## 2021 NEW/HAMDOUD ATATEMENT OF FINIANCIAL INTERSEATS

Type or Prir	nt Clearly												
Full Name	PATE	RICIA	AMC	RIN		w	ork Address	331	MAIN	ST	HOPK	INTON	INH 03229
Primary Occ	upation		ENTIA	L GENER	AL e-mail	TRICA	@ TARK	KA.C	om	Work	Phone	603-5	529.6678
	tc. or em	on, board ployment	or commis	sion, board of te or county ,		MPSHIRE	EHDUS	NGP	NANCE	5 AL	17HOR	17Y-B	OARD OF
proprietor, c	or employe	e, or serv	ved in any		nal or adviso	ry capacity, ai	nd from whic	h any inc	ome in exce	ess of \$	10,000 was	s derived a	or, associate, partner luring the preceding
1. N	<b>I/A</b>												
2.					<b>-</b>								
lf you have n	o qualifyin	g income	indicate by	writing your ini	tials next to t	he following s	tatement.		My income	does no	ot qualify	Γ	DAM
reportable sp discipline a li financial effe	pecial inter censee or j ct on you c	est in an i permittee or a family	tem on this , or other d member th	list if a change i ecision by gover nan it would on	n law, a chang mment affect the general p	ge in administ ing the listed l public:	rative rule, a c ousiness, prof	lecision w ession, occ	hether or no cupation, gr	ot to aw	ard a contra	act, grant a	. A person has a license or permit, ally have a greater
Y Y				business license of business:		A HOMES				ONTR	ACTOR	DENE	LOPER
2. Hea	lth Care	- 3. Ins	urance	I I X :	state, includi levelopers, ar	-	5. ا serv	Banking or ices	financial	Г		of New Ha al employn	impshire, county, or nent
– 7. N.H Syster	. Retirem n	ent		urrent use land sment program		9. Restauran lodging	ts/	10. S bever	ale and dist ages	ribution	of alcohol	ic _	11. Practice of law
	business r Commissi		by the Pub		13. Horse or of gambling	dog racing, or	other legal fo	rms 🖵	14. Educat	ion	15. W	ater Resour	rces
16. Ag	riculture		17. N.H. <b>10</b> axes:	Business Profits Tax	Enterp	ess prise Tax	Interest an Dividends T	ax	18. Option s	al: Spec	ify any oth terest	er area in w	vhich you have a
				irm that the fore									A:9 Penalty. Any
erson who k	nowingly l	fails to coi	mply with t	he provisions of	this chapter	or knowingly	tiles a false sta	atement sh	hall be guilty	of a mi	sdemeano	<sup>r.</sup> <b>R</b>	ECEIVED
Date 28	BJUN	E 20	20			Signature of F	iler		$\neg$			1.	JUN 29 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE