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

Type or Print Clearly			
Full Name Philip A. D'Avanza	Work Address	440 E. Dunbarton Rd., Goffstown NH	03045
Primary Occupation Clockmaker	e-mail Phil@davanzaclocks.com	Work Phone	603-497-2256
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Waste Management Council		
A. List below the name, address, and type of any profes proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than features.	ional or advisory capacity, and from which	any income in excess of \$10,000 v	vas derived during the preceding
1. D'Avanza Clock Repair, LLC			
2.		·	
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 an item on this list if a chang discipline a licensee or permittee, or other decision by gor financial effect on you or a family member than it would on the first of the profession, occupation, or business licent profession, occupation, or category of business:	e in law, a change in administrative rule, a d vernment affecting the listed business, profe on the general public:	ecision whether or not to award a cor ession, occupation, group, or matter v	ntract, grant a license or permit,
i z mezim care il scinsifrance il	al Estate, including brokers, 5. E t, developers, and landlords servi		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use lan assessment progra	II	 Sale and distribution of alcoholeverages 	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	Horse or dog racing, or other legal fo of gambling	rms 14. Education 15.	Water Resources
16. Agriculture 17. N.H. Busines taxes: Profits T	s Business Interest and Enterprise Tax Dividends T	11	other area in which you have a
have read RSA 15-A and hereby swear or affirm that the f person who knowingly fails to comply with the provisions			
Date 1/14/2021	Philo	D'Aranga	RECEIVE
	Sign	ature of Reporting Indivi du al	JAN 1 9 2021

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

JAN 1 9 2021

NEW HAMPSHIRE DEPARTMENT OF STATE