2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly		• • • • • • • • • • • • • • • • • • •	
Full Name CHARLES W. ACKROY		157 CHESTNUT ST.	MANCHESTER NIF
Primary Occupation AROFESSIONAL ENGIN	EEPeil	Work Phone	03 625-1344
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	PROFESSIONAL EN	GINEERS BOARD	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federa	al or advisory capacity, and from which any	y income in excess of \$10,000 was deri	ved during the preceding
1.		· · · · · · · · · · · · · · · · · · ·	
2.	aya <u>an an a</u>		
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	Cut
B. Indicate below whether you or a family member has a spec reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by goverr financial effect on you or a family member than it would on t	law, a change in administrative rule, a decisi ment affecting the listed business, professio	on whether or not to award a contract, g	rant a license or permit,
1. Any profession, occupation, or business licensed profession, occupation, or category of business:	or certified by the State of New Hampshire. PROFESSIONAL EN	List each such	······
	state, including brokers, 5. Banki evelopers, and landlords services	ing or financial 6. State of N municipal en	ew Hampshire, county, or nployment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
	3. Horse or dog racing, or other legal forms gambling	14. Education T 15. Water	Resources
16. Agriculture 17. N.H. taxes: Profits Tax	Business Enterprise Tax		ea in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore	going information is true and complete to th		A 15-A:9 Penalty. Any

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DEC 2 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

harles W. ackroyd Signature of Reporting Individual 19/18 RECEIVED Date

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