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

Type or	Print Clearly	E STATEMENT OF T				
Fuli Nar				107 North Main S	5t., Rm 208, Concord, NH	
Primary	Occupation Governor	e-mail christophe	er.t.sununu@nh.g	ov	Work Phone	603-271-2121
lirector	ne office, position, board or commission, board of s, etc. or employment with state or county ment held by you. NO ACRONYMS	Governor				
ronriet	below the name, address, and type of any profession tor, or employee, or served in any other profession or year. Sources of retirement benefits other than feder	nal or advisory capacity	, and from whice	h any income in e	xcess of \$10,000 v	vas derived during the preceding
Ι.	State of New Hampshire	· · · · · · · · · · · · · · · · · · ·				
2.	Sununu Holdings LLC					
f you h	ave no qualifying income indicate by writing your in	itials next to the followi	ng statement.	My incor	ne does not qualify	,
eporta lisciplii	ate below whether you or a family member has a sp ble special interest in an item on this list if a change ne a licensee or permittee, or other decision by gove al effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in admi rnment affecting the list the general public:	inistrative rule, a ted business, pro ate of New Hamp	decision whether or fession, occupation	r not to award a col , group, or matter v	ntract, grant a license or permit,
		Estate, including broker developers, and landlor	112	Banking or financia		ate of New Hampshire, county, or cipal employment
- 1	7. N.H. Retirement 8. Current use land System assessment program	9. Resta	/////	10 Sale and	distribution of alco	holic 11. Practice of law
	2. Any business regulated by the Public lities Commission	13. Horse or dog racin of gambling	g, or other legal f	orms 14. Edu	ication [15	. Water Resources
	16. Agriculture 17. N.H. Business taxes: Profits Tax	x 🖾 Business Enterprise Tax	Dividends		tional: Specify any special interest -	other area in which you have a
l have i person	read RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions	regoing information is t of this chapter or knowi	rue and complete ngly files a false s	e to the best of my l tatement shall be g	knowledge and bel uilty of a misdeme	ief. RSA 15-A:9 Penalty. Any anor.
Date	1/11/21	Signatur	e of Filer	Clith T.	Summ	

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

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NEW HAMPSHIRE