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

Type or Print Clearly	iv			•
Full Name Richard Mellor	Work Address			
	mellor-619pg			
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	Hands Conc.	(-Member	t Suser	V. 500
A. List below the name, address, and type of any profession, business, or o proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	capacity, and from which an	you or a ramily member by Income in excess of	r was an omcer, o \$10,000 was deri	ved during the preceding
1.				
2.				
If you have no qualifying income indicate by writing your initials next to the f	following statement.	My Income does	not qualify	RM
B. Indicate below whether you or a family member has a special interest in an reportable special interest in an item on this list if a change in law, a change is discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general publes.  1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	in administrative rule, a decis the listed business, professional lic:	ion whether or not to a on, occupation, group, c	ward a contract, gr	rant a license or permit.
2. Health Care 3. Insurance agent, developers, and li		ing or financial	6. State of No	ew Hampshire, county, or aployment
1 1	Restaurants/	10. Sale and distribution beverages		11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog	g racing, or other legal forms	14. Education	15. Water F	Resources
16. Agriculture 17. N.H. Business Business Enterprise		18. Optional: Sp special	ecify any other are interest —	ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly falls to comply with the provisions of this chapter or I				A 15-A:9 Penalty. Any
Date ///2/202(	Rillian	male		RECEIVED
1/15/5051	Signatur	re of Reporting Individu	al	JAN 1 9 2021
Return to: Office of Secretary of State, 107 North	Main Street, State House Roc	om 204, Concord, NH 03	301	NEW HAMPSHIRE DEPARTMENT OF STAT