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

Type or Print CLEARLY Full Name TOVA REGION	Work Address: 7 Wall St Caucas NH 03301
Primary Occupation HONSING DIVECTON E-m	mail HONTORO Small com Work Phone
Name the office, position, board or commission, committee, board of	MISSIGNER - MERVINACK Comby
proprietor, or employee, or served in any other professional or advisory capa calendar year. Sources of retirement benefits other than federal retirement as	organization in which you or a family member was an officer, director, associate, partner, acity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary)
1. NH Community Lock Fund Twell St	Couchd. Meninck County Commissionic
2. Dennetry + Bouley, UC 17 Depot St Ca	rud
If you have no qualifying income indicate by writing your initials next to the followin	ng statement. My income does not qualify
financial effect on you or a family member than it would on the general publ 1. Any profession, occupation, or business licensed or certified by the State of occupation, or category of business: 2. Health Care	f New Hampshire. List each such profession, s, 5. Banking or financial 6. State of New Hampshire, county, or
agent, developers, and landlord 7. N.H. Retirement 8. Current use land 9. Rest	staurants/ services municipal employment municipal employment 11. Practice of 12. Practice of 13. Practice of 14. Practice of 15. Practice o
System assessment program lodging 12. Any business regulated by the Public 13. Horse or dog racing	g or other legal forms of
Utilities Commission gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Profits Tax Enterprise Tax	Interest and Dividends Tax Interest and Dividends Tax Is. Optional: Special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing informate Penalty. Any person who knowingly fails to comply with the provisions of Date	ation is true and complete to the best of my knowledge and belief. RSA 15-A:9 This chapter or knowingly files a false statement shall be guilty of a mischapeaner EIVED Signature of Reporting Individual APR 0 6 2020
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE