



Statement of Financial Interests
 PEASE DEVELOPMENT AUTHORITY
 (RSA 12-G:5)

Name and address of reporting individual: Robert A. ALLARD 35 T.J. GAMESTER AVE
 (print) PORTSMOUTH N.H. 03801

1. Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.

- a. none
- b. none
- c. none

2. State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).

- d. none
- e. none
- f. none

3. State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).

- g. none
- h. none
- i. none

RECEIVED
JUN 22 2018
NEW HAMPSHIRE DEPARTMENT OF STATE

Signature of Reporting Individual: Robert A. Allard

Date: 6/21/18

This report is for calendar year 2018