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NEW HAMPSHIRE DEPARTMENT OF STATE

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

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Type or Print CLEARLY Full Name	Tevesa C Paiga	Work Address:	a, Indus	strial Boll	Drive lan
			e Cobrn-capa		
Name the office, position, board of directors, etc. or employment wit by you. NO ACRONYMS.	or commission, committee, board of	state Cooxidira	ting Council	Ger COMMI	nity to
proprietor, or employee,	dress, and type of any profession, busines or served in any other professional or adfresivement benefits other than federals.	lvisory capacity, and from which a etirement and/or disability benefits	ny income in excess of \$10,	,000 was derived during th ditional sheets as necessary	e preceding
2.			1		
If you have no qualifying income	indicate by writing your initials next to	the following statement.	My income	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: 1. 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. I	nsurance 4. Real Estate, includagent, developers, a		king or financial	6. State of New Hampsh municipal employment	
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	 Sale and distribution o beverages 		11. Practice of
12. Any business regulated by Utilities Commission	by the Public 13. Horse of gambling	or dog racing, or other legal forms of	14. Education	15. Water Resources	
16. Agriculture	1 1	usiness Interest and terprise Tax Dividends Tax	18. Optional: Speci special in	fy any other area in which y terest	ou have a
	ereby swear or affirm that the foregoinowingly fails to comply with the pro	ovisions of this chapter or know.	ngly files a false stateme	nt shall be guilty of a m	
• •		SNg	nature of Reporting Individ	lual	

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