## 2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or                                                                                                                                         | r Print Clearly                                                                                                   |                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                   |
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| Full Na                                                                                                                                         | me Christopher T. Sun                                                                                             | unu                                                                                        | Wor                                                                | k Address 107 North Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ain St., Room 208                                    |                                                                                                   |
| Primary                                                                                                                                         | Primary Occupation Governor                                                                                       |                                                                                            | e-mail christopher.sununu@nh.gov                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Work Phone                                           | 603-271-2121                                                                                      |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS |                                                                                                                   | Governor                                                                                   |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                   |
| proprie                                                                                                                                         | tor, or employee, or ser                                                                                          | ved in any other professio                                                                 |                                                                    | from which any income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | in excess of \$10,000 w                              | fficer, director, associate, partner as derived during the preceding s necessary.)                |
| 1.                                                                                                                                              | State of New Hampshir                                                                                             | re                                                                                         |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                   |
| 2.                                                                                                                                              | Sununu Holdings LLC                                                                                               |                                                                                            |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      |                                                                                                   |
| If you h                                                                                                                                        | ave no qualifying income                                                                                          | indicate by writing your in                                                                | nitials next to the following sta                                  | ement. My i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ncome does not qualify                               |                                                                                                   |
| reporta<br>disciplin                                                                                                                            | ble special interest in an<br>ne a licensee or permittee<br>al effect on you or a famil<br>1. Any profession, occ | item on this list if a change<br>e, or other decision by gove<br>y member than it would on | ernment affecting the listed bu                                    | tive rule, a decision whether siness, profession, occupated when the siness, profession, occupated with the siness and siness and siness are siness and siness are siness and siness are si | er or not to award a con<br>tion, group, or matter w | os, or matters. A person has a tract, grant a license or permit, could potentially have a greater |
| Γ 2                                                                                                                                             | 2. Health Care 3. In                                                                                              |                                                                                            | Estate, including brokers, developers, and landlords               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | ite of New Hampshire, county, or<br>ipal employment                                               |
|                                                                                                                                                 | 7. N.H. Retirement<br>System                                                                                      | 8. Current use land assessment program                                                     |                                                                    | / 10. Sale a beverages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nd distribution of alcoh                             | olic 11. Practice of law                                                                          |
|                                                                                                                                                 | 2. Any business regulated<br>lities Commission                                                                    |                                                                                            | 13. Horse or dog racing, or or of gambling                         | her legal forms   14.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Education                                            | Water Resources                                                                                   |
| Γ .                                                                                                                                             | 16. Agriculture                                                                                                   | 17. N.H. Express Profits Tax                                                               | Business Enterprise Tax                                            | Interest and Dividends Tax                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Optional: Specify any c<br>special interest —        | ther area in which you have a                                                                     |
|                                                                                                                                                 |                                                                                                                   |                                                                                            | regoing information is true an<br>of this chapter or knowingly fil |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                      | or.RECEIVED                                                                                       |
| Date                                                                                                                                            | January 17, 2019                                                                                                  |                                                                                            |                                                                    | Signature of Repor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rting Individual                                     | JAN 17 2019  NEW HAMPSHIRE DEPARTMENT OF STATE                                                    |