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

Type or Print Clearly Full Name David K. Marazoff Work Address 354 Glebe Road W	estmoreland NIH DRUM
Full Name Work Address St. Stepe Court	
Primary Occupation Munic. pal Assessor e-mail *optional dave a mn assessing Control Control	603-313-7962
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS A SSESSING Standards Board:	(ASB)
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an off proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as	s derived during the preceding
1. M+N Assessing Services UC, member westmoseland, NH	03467
2.	-
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	MANUFACTOR AND
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, 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 control discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wo financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	act, grant a license or permit,
1 1 (anish Cons. 1 2 Inches on the little of	e of New Hampshire, county, or oal employment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ beverages 10. Sale and distribution of alcohol beverages	lic 11. Practice of law
Utilities Commission ' of gambling ' '	later Resources
16. Agriculture 17. N.H. taxes: Business Business Interest and Dividends Tax Business Dividends Tax 18. Optional: Specify any oth Dividends Tax	ner area 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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeand	. RSA 15-A:9 Penalty. Any or.
Date 1/4/18	
Signature of Reporting Individual	RECEIVED

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

NEW HAMPSHIRE DEPARTMENT OF STATE