



Statement of Financial Interests
 PEASE DEVELOPMENT AUTHORITY
 (RSA 12-G:5)

Name and address of reporting individual: NEIL LEVESQUE PO BOX 304 Rye Beach NH 03871
 (print)

1. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.

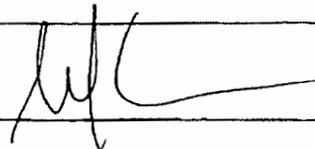
- a. SAINT Anselm College
- b. Catholic Medical Center
- c. _____

2. State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).

- d. _____
- e. _____
- f. _____

3. State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).

- g. _____
- h. _____
- i. _____

Signature of Reporting Individual: 

Date: 6/21/21

This report is for calendar year 2021

RECEIVED

JUN 22 2021