## 494 FIREW FIRME DRING DI ALEMENTE OF FINANCIAL INTEREDID - KSA 15-A

## Type or Print Clearly

Full Name	Kevin Andrew Sheppard	Work Address	IH 03103		
Primary Occ	upation Engineer	e-mail ksheppard@manchesternh.	gov Work Phor	ne 603-624-6444	,
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Chairman, Oil Fund Disbursement Board	· · · · · · · · · · · · · · · · · · ·		; ;

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

1.	City of Manchester Public Works, 475 Valley Street, Manchester, NH 03103		
2.			· · · · · · · · · · · · · · · · · · ·
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ii you na	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	

8. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a 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 contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

$\mathbf{X}$	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such     profession, occupation, or category of business:     Professional Engineer, Real Estate Agent (inactive status)								
	2. Health Care	n care il s'insurance ll'x				5. Bar service	nking or financial 6. State of New Hampshire, coun municipal employment		
	7. N.H. Retirement 8. Current use   System assessment pro			· · · · · · · · · · · · · · · · · · ·	9. Restaurants/	,	10. Sale and distribu beverages	tion of alcoholic	11. Practice of law
	12. Any business regulated by the Public Utilities Commission			- 13. Horse or dog racing, or other legal forms - 14. Education - 15. Water Re		esources			
	16. Agriculture	17. N.H. taxes:				Interest and Dividends Tax		Specify any other are al interest	a in which you have a

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. **RSA 15-A:9 Penalty.** 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.

RECEIVED Date Signature of Reporting Individual JAN 1 9 2021 Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE