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

Type or Print Clearly			
Full Name VINCENT A. BAIOCC	HETTI WO	rk Address N/A	
Primary Occupation RETIRETS	e-mail*optional	W	ork Phone
The office, position, appointment, or employment with state government held by you. NO ACRONYMS A. List below the name, address, and type of any proprietor, or employee, or served in any other procalendar year. Sources of retirement benefits other the	SECURITY SERVICES A profession, business, or other organi- rofessional or advisory capacity, and	dviscey BOARD (106-F zation in which you or a family member of from which any income in excess of	ber was an officer, director, associate, partner of \$10,000 was derived during the preceding
1. TAMMY BAIOCCHETTI - Emplo			
2. VINCENT BAJOCHETTI - RETIE			
If you have no qualifying income indicate by writing	your initials next to the following sta	atement. My income doe	es not qualify
B. Indicate below whether you or a family member I reportable special interest in an item on this list if a discipline a licensee or permittee, or other decision I financial effect on you or a family member than it we	change in law, a change in administra by government affecting the listed be ould on the general public:	ative rule, a decision whether or not to usiness, profession, occupation, group	award a contract, grant a license or permit,
1. Any profession, occupation, or busines profession, occupation, or category of busi	· ·	,	
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem 8. Current u assessment p	11	10. Sale and distribution beverages	rtion of alcoholic
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or configambling	other legal forms 14. Education	15. Water Resources
16 Agricultura	usiness Business Fortise Tax		Specify any other area in which you have a ial interest —
I have read RSA 15-A and hereby swear or affirm that person who knowingly fails to comply with the prov			
Date 115/17		Signature of Reporting Indivi	dual 357 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE