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

type or Print Clearly	
Full Name D. Chris McLaughlen Work Address 12 Court Street, Ke	ne, NH 03431
Primary Occupation Chashine Country Attorne mail conclaushina co-chashire NH. Work Phone 603	3-352-0056
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Cheshire County After neurons	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, disproprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derive calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	ed during the preceding
1. Elevatus Training, LLC - wike's business	:
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would pote 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:	entially nave a greater
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New municipal emp	w Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land lodging 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Re	sources
16. Agriculture 17. N.H. Business Business Interest and 18. Optional: Specify any other area special interest interest interest.	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. RSA person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 128(2020)	RECEIVED
Signature of Reporting Individual	DEC 31 2020

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