2021-NEW-HAMPSHIF	RESTATEMENT_C	<u> PEFINANCIAL IN</u>	TERESTS - RSA	15-A	
Type or Print Clearly			0 7	0 - 0 115	HESTEL, NH 03108
Full Name Roger A. MAYNARD JR		Work Address	15.0.130× 6	-06.7 - WANG	
Primary Occupation MASTER Plumber	e-mail R	nayuz e ya	hoacom	Work Phone	603-785-8172
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	/ <u></u>				
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	nal or advisory capa	acity, and from whic	ih any income in e	excess of \$10,000 w	as derived during the preceding
1. TOTAL MECHANICSL, LLC					
2.					
If you have no qualifying income indicate by writing your in	nitials next to the foll	owing statement.	My inco	me does not qualify	Ans
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would or	in law, a change in a ernment affecting the the general public:	idministrative rule, a e listed business, pro	decision whether o fession, occupation shire. List each suc	r not to award a cor , group, or matter w 	itract, grant a license or permit,
profession, occupation, or category of business:	Gas SUC #	GFE0700451	, PLU MASTE	R 117	
	Estate, including bro developers, and lan	11	Banking or financia	11	ate of New Hampshire, county, or cipal employment
7. N.H. Retirement System 8. Current use land assessment program	11	estaurants/ ng		distribution of alcol	nolic 11. Practice of law
12. Any business regulated by the Public	13. Horse or dog ra of gambling	acing, or other legal f]	<u>'-</u> '	Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta		Tax Interest a	- 11	tional: Specify any of special interest -	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	oregoing information of this chapter or kn	owingly files a false s	tatement shall be g	julity of a misdemea	RECEIVED
Date 1-10-21	/-	Toge AM	regreated -	o Individual	JAN 1 1 2021
Return to: Office of Secretary of	of State, 107 North M				NEW HAMPSHIRE DEPARTMENT OF STATE