2021 NEW HAMPSHIPE STATEMENT OF EINANCIAL INTEDESTS DEA 15 A

Type or Print Clearly	· · · · ·	·								
Full Name M	ark Antho	ny Brave	· · ·	Work Address	259	County	FArm	RD	Dover, A	VH 0383
Primary Occupation LAW Caforcane +			e-mail Mbraved co. Strafford. nh. US Work Phone					663-742-4960		
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			Straffor	E County	SHe	rff	· · · · · · · · · · · · · · · · · · ·	-	:	
proprietor, or employ	yee, or served in a	ype of any profession any other profession nefits other than feder	al or advisory capa	city, and from whic	ch any incom	ne in excess of	f \$10,000 wa	as derived	l during the	te, partner, preceding
NON	L		·	i			÷ *	· ,		
l I you have no qualify	ing income indicat	te by writing your init	ials next to the follo	wing statement.	M	y income does	not qualify		Mt	e :
eportable special inte liscipline a licensee o inancial effect on you	erest in an item on r permittee, or oth 1 or a family memb	ily member has a spe- this list if a change in her decision by govern per than it would on t n, or business licensed	law, a change in ad ment affecting the he general public:	ministrative rule, a d listed business, pro	decision whe fession, occu	ther or not to a bation, group,	ward a cont	ract, gran	t a license or	permit.
	ccupation, or cate		Wife is			Portsmot	h Hog	for(.	HAS A I	Uff License
2. Health Care		agent, d	state, including brok evelopers, and landl	· ·	Banking or fi vices	nancial		te of New pal emplo	Hampshire, o yment	ounty, or
7. N.H. Retirer System		 Current use land ssessment program 		taurants/	10. Sale beverag	e and distributi es	on of alcoho	olic [11. Pra law	actice of
 12. Any business Utilities Commis 	regulated by the sion		3. Horse or dog raci gambling	ing, or other legal fo		4. Education	l 15. v	Vater Resc	ources	
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	C Dividends		8. Optional: Sp specia	pecify any ot I interest	her area ir	n which you	have a
have read RSA 15-A a erson who knowingl	nd hereby swear o y fails to comply w	or affirm that the fore with the provisions of	going information is this chapter or know	s true and complete vingly files a false st	to the best o atement shal	f my knowledg I be guilty of a	ge and belief misdemean	or		IVEL
Date 12/2	8/2020	· · · · · · · · · · · · · · · · · · ·		\sim	0_		_			
in the fact	/~~~			Sigi	nature of Rep	orting Individu	Jal		DEC 2	9 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE