## KECLIVED

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NEW HAMPSHIRE

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

Type or Print Clearly				
Full Name Tack R. Bronnenberg				1/15boro Al.H
Primary Occupation Selfen played e-mail	GLT1e my GSC.	Com Worl	Phone 60;	3-765-5526
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	member 1	1.H. Fores	t advisi	my Boad
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement ar	capacity, and from which a	ny income in excess of	\$10,000 was derive	ed during the preceding
Bronnenberg Lossing and	Tracking La	C.F. 600 Coo	ledge Ra	! Hillsbora
If you have no qualifying income indicate by writing your initials next to the	e following statement.	My Income does r	ot qualify	-
B. Indicate below whether you or a family member has a special interest in reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affectin financial effect on you or a family member than it would on the general put.  1. Any profession, occupation, or business licensed or certified by	e in administrative rule, a deci g the listed business, profess blic:	ision whether or not to avion, occupation, group, o	ward a contract, gra	nt a license or permit,
profession, occupation, or category of business:		- منسهد		
2. Health Care     3. Insurance     4. Real Estate, including agent, developers, and	· II	iking or financial	<ul> <li>6. State of Nev municipal emp</li> </ul>	v Hampshire, county, or loyment
<b>}</b>	9. Restaurants/ odging	<ol><li>Sale and distribution beverages</li></ol>	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or de Utilities Commission 15. Horse or de Of gambling	og racing, or other legal form	S 14. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business Busines Busines Busines Busines		- 18. Optional: Sp special	ecify any other area interest —	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter o				15-A:9 Penalty. Any
Date 1/9/2021	Signati	ure of Reporting Individu	al	

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