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

Type or Print Clearly		
Full Name Thomas P. Velardi	Work Address 259 County Farm Rd	Ste 201 Dover NH 0382
Primary Occupation	e-mail Tuelardio CO. Strafford Nk. Work Phone	749 2808
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Strafford Lounty Attorney	······································

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, director, associate, partner, proprietor, 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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1.	Nure	
2.		

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

The I

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 an 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:

!	1. Any profes profession, occ	ssion, oc cupatior	cupation, or i, or category	business of busin	licensed or cer ess:	tified by the State of	New Hampshire	List each such		
Γ.	2. Health Care	[−] 3. lı	surance	11		cluding brokers, ers, and landlords	5. Bank services	ing or financial	6. State of No municipal em	ew Hampshire, county, or ployment
i-	7. N.H. Retirem System	ent	12	urrent use sment pre		9. Restaurants	s/ 1	10. Sale and distribut beverages		- 11. Practice of law
5	12. Any business r Utilities Commissi	-	d by the Publ	lic	13. Hors of gambl	se or dog racing, or o ing	other legal forms	14. Education	15. Water F	Resources
I	16. Agriculture		17. N.H. taxes:	1		Business	Interest and Dividends Tax	r - 18. Optional: S specia	pecify any other are	ea in which you have a

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 Sormy 11, 221	RECEIVED	munibelie	
S	JAN 13 2021	Signature of Reporting Individual	
Return to: Office of Sec	retary of State, 107 North Main St NEW HAMPSHIRE	eet, State House Room 204, Concord, NH 03301	·
	DEPARTMENT OF STATE		