

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

Type or Print Clearly

Full Name Scott Myers Work Address 45 Beacon St. East, Laconia, NH 03246

Primary Occupation City Manager e-mail smyers@laconianh.gov Work Phone 603.527.1270

Name, office, position, board or commission, board of directors, etc. or employment with state or county government held by you. -NH Retirement System Board of Trustees-  
NO ACRONYMS

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. \_\_\_\_\_
2. \_\_\_\_\_

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify SM

B. 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:

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/> 3. Insurance
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/> 17. N.H. taxes: Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax
<input checked="" type="checkbox"/>	6. State of New Hampshire, county, or municipal employment	<input checked="" type="checkbox"/> 5. Banking or financial services
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 9. Restaurants/lodging
<input type="checkbox"/>	11. Practice of law	<input type="checkbox"/> 14. Education <input type="checkbox"/> 15. Water Resources
<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---	

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.

Date 12-16-21

  
Signature of Reporting Individual

