2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	·		
Full Name Painela J. Arrwold	Work Address	259 County Farm	Rd, Dover NH
Primary Occupation County treas.	e-mail pjarnold 8 m	etrocast. wet Work Phone	603742 1158
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	County treas.		• • • • • • • • • • • • • • • • • • • •
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	nal or advisory capacity, and from whic	h any income in excess of \$10,000 wa	s derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	pin
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business licensee.	in law, a change in administrative rule, a c rnment affecting the listed business, prof the general public:	lecision whether or not to award a cont ession, occupation, group, or matter wo	ract, grant a license or permit,
profession, occupation, or category of business:	O CEITINES DY THE STATE OF NEW HAITIPS	IIIIE: LISTEAUI SULT	
agent, c	Estate, including brokers, 5. Edevelopers, and landlords serv		e of New Hampshire, county, or pal employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	Sale and distribution of alcoho beverages	lic 11. Practice of law
	13. Horse or dog racing, or other legal fo of gambling	rms 14. Education 15. V	Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax		her area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	egoing information is true and complete f this chapter or knowingly files a false sta	to the best of my knowledge and belief	. RSA 15-A:9 Penalty. Any
	0. 0	16. 21	RECEIVED
Date /-10-2021	Sign	ature of Reporting Individual	JAN 1 5 2021
Return to: Office of Secretary of	State, 107 North Main Street, State House	Room 204, Concord, NH 03301	NEW HAMPSHIRE