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

Type or	r Print Clearl	У									
Full Na	ne Ionathan Rice			Work Address 19 Wakefield St, Roche			efield St, Rocheste	ester, NH 03867			
Primary	Occupation	Chief Ass	essor		e-mail onatha	n.rice@rochesternl	n.net	Wo	rk Phone	603-332-5109	
Name the office, cosition, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Eurrent Use Advisory Board						
propriet	tor, or emplo	yee, or se	rved in any o	ther profess	sion, business, or other ional or advisory capac deral retirement and/or o	city, and from whi	ich any inc	ome in excess o	f \$10,000 w	as derived duri	associate, partner, ing the preceding
1.	Vone										
2	Vone		<u></u>								
if you ha	ave no qualify	ring incon	e indicate by	 writing your	initials next to the follo	wing statement.		My income does	not qualify	JR	
reportal disciplir	ble special int ne a licensee c	erest in ar permitt	i item on this ee, or other de	list if a chang cision by gov	special interest in any or e in law, a change in ad remment affecting the in the general public:	ministrative rule, a	decision w	hether or not to	award a cor	ntract, grant a lic	ense or permit.
×	1. Any pro profession, c	fession, o occupation	ccupation, or l n, or category	ousiness licer of business:	sed or certified by the Certified Residentia						
2	. Health Care	3.1	nsurance		l Estate, including brok t, developers, and landl		. Banking o rvices	r financial		ate of New Ham cipal employme	pshire, county, or nt
XI	7. N.H. Retire ystem	ment	11 :	rrent use lan ment progra	[] {	taurants/		Sale and distribut	ion of alcol	nolic	11. Practice of law
	. Any busines ities Commi		d by the Publ	c	13. Horse or dog rac of gambling	ing, or other legal	forms	14. Education	<u> </u>	. Water Resource	es
1	6. Agriculture	<u> </u>	17. N.H. taxes:	Busines:		x Dividends	11 5	18. Optional: S specia	pecify any o	other area in wh	ich you have a
have re person v	ead RSA 15-A a who knowing	and herek ly fails to d	y swear or aff comply with th	irm that the f ne provisions	oregoing information is of this chapter or know	s true and complet vingly files a false s	e to the be	est of my knowled shall be guilty of a	ge and beli misdemea	ef. RSA 15-A:	Penalty. Any
Date	lanuary 9, 20	20			Fine dame	Sil	gnature of	Reporting Individ	lual		