

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

Type or Print Clearly

Full Name Robert F. Adams Work Address 33 Capitol Street, Concord, NH 03301
 Primary Occupation Assistant Attorney General e-mail robert.adams@doj.nh.gov Work Phone _____

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**
NH Department of Justice
Assistant Attorney General

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was a proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheet if necessary.)

1. Herbert Sott Trust f/b/o Lynne Adams, Robert F. Adams, Trustee
2. _____

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify.

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter has a financial effect on you or a family member that is different than it would on the general public:

<input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>Attorney-NH Bar</u>					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords		<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. Miscellaneous
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging		<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission		<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Other
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other special interests	

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 1/14/20  Signature of Reporting Individual

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

