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

NO ACRONYMS

Type or Prin Full Name		GILLAN	IRVINE	Work Address	6 PINNACLE	HILL RD	; NEW HAMPTON 0325	2
		and the second sec	and the second				603-744-3559	
Name the of	fice, position, b	poard or commission	board of GRE	STANDARDS G	TRAINING	Comuls	SION	

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1.	nja		
2.			·····
lf you ha	ve no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	NGIN

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

Г .,	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:								
	2. Health Care 3. In	ncuranco il .		cluding brokers, rs, and landlords	11	Banking or /ices	financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current us System assessment pr				9. Restaurants/ 10. Sale and distrib lodging beverages			on of alcoholic	11. Practice of law	
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources				esources					
Γ	16. Agriculture				nterest and Dividends T	- H -		ecify any other are interest	a in which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

05/202 Date

government held by you.

Signature of Filer

NOV 0 9 2021

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

NEW HAMPSHIRE