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

Type o	r Print Clearly				_				
Full Na	me Bradley C. Osgood			Work Add	ress 3	35 Green St. Concord, N	H 03301	yr e	
Primar	y Occupation Police Offi	Cer '	e-mail	bosgood@concordp	olice.com	. W	ork Phone	603-225-8600	. ~
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			N/A Prescription I	Drug Monitoring Advi	sory Cou	ncil .	<u>.</u>		
proprie	etor, or employee, or serv	s, and type of any professioned in any other professionent benefits other than feder	nal or adviso	ry capacity, and fron	which a	any income in excess of	of \$10,000 w	as derived during the	itė, partner preceding
1.	n/a								:
2. If you h	nave no qualifying income	indicate by writing your in	iitials next to t	he following stateme	nt.	My income doe	s not qualify	bco /	
reporta discipli	oble special interest in an in ne a licensee or permittée al effect on you or a family 1. Any profession, occ	r a family member has a sp tem on this list if a change e, or other decision by gove member than it would on supation, or business licens or category of business:	in law, a chan rnment affect the general p	ge in administrative r ting the listed busines public:	ule, a dec s, profes:	ision whether or not to ion, accupation, group	award'a con	tract, grant a license o	r permit,
<u> </u>	2. Health Care 3. Ins	surance 4. Real] Estate, includi developers, a		5. Bar service	nking or financial		te of New Hampshire,	county, or
	7. N.H. Retirement System	8. Current use land assessment program	r.	9. Restaurants/ lodging	1-	10. Sale and distribution beverages	tion of alcoh	olic 11. Pr	actice of
	Any business regulated ilities Commission		13. Horse or of gambling	dog racing, or other l	egal form	14. Education	15.1	Water Resources	!
Γ	16 Apricultura	17. N.H. Business, Profits Tax	Busin Enter		est and ends Tax		pecify any or al interest	ther area in which you	have a
l have r person Date	ead RSA 15-A and hereby who knowingly fails to co	swear or affirm that the formply with the provisions of	regoing inforn of this chapter	nation is true and con or knowingly files a f	aplete to	the best of my knowled ment shall be guilty of	ige and belie a misdemear	f. RSA 15-A:9 Penal nor.	ty. Any
vale	,	rn to: Office of Secretary of	State, 107 No	rth Main Street, State	-	ure of Reporting Individual	(
	·	·				()		