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

Type or F	rint Clearly								
Full Name	e David Glenn Allen			Work	Address	13 South Avenue, Derry	, NH 03038	AMERICA PARA A A CARLES CONTRACTOR A CARLES AND A CARLES	
Primary C	Occupation Parts Cou	inter Person	e-mail	daveallen88@hot	tmail.com	W	ork Phone	603-432-3314	
directors,		d or commission, board of nt with state or county NO ACRONYMS		ire Motor Vehicle	Industry Bo	pard			
proprieto	r, or employee, or se		ional or advisor	ry capacity, and	from which	any income in excess	of \$10,000 wa	ficer, director, associate, partner, as derived during the preceding necessary.)	
1.	Carparts Distribution Center Inc., 13 South Avenue, Derry, NH 03038 (Employee Parts Store)								
2.	tormers miss of deleter on the selection of the selection					a Primitiga esta manualitaria disalata (APPO) menenara antaria disalata a Arenderia disalata a Arenderia disalata (APPO) menenara antaria disalata a Arenderia disalata (APPO) menenara antaria disala	anthuma u u u de de en		
lf you hav	e no qualifying incom	e indicate by writing your	initials next to t	he following state	ement.	My income do	es not qualify		
discipline financial e	a licensee or permitte effect on you or a fami 1. Any profession, oc		vernment affect in the general p	ing the listed bus public:	iness, profe	ssion, occupation, group		tract, grant a license or permit, buld potentially have a greater	
2.1	Health Care 3. Ir		il Estate, includi t, developers, a		5. B			te of New Hampshire, county, or ipal employment	
1	N.H. Retirement stem	8. Current use lan assessment program	- 11	9. Restaurants/ lodging		Sale and distributebeverages	ution of alcoho	olic 11. Practice of law	
	Any business regulated ies Commission	d by the Public	13. Horse or of gambling	dog racing, or oth	her legal for	ms 14. Education	T 15.\	Water Resources	
┌ 1 6	16. Agriculture 17. N.H. Business taxes: Profits Ta			Business Interest and Dividends Tax			18. Optional: Specify any other area in which you have a special interest —		
		y swear or affirm that the f comply with the provisions						f. RSA 15-A:9 Penalty. Any or.	
Date 1	l-15-19	Control of the Contro		A	avie	JSI All		RECEIVED	
ı					Sign	ature of Reporting Indivi	dual	JAN 17 2019	
	Ret	urn to: Office of Secretary	of State 107 No	rth Main Street S	tate House	Room 204 Concord NH	03301	NEW HANDSHIDE	

NEW HAMPSHIRE DEPARTMENT OF STATE