2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Full Name Dennis	Adams	Work Addres	s: 28 Range Ra	1 Dear	field NH 03
Primary Occupation <u>Re</u>	fired	E-mail <u>aclemsne</u>	pT Day PoirpoiNT. No	Work Phone	rfield NH 03
Name the office, position, board or lirectors, etc. or employment with by you. NO ACRONYMS.	commission, committee, board of _state or county government held	Workers Compa	PNSATION App	eal Boal	rd
proprietor, or employee, or calendar year. Sources of 1. Pumbars + Pip	ress, and type of any profession, busion served in any other professional or retirement benefits other than federal of the few for Full or Ful	r advisory capacity, and from which all retirement and/or disability ben	ch any income in excess of \$1 efits shall be included. (Use a	0,000 was derived	during the preceding necessary)
	ndicate by writing your initials next		My incon	ne does not qualify	
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: I. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:					
2. Health Care 3. In		_	Banking or financial vices	6. State of New municipal emp	w Hampshire, county, or bloyment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission					
16. Agriculture 17. N.H. Business Business Interest and Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest					
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 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.					
Date C///		<u> </u>	Signature of Reporting Indi	vidual	RECEIVED
				1	4.7.0040

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

JAN 17 2019

NEW HAMPSHIRE