2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name Raynold S. Jackson	Work Address	14 Blood Road; Townsend , Ma	01469
Primary Occupation Retired	e-mail Rayjtrails@gmail.com	Work Pho	ne 978-597-8813
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Statewide Trails Advisory Committee - Re	presenting The Society for the Pr	otection of New Hampshire Forests
A. List below the name, address, and type of any profession or or employee, or served in any other professicalendar year. Sources of retirement benefits other than federalendar year.	onal or advisory capacity, and from which	n any income in excess of \$10,0	00 was derived during the preceding
A T & T Employee Retirement Date - 1990			
2.			
f you have no qualifying income indicate by writing your ir	nitials next to the following statement.	My income does not q	ualify
 Indicate below whether you or a family member has a speportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove inancial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business: 	in law, a change in administrative rule, a cernment affecting the listed business, profer the general public:	lecision whether or not to award ession, occupation, group, or ma	a contract, grant a license or permit,
	Estate, including brokers, developers, and landlords 5.1		6. State of New Hampshire, county, or nunicipal employment
 7. N.H. Retirement System 8. Current use land assessment program 	1 t	Sale and distribution of beverages	alcoholic 11. Practice of law
 12. Any business regulated by the Public Utilities Commission 	13. Horse or dog racing, or other legal for of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta			any other area in which you have a est
have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions			
Date January 12, 2020	Taynol,	nature of Reporting Individual	JAN 1 5 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE