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

Type or Print Clearly			
Full Name Russell Norpi	Work Address	PC BOX 955 Conce	SOEEO HUIDI
Primary Occupation Director of Scurity	Studies e-mail russing e YAL	Victo cem Work Phone	3507741989
Name the office, position, board or commission, board directors, etc. or employment with state or cogovernment held by you. NO ACRONYMS			
A. List below the name, address, and type of any pr proprietor, or employee, or served in any other pro calendar year. Sources of retirement benefits other tha	ofessional or advisory capacity, and from which	any income in excess of \$10,000 was de	erived during the preceding
1. Rivier University	420 5 MAIN ST NASH	rua NH 03060	
2.			
If you have no qualifying income indicate by writing y	our initials next to the following statement.	My income does not qualify	
B. Indicate below whether you or a family member have reportable special interest in an item on this list if a characteristic alicensee or permittee, or other decision by financial effect on you or a family member than it would be supported by the contraction of the contraction	nange in law, a change in administrative rule, a de y government affecting the listed business, profes	cision whether or not to award a contract,	grant a license or permit,
Any profession, occupation, or business profession, occupation, or category of business.	licensed or certified by the State of New Hampshi ess:	ire. List each such	
I / Health (are II 3 Incurance II	Real Estate, including brokers, 5. Bagent, developers, and landlords service	j	New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use assessment pro	- 11	Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal form of gambling	ns 14. Education 15. Water	er Resources
	siness Business Interest and Fits Tax Enterprise Tax Dividends Tax	x T 18. Optional: Specify any other special interest	area in which you have a
I have read RSA 15-A and hereby swear or affirm that person who knowingly fails to comply with the provis			RSA 15-A:9 Penalty. Any

Signature of Filer Kussell honni

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NEW HAMPSHIRE DEPARTMENT OF STATE