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

Type or	Print Clearly	!									
Full Na	me William	S. Ray				Work Address	32 Constitution	on Drive, Bed	ford, NH		
Primary	/Occupation	NHHFA-P	olicy, Plannin	g & Comm	e-mail*optional	bray@nhhfa.org	de materialistic material con Greek d	Work	Phone	603-310-9252	
director	he office, posi rs, etc. or e	mploymer	nt with state	or county	Managing Dir. Policy Planning & Communication, NH Housing Finance Authority; Designee, Comm Dev Advisory Committee; Designee, Council on Resources and Dev.						
governi	ment held by	you.	NO ACRO	NYMS	Committee: Designee	, Council on Resou	rces and Dev.				
proprie	tor, or emplo	yee, or se	rved in any o	ther profession		ity, and from whi	ch any income	in excess of	\$10,000 v	officer, director, associate, partner, was derived during the preceding as necessary.)	
1.	New Hamps	New Hampshire Housing Finance Authority, 32 Constitution Drive, Bedford, NH									
2.	Gunstock Mountain Resort, 719 Cherry Valley Road, Gilford, NH										
lf you h	ave no qualify	ing incom	e indicate by	writing your i	nitials next to the follow	wing statement.	Myli	ncome does r	not qualify	у	
	al effect on yo 1. Any pro	u or a fami fession, oc	ly member th	an it would or ousiness licens	ernment affecting the in the general public:				or matter v	would potentially have a greater	
Γ :	2. Health Care	∫ 3. li	nsurance		Estate, including brok developers, and land		Banking or fina vices	ncial		tate of New Hampshire, county, or icipal employment	
IX.	7. N.H. Retire System	ment	1 1	rrent use land ment progran	11	taurants/	- 10. Sale a beverages	ind distribution	on of alcol	holic 11. Practice of law	
	2. Any busines ilities Commi			ic	13. Horse or dog raci of gambling	ing, or other legal	forms - 14.	Education	T 15	. Water Resources	
	16. Agricultur	e .	17. N.H. taxes:	Business Profits Ta	x Business Enterprise Tax	Interest a		. <i>Optional</i> : Sp special	ecify any o	other area in which you have a	
l have r person	ead RSA 15-A who knowing	and hereb ly fails to c	y swear or aff comply with th	irm that the fo	regoing information is of this chapter or know	s true and complet vingly files a false s	e to the best of a tatement shall b	my knowledg oe guilty of a	e and beli misdemea	lief, RSA 15-A:9 Penalty. Any anor.	
Date	January 11, 2018					littish	B-		RECEIVED		
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE