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

Type or Print Clearly	
Full Name Charles F. Weed	Work Address 12 Court St.
Primary Occupation Retured	e-mail CWEDE @ co. cheshire, Nh. US Work Phone 6034992407
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Treasurer Cheshire County NH.

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. 2. If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

Г		ssion, occupation, or cupation, or category		or certified by the State of N	ew Hampshire.	List each such	•		
Г	Z. Health Care II S. Insurance II		1F Contraction of the second sec	4. Real Estate, including brokers, agent, developers, and landlords		<ul> <li>5. Banking or financial services</li> </ul>		6. State of New Hampshire, county, or municipal employment	
	7. N.H. Retirement 8. Current use System assessment pro			9. Restaurants/ T 10. Sale and distribution lodging beverages		ion of alcoholic	11. Practice of law		
	<ul> <li>12. Any business regulated by the Public</li> <li>Utilities Commission</li> <li>13. Horse or dog racing, or of gambling</li> </ul>			. Horse or dog racing, or oth jambling	er legal forms	☐ 14. Education	15. Water Resources		
Г	16. Agriculture	17. N.H. taxes:	Business Profits Tax		nterest and ividends Tax	☐ 18. Optional: Si specia	pecify any other are il interest	a in which you have a	

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a phisdemeanor.

RECEIVED Date 12/30/20 DEC 3 0 2020 Signature of Reporting Individual **NEW HAMPSHIRE** Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 DEPARTMENT OF STATE