## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name	JACBERT .	Work Address (SS 6	LAFTON DRIVE PORTS	MODIN NH 03801
Primary Occupation PRESIGNAT	CN BUS CINES e-	-mail *optional	Work Pho	one 603-453-8715
Name the office, position, board or of directors, etc. or employment with s by you. NO ACRONYMS				
A. List below the name, address, and proprietor, or employee, or served is calendar year. Sources of retirement be	n any other professional or adv	visory capacity, and from which	any income in excess of \$10,000	was derived during the preceding
1. LULBENT LENS	NB tWC 1E5 G	KAFTON DRIVE	PURTSWOUTH NA	3801
2. BOHNO MEMBER	FUBLIAL SAVINGS	BAUK DUEN NO	03800	
If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify				
B. Indicate below whether you or a fai reportable special interest in an item o discipline a licensee or permittee, or o financial effect on you or a family men	on this list if a change in law, a ch other decision by government aff	hange in administrative rule, a de fecting the listed business, profes	cision whether or not to award a co	ntract, grant a license or permit,
Any profession, occupation, or car		fied by the State of New Hampshi TRAUS FOR TATION,		
2. Health Care 3. Insurance	ce 4. Real Estate, incl agent, developers			tate of New Hampshire, county, or Icipal employment
	assessment program	9. Restaurants/ Consideration   Consideration	<ol><li>Sale and distribution of alco beverages</li></ol>	holic 11. Practice of law
<ul> <li>12. Any business regulated by the Utilities Commission</li> </ul>	e Public 13. Horse of gamblin	or dog racing, or other legal forn ig	14. Education [] 13	. Water Resources
16. Agriculture 17. N.I taxes:		usiness Interest and terprise Tax Dividends Tax		other area in which you have a
have read RSA 15-A and hereby swear erson who knowingly falls to comply	r or affirm that the foregoing info with the provisions of this chap	ormation is true and complete to ster or knowingly files a false state	the best of my knowledge and beli ement shall be guilty of a misdemea	ief. RSA 15-A:9 Penalty. Any anor.
Date <u>09-05-2016</u>		MIX.		RECEIVED
		D'STGAM	Laye Meporting Individual	SEP 1 0 2018

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

NEW HAMPSHIRE DEPARTMENT OF STATE