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

Type or Print Clearly						
	tenry Long	Work	Address (52)	5 Commande Purk	L Hersh Bed	Fer 4, 1414 63110
Primary Occupation $\int_{\mathcal{O}}$	il Scientist	e-mail jqmes. /e	ong @ gzc	Com Work Pt	none 603	232-8+56
Name the office, position, boadirectors, etc. or employmegovernment held by you.	1	Board of		Scientist-		
A. List below the name, additional proprietor, or employee, or scalendar year. Sources of retin	erved in any other profession	nal or advisory capacity, and	from which any inc	ome in excess of \$10	0,000 was derived o	during the preceding
1.						
2.						
If you have no qualifying inco	ne indicate by writing your ini	itials next to the following stat	ement.	My income does not	qualify	12
B. Indicate below whether you reportable special interest in a discipline a licensee or permit financial effect on you or a fan	n item on this list if a change i tee, or other decision by gover	n law, a change in administrat rnment affecting the listed bus	ive rule, a decision w	hether or not to awar	d a contract, grant a	a license or permit,
	occupation, or business license on, or category of business:	ed or certified by the State of N	lew Hampshire. List	each such		Annual Control of Annual Control of Control
2. Health Care 5.	inglitance II	Estate, including brokers, developers, and landlords	5. Banking or services	r financial	6. State of New Ha municipal employr	ampshire, county, or ment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	hever	sale and distribution o rages	f alcoholic	11. Practice of law
12. Any business regulat Utilities Commission		13. Horse or dog racing, or ot of gambling	her legal forms	14. Education	15. Water Resou	rces
16. Agriculture	17. N.H. Business Profits Tax	1 :	Interest and Dividends Tax	18. Optional: Specify special inte		which you have a
I have read RSA 15-A and here person who knowingly fails to	by swear or affirm that the fore comply with the provisions o	egoing information is true and f this chapter or knowingly file	l complete to the beses a false statement s	st of my knowledge ar hall be guilty of a misc	id belief. RSA 15- demeanor.	A:9 Penalty. Any
Date 5/	12/2/	Signature of File	er d	nos /	7 MAY	2 6 2021
,				/	NEW H	IAMPSHIRE

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

NEW HAMPSHIRE DEPARTMENT OF STATE