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

| Гуре              | or Print Clearly                                                                                                                                                       |                                                                                  |                                                                              |                                                                |                                                                |                                                                    |                                             |                                  |                           |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------|----------------------------------|---------------------------|
| Full N            | ame Paul                                                                                                                                                               | W. DeBi                                                                          | 2W                                                                           | چې د د د د د د د د د د د د د د د د د د د                       | Work Address                                                   | 467 Ma                                                             | in St. Ply                                  | mouth,                           | NH 03264                  |
| Prima             | ry Occupation Vild                                                                                                                                                     | lifeContra                                                                       | Operator                                                                     | e-mail de                                                      | bowwilde                                                       | Piclouda                                                           | Work Phone                                  | 603-0                            | 481-2479                  |
| directo           | the office, position, boar<br>ors, etc. or employmen<br>nment held by you.                                                                                             |                                                                                  | or county                                                                    | VH Fish                                                        | \$ Came                                                        | fommis                                                             | ston-Gra                                    | .Howa                            | ianty                     |
| oropri            | t below the name, addre<br>letor, or employee, or se<br>dar year. Sources of retire                                                                                    | erved in any oth<br>Ement benefits oti                                           | er professional (<br>her than federal r                                      | or advisory capacit<br>etirement and/or dis                    | y, and from which                                              | h any income in                                                    | excess of \$10,000                          | was derived o                    | during the preceding      |
| ۱.                | DeBow                                                                                                                                                                  | Wildthe                                                                          | Service,                                                                     | UC                                                             |                                                                |                                                                    |                                             |                                  |                           |
| 2.                |                                                                                                                                                                        |                                                                                  |                                                                              |                                                                |                                                                |                                                                    |                                             |                                  |                           |
| fyou              | have no qualifying Incom                                                                                                                                               | ne Indicate by wi                                                                | iting your initials                                                          | s next to the followi                                          | ng statement.                                                  | My inc                                                             | ome does not qualif                         | y [                              |                           |
| report<br>discipi | icate below whether you<br>table special interest in ar<br>line a licensee or permitte<br>ial effect on you or a fam<br>1. Any profession, o<br>profession, occupation | n item on this list<br>ee, or other deci-<br>ily member than<br>ccupation, or bu | if a change in la<br>slon by governm<br>It would on the<br>siness licensed o | w, a change in adm<br>ent affecting the lis<br>general public: | inistrative rule, a c<br>ted business, prof<br>ate of New Hamp | decision whether<br>ession, occupationships<br>shire. List each su | or not to award a co<br>n, group, or matter | ontract, grant a<br>would potent | a license or permit,      |
|                   | 2. Health Care 3. I                                                                                                                                                    | nsurance                                                                         |                                                                              | te, including broker<br>elopers, and landlor                   |                                                                | Banking or financ<br>vices                                         |                                             | itate of New H                   | ampshire, county, or ment |
| <u></u>           | 7. N.H. Retirement<br>System                                                                                                                                           | 19 :                                                                             | ent use land<br>ent program                                                  | 9. Resta<br>lodging                                            | urants/                                                        | 10. Sale and<br>beverages                                          | distribution of alco                        | holic                            | 11. Practice of law       |
|                   | 12. Any business regulate<br>itilities Commission                                                                                                                      | d by the Public                                                                  |                                                                              | Horse or dog racinambling                                      | g, or other legal fo                                           | 2rms 14. Ed                                                        | lucation [ 1:                               | 5. Water Resou                   | irces                     |
|                   | 16. Agriculture                                                                                                                                                        | 17. N.H.<br>taxes:                                                               | Business Profits Tax                                                         | Business Enterprise Tax                                        | Interest an<br>Dividends                                       |                                                                    | ptional: Specify any<br>special interest    | other area in                    | which you have a          |
|                   | read RSA 15-A and hereb<br>n who knowingly fails to                                                                                                                    |                                                                                  |                                                                              |                                                                |                                                                |                                                                    |                                             |                                  | -A:9 Penalty. Any         |
| Date              |                                                                                                                                                                        | 7/21                                                                             |                                                                              |                                                                |                                                                | De                                                                 | Abr                                         |                                  | NECEIVEL                  |
|                   | !////                                                                                                                                                                  | <u></u>                                                                          |                                                                              |                                                                | Sig                                                            | nature of Reportir                                                 | ng Individual                               |                                  | JAN 1 1 2021              |

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

NEW HAMPSHIRE DEPARTMENT OF STATE