## 2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name Nich Toumpos	Work Address	10 Bass Dr.	ve Ryc WH	03870
Primary Occupation Rotinel	e-mail NTwompose	Gma, 1. Cm Work Pl	none 603-55	15-4995
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Gournois Quersight Pommes	ssim For Mondol	Health Works	Durce Davelgement
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federated and the served of the serv	al or advisory capacity, and from whic	h any income in excess of \$1	0,000 was derived du	r, associate, partner, Iring the preceding
1.				
2.				
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not	qualify	VT
<ul> <li>B. Indicate below whether you or a family member has a special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on         <ol> <li>Any profession, occupation, or business license profession, occupation, or category of business:</li> </ol> </li> </ul>	n law, a change in administrative rule, a rnment affecting the listed business, pro the general public: ed or certified by the State of New Hamp	decision whether or not to aw ofession, occupation, group, or	ard a contract, grant a matter would potenti	license or permit,
I I I Hoalth (aro II I Incurance II I		vices	municipal employm	•
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	of alcoholic	11. Practice of law
	13. Horse or dog racing, or other legal f f gambling		15. Water Resour	
16. Agriculture     17. N.H. taxes:     Business       Profits Tax	Business Interest an Enterprise Tax Dividends		ify any other area in v terest —	vhich you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of Date $5/27/2022$	egoing information is true and complete f this chapter or knowingly files a false s Signature of Filer	e to the best of my knowledge tatement shall be guilty of a mi	and belief. R5A 15-A	A:9 Penalty. Any RECEIVED MAY 31 2022 NEW HAMPSHIRE PARTMENT CS STATE
Return to: Office of Secretary of	State, 107 North Main Street, State Hou	se Room 204, Concord, NH 033	DEF	PARTMENT OF STATE