## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Plearly  | A E. URBAN  | Work A  | ddress 138 C   | AKST. APT "1  | BERLIN A                               | AH 03570                        |
|--|---|---|--|---|--|---------------------------------|
| Type or Print Gearly Full Name Primary Occupation                                  | SIRED   | e-mail *optional  | NA   | AKST. APT#1   | Work Phone N/                          | 4                               |
| Name the office, position, b<br>directors, etc. or employme<br>by you. NO ACRONYMS | oard or commission, comn  | I.  | <u>//A</u>   |   | l                                      |                                 |
| proprietor, or employee, or  | served in any other profe                                       | ession, business, or other org<br>essional or advisory capacity,<br>federal retirement and/or disab                               | and from which a   | ny income in excess o                                   | f \$10,000 was derived                 | d during the preceding          |
| 1.   | N/A   |   | A 1915 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - |   |  |                                 |
| 2.   | <i>l</i>  |   |  |   |  |                                 |
| lf you have no qualifying inc  | ome indicate by writing you                                     | ur initials next to the following   | statement.   | My income does  | not qualify                            |                                 |
| reportable special interest in   | an item on this list if a char<br>ittee, or other decision by g | a special interest in any of the<br>nge in law, a change in admini<br>povernment affecting the listed<br>d on the general public: | strative rule, a deci  | sion whether or not to                                  | award a contract, gran                 | t a license or permit,          |
|  | , occupation, or business lic<br>ion, or category of busines:   | ensed or certified by the States:   | of New Hampshire   | e. List each such                                       |  |                                 |
| 2. Health Care   | 3 Insurance 11 1  | Real Estate, including brokers,<br>ent, developers, and landlords   | 11 1   | king or financial                                       | 6. State of New municipal emplo        | Hampshire, county, or<br>byment |
| 7. N.H. Retirement System  | 8. Current use la assessment prog                               | 11 1  | ants/  | <ol><li>Sale and distribute</li><li>beverages</li></ol> | ion of alcoholic                       | 11. Practice of law             |
| 12. Any business regulary Utilities Commission                                     | ated by the Public  | 13. Horse or dog racing, of gambling  | or other legal form  | 14. Education   | 15. Water Res                          | ources                          |
| 16. Agriculture  | 17. N.H. Busin taxes:   | 1 1   | Interest and Dividends Tax   | 18. Optional: S   | pecify any other area i<br>al interest | n which you have a              |
| person who knowingly fails t   | o comply with the provisio                                      | e foregoing information is true<br>ns of this chapter or knowing  |  |   | ge and belief. RSA 1<br>misdemeanor.   | 5-A:RECEIVED                    |
| Date 12-18-20  | 7   |   | Rud  | Sph) E. I   | aban                                   | JAN 1 0 2018                    |
|  |   | -   | Signatu  | re of Reporting Individ                                 | ual                                    | NEV ''MPSHIRE                   |

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