## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type (<br>Full N | or Print CLEARLY Co  | H Mic   | hael Cos  | ta   | Work Addre   | ss: 13 New B   | iston Ro                                     | 1 Kingston                                     | NH 03848                                     |
|------------------|--|---|---|--|--|--|--|--|--|
| Prima            | ry Occupation President  | 1 of wa   | ter Well Dri  | lling Co. E-m  | ail <u>Scosta Ca</u>                                       | Comacpumpa   | ndwell Wor                                   | k Phone 642                                    | -3683  |
| Name<br>directo  | the office, position, board of ors, etc. or employment with NO ACRONYMS.   | r commission  | , committee, board  | d of   |  |  |  |  |  |
| A                | List below the name, add proprietor, or employee, calendar year. Sources of  | or served in a                                      | ny other profession<br>enefits other than f   | nal or advisory capa<br>federal retirement an  | city, and from wh  | ich any income in ex   | cess of \$10,000                             | was derived during                             | the preceding                                |
| 1.               | Comac  | unip  | 4 Well C  | lC   |  | <del> </del>   | <u> </u>                                     |  |  |
| 2.               |  |   | (f)<br>(7)  |  |  |  | -  | <del></del>                                    | <del></del>                                  |
| If you           | have no qualifying income  | indicate by w                                       | riting your initials  | next to the following  | g statement.   |  | My income does                               | s not qualify                                  |  |
| В.               | Indicate below whether y reportable special interest discipline a licensee or performancial effect on you or  1. Any profession, occupation, or category of  | t in any item or<br>ermittee, or ot<br>a family men | on this list if a char<br>her decision by go<br>aber than it would<br>iness licensed or cer | nge in law, a change overnment affecting to on the general publication by the State of Water Wat | in administrative the listed business c:  New Hampshire. I | rule, a decision when profession, occupate ist each such profession + Pump Inc | ther or not to aw<br>ion, group, or m<br>on, | vard a contract, gran<br>natter would potentia | nt a license or permit, fally have a greater |
| Γ                | 2. Health Care 3. In   | surance   |   | te, including brokers,<br>clopers, and landlords   | l se   | . Banking or financial rvices  |  | 6. State of New Hamp<br>nunicipal employme     |  |
| Γ                | 7. N.H. Retirement<br>System   |   | rrent use land<br>nent program  | 9. Resta   | nurants/   | 10. Sale and di<br>beverages   | stribution of alc                            | oholic   | 11. Practice of law                          |
|                  | 12. Any business regulated by Utilities Commission   | y the Public  |   | . Horse or dog racing  | or other legal for   | ns of 14. Edu  | ucation 🔀                                    | 15. Water Resource                             | es   |
| Γ                | 16. Agriculture  | 17. N.H.<br>taxes:                                  | Business<br>Profits Tax   | Business<br>Enterprise Tax   | Interest and Dividends                                     | nd Tax T 18. Opt   | tional: Specify an special interes           | ny other area in which                         | ı you have a                                 |
| Pena             | e read RSA 15-A and here  of the REST of t | owingly fails                                       | r affirm that the to comply with  | foregoing informa<br>the provisions of t   | tion is true and his chapter or k                          | complete to the bes  | t of my knowle<br>se statement sl            | hall be guilty of a                            | misdemeanor.                                 |
| Dan              | Commercia of   | <del></del>   | )<br>'  |  |  | Signature of Repor   | ting Individual                              | REC  | 20 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2     |
|                  |  |   | í<br>I  |  | _  |  |  | OCT 2  | 3 0 2020                                     |

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

NEW HAMPSHIRE DEPARTMENT OF STATE