials ne	usiness, or other organ or advisory capacity, eral retirement and/or	nization in which you and from which any disability benefits sl	for a family member wincome in excess of \$1 hall be included. (Use a	as an officer, direct 0,000 was derived o dditional sheets as	or, associated in the desired associated associated associated as a second associated as a second associated as a second as a se
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2.	<del>-</del>					1020
lf you have no qualifying i	ncome indicate by writing your initials ne	xt to the following sta	tement.	My incom	e does not qualify	
occupation, or ca		including brokers,	5. AND 6AX NO.	•	6. State of Nev	v Hampshire, county, or
7. N.H. Retirement	agent, develo	pers, and landlords  9. Restaurar	services	10. Sale and distribution	municipal emp	11 Prosting of
System	assessment program	lodging		peverages		law
12. Any business regu Utilities Commissio		lorse or dog räcing, or o	other legal forms of	14. Education	15. Water Ro	∋sources
16. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends Tax		cify any other area ir interest	which you have a
Penalty. Any person w	and hereby swear or affirm that the for who knowingly fails to comply with the	regoing information e provisions of this	is true and comple chapter or knowing	te to the best of my k ly files a false staten	nowledge and be nent shall be guilt	lief. RSA 15-A:9 y of a misdemeanor.
Date	<u> </u>		Signa	ture of Reporting Indiv	idual	RECEIVED
	Return to: Office of Secretary of	of State, 107 North Ma	ain Street, State Hous	se Room 204, Concord,	NH 03301	LANI 1 6 2020