2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

ype or Print Clearly
Work Address 65 So. HALL Strzet, MAN, NH 03103
Primary Occupation REFICED e-mail *optional BOXES 96 & COMCAST. NET CELL 603-785-7575
The office, position, appointment, or mployment with state government held by ou. NO ACRONYMS
List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner or oprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
You have no qualifying income indicate by writing your initials next to the Hishway My income does not qualify ISB
Indicate below whether you or a family member has a special interest in a person has a special interest in a person has a special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affecting mancial effect on you or a family member than it would on the general pub
1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
12. Any business regulated by the Public Utilities Commission
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax Special interest
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. RSA 15-A:9 Penalty. Any erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 12/22/16 RECEIVE
Signargre of Reporting Individual JAN 18 20

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

NEW HAMPSHIRE DEPARTMENT OF STATE