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

Type or Print Clearly	_			1	
Full Name Thomas M.	Brady	Work Addres	s 1492 Presid	tential Highu	124, Loscorsm, N
Primary Occupation Selsemp	loged	e-mail *optional		Vork Phone 6	03-586-4592
The office, position, appoin employment with state governme you. NO ACRONYMS	ntment, or Coos (County Co	mm 1221mm		
A. List below the name, address, ar proprietor, or employee, or served calendar year. Sources of retirement	in any other professional or	advisory capacity, and f	rom which any income	in excess of \$10,000 was de	rived during the preceding
1.			- 19 19 19		
2.					
If you have no qualifying income ind	licate by writing your initials ne	ext to the following state	ment. My i	ncome does not qualify	TMR
B. Indicate below whether you or a f reportable special interest in an item discipline a licensee or permittee, or financial effect on you or a family me	n on this list if a change in law, a other decision by government	a change in administrativ t affecting the listed busi	e rule, a decision wheth	er or not to award a contract,	grant a license or permit,
1. Any profession, occupation, or compared to the profession, occupation, or compared to the profession of the prof	ation, or business licensed or ce category of business:	ertified by the State of No	ew Hampshire. List each	such	
2. Health Care 3. Insura	ince II	including brokers, pers, and landlords	5. Banking or fina		New Hampshire, county, or mployment
7. N.H. RetirementSystem	8. Current use land assessment program	9. Restaurants/	10. Sale a	and distribution of alcoholic s	11. Practice of law
 12. Any business regulated by t Utilities Commission 	the Public	orse or dog racing, or oth bling	er legal forms 14.	Education 15. Water	Resources
T 16. Agriculture 17. N			nterest and 18 ividends Tax	Optional: Specify any other a special interest	irea in which you have a
I have read RSA 15-A and hereby swe person who knowingly fails to compl Date	ear or affirm that the foregoing ly with the provisions of this c	hapter or knowingly files	a false statement shall l	pe guilty of a misdemeanor.	SA 15-A:9 Penalty. Any
		Lhm	Signature of Repo	rting Individual	FE3 1 3 2017

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

NUM MAMPSHIRE
DEPARTMENT OF STATE