## 2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

|                              | V |
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| NA                           |   |
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|                  | or Print Clearly                                 |                          |                                  |                                      |  | _   |  |                                 | 01 -             | . 4                    |
|------------------|--|--------------------------|----------------------------------|--------------------------------------|--|---|--|---------------------------------|------------------|------------------------|
| Full N           | ame Pam  | عام                      | J. Arz                           | ٥(٩                                  | Work A   | ddress <u>Straa</u>                           | flord Courty,  | CtyForm                         | Kd, Do           | 14RN B                 |
| Prima            | ry Occupation _                                  | Reas                     | s - Cou                          | m t y                                | e-mail *optional<br>   |   |  | Work Phone                      | 742-1            | 458                    |
| The              | office, positi<br>Dyment with sta<br>NO ACRO     | ion, ap<br>ate govei     | pointment,                       | or <u>Cau</u>                        | nty treasurer  | -   |  |                                 |                  |                        |
| propri           | ietor, or employe                                | ee, or ser               | ved in any o                     | ther profession                      | on, business, or other organal or advisory capacity, and retirement and/or disab                                 | and from which                                | n any income in excess                                 | of \$10,000 was                 | derived duri     |                        |
| 1.               |  |                          |                                  |                                      |  |   |  |                                 |                  |                        |
| 2.               |  |                          |                                  |                                      |  |   |  |                                 |                  |                        |
| If you           | have no qualifyin                                | ng income                | e indicate by                    | writing your ini                     | tials next to the following  | statement.                                    | My income doe  | s not qualify                   | pjr              | _                      |
| report<br>discip | table special inter<br>line a licensee or        | rest in an<br>permittee  | item on this l<br>e, or other de | ist if a change i<br>cision by govei | ecial interest in any of the<br>n law, a change in adminis<br>rnment affecting the listed<br>the general public: | strative rule, a d                            | ecision whether or not to                              | award a contr                   | act, grant a lic | ense or permit,        |
| Γ                | <ol> <li>Any profe<br/>profession, oc</li> </ol> |                          | •                                |                                      | ed or certified by the State   | of New Hampsl                                 | hire. List each such                                   |                                 |                  |                        |
| Γ                | 2. Health Care                                   | ☐ 3. In                  | surance                          | ł I                                  | Estate, including brokers,<br>developers, and landlords  | ┌ 5. B<br>servi                               | Banking or financial<br>ces                            |                                 | of New Hamp      | oshire, county, or     |
| Γ:               | 7. N.H.<br>RetirementSyst                        | tem                      | 11 .                             | rrent use land<br>ment program       | 9. Restaura  | nts/  | 10. Sale and distribution beverages                    | ition of alcohol                | 11 .             | 11. Practice of law    |
|                  | 12. Any business<br>Itilities Commiss            |                          | by the Publi                     | 11                                   | 13. Horse or dog racing, of gambling   | or other legal for                            | rms 14. Education                                      | ☐ 15. W                         | ater Resource    | s                      |
| Γ                | 16. Agriculture                                  |                          | 17. N.H.<br>taxes:               | Business<br>Profits Tax              | Business Enterprise Tax  | <ul> <li>Interest and Dividends To</li> </ul> |  | Specify any oth                 | er area in whi   | ch you have a          |
| I have<br>persor | read RSA 15-A ar<br>n who knowingly              | nd hereby<br>fails to co | swear or affi<br>omply with th   | rm that the for<br>ne provisions o   | egoing information is true<br>f this chapter or knowingl   | and complete<br>y files a false sta           | to the best of my knowle<br>stement shall be guilty of | dge and belief.<br>a misdemeand | RSA 15-A:9       | Penalty. Any           |
| Date             | 12-28-   | -14                      |                                  |                                      |  | form  | Les Club<br>layure of Reporting Indivi                 |                                 | DEC 3            | 1 2014                 |
|                  |  | Retu                     | urn to: Office                   | of Secretary of                      | State, 107 North Main Stre   |   | $\mathcal{O}$  | 03301 D                         | NEW HER          | MPSHIRE<br>IT OF STATE |