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

| Type or Print Clearly  |  |   |  |                                    |                          |   |                               |                                     |                            |
|--|--|---|--|------------------------------------|--------------------------|---|-------------------------------|-------------------------------------|----------------------------|
| Full Name BR   | Foley J. Cook  |   |  | Work Addı                          | 1                        | 7 Prive Knoll   |                               | 4 moton                             | NH 0384.                   |
| Primary Occupation   | Retined Vess   | el owner  | e-mail Capt  | brao At                            | boutic F                 | Conjust. Net Worlder  | k Phone                       | 603 92                              | b-737)                     |
|  | ion, board or commissi<br>nployment with state<br>ou. NO ACROI   | on, board of<br>or county<br>NYMS                           | Pease Deve   | lop prent                          | Autho                    | Advisory  | Counc                         | + Harbe                             | ons                        |
| proprietor, or employ  | ne, address, and type o<br>ee, or served in any of<br>es of retirement benefits o  | f any profession,<br>her professiona                        | , business, or other o   | organization<br>ty, and from       | in which y<br>which an   | ou or a family member<br>y income in excess of                            | er was an off<br>\$10,000 was | icer, director, a<br>s derived duri | associate, partner,        |
| 1.   |  | None  |  |                                    |                          |   |                               |                                     |                            |
| lf you have no qualifyi  | ng income indicate by v  | riting your initia  | als next to the follow   | ing statemen                       | t.                       | My income does  | not qualify                   | BJ                                  | <u>ę</u>                   |
| reportable special inte<br>discipline a licensee or<br>financial effect on you | ther you or a family me<br>rest in an item on this li<br>permittee, or other dec<br>or a family member tha<br>ession, occupation, or b | st if a change in l<br>ision by governr<br>n it would on th | law, a change in adm<br>ment affecting the lis<br>ne general public: | ninistrative rul<br>sted business, | e, a decisi<br>professio | on whether or not to a<br>n, occupation, group, o                         | ward a contr                  | act, grant a lice                   | ense or permit,            |
| 1  | ccupation, or category o   | 1   | · · · · · · · · · · · · · · · · · · ·                                | M.                                 |                          |   | a grown but a sade of the     |                                     |                            |
| 2. Health Care   | 3. Insurance   |   | ate, including broker<br>velopers,⁄a√nd lan¢lor                      | 11                                 | 5. Banki<br>services     | ng or financial   | 1                             | of New Hamp<br>al employmen         | oshire, county, or<br>nt   |
| 7. N.H. Retiren<br>System  | 11   | rent use land<br>nent program                               | 9. Resta<br>lodging  | urants/                            | l i                      | 10. Sale and distribution beverages                                       | on of alcohol                 | . !! .                              | 11. Practice of<br>law     |
| 12. Any business<br>Utilities Commiss  | regulated by the Publication   |   | B. Horse or dog ræing<br>gambling                                    | g, or other leg                    | gal forms                | 14. Education   | 15. W                         | ater Resources                      | j                          |
|  |  | Business Profits Tax  | Business Interest and Dividends Tax                                  |                                    |                          | 18. Optional: Specify any other area in which you have a special interest |                               |                                     |                            |
|  | nd hereby swear or affir<br>fails to comply with the   |   |  |                                    |                          |   |                               | r                                   | Penalty. Any               |
| Date 5/4   | T/21   |   | Signature  | e of Filer                         | Br                       | rules lung  |                               | MAY                                 | 1 1 2021                   |
|  | Return to: Office o  | f Secretary of Sta  | ate, 107 North Main S  | Street, State H                    |                          |   | 301                           | NEW H                               | HAMPSHIRE<br>IENT OF STATE |