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

| Type or Print Clea  | arly   |   |  |  |                                       | _  | 1                      |  |                             |             |   |       |
|---|--|---|--|--|---------------------------------------|--|------------------------|--|-----------------------------|-------------|---|-------|
| Full Name   | EFFREY 1   | p. 581f8  | LT.  | پ ښون د په د په د د د د د د د د د د د د د د د                    |                                       | Work Address   | 300                    | FRANKLIN S   | 1., MAKE                    | HOTTER      | NH 03101  |       |
| Primary Occupation  | on BANI  | F6N   |  | e-mail   | Joffrey                               | , seifbut e tl   | . CaM                  | Wo   | ork Phone                   | 603-        | 695-3475  |       |
| Name the office, p<br>directors, etc. or<br>government held | employme   |   | e or county  | BUAND  | or Ac                                 | ינסאינועעסא.   |                        |  |                             |             |   |       |
|   | ployee, or se                                    | rved in any   | other profession   | nal or adviso  | ory capacit                           | ty, and from wh  | ich any in             | come in excess o   | of \$10,000 w               | as derive   | ector, associate, pa<br>d during the prece<br>ry.)                  |       |
| 1. TD   | BANK N.  | A   |  |  |                                       |  |                        |  | -                           |             |   |       |
| 2. NAMI   | ר, או ע  | _C - (  | spouse)  |  |                                       |  |                        |  |                             |             |   |       |
| If you have no qua  | lifying incom                                    | e indicate by   | writing your in  | itials next to   | the follow                            | ing statement.   |                        | My income doe  | s not qualify               |             |   |       |
| reportable special discipline a license financial effect on | interest in ar<br>ee or permitte<br>you or a fam | item on this<br>ee, or other d<br>ily member the<br>ccupation, or | list if a change i<br>ecision by gove<br>nan it would on<br>business license | in law, a char<br>rnment affec<br>the general<br>ed or certified | nge in adm<br>ting the lis<br>public: | ninistrative rule, a<br>sted business, pro<br>ate of New Ham | decision vortession, o | whether or not to ccupation, group   | award a con                 | tract, grar | ers. A person has a<br>nt a license or perm<br>ntially have a great | ıit,  |
| C 2 Health Care C 3 Insurance C 4. Real Estat               |  |   |  |  |                                       |  |                        | ing or financial  6. State of New Hampshire, county, or municipal employment |                             |             |   | y, or |
| 7. N.H. Ret<br>System                                       | tirement   | 11 1  | urrent use land<br>sment program   |  | 9. Resta<br>lodging                   | urants/  | i                      | Sale and distribu<br>erages  | tion of alcoh               | olic [      | 11. Practice  | of    |
| 12. Any busing Utilities Com                                | ness regulate<br>imission                        | d by the Pub  | 11 '   | 13. Horse or<br>of gambling                                      | r dog racin                           | g, or other legal  | forms                  | 14. Education  | <u> </u>                    | Water Res   | ources  |       |
| 16. Agricult  | ture   | 17. N.H.<br>taxes:  | Business Profits Tax   | ☐ Busi<br>Ente   | ness<br>rprise Tax                    | Interest a<br>Dividends                                      | 11                     | 18. Optional: S<br>speci   | pecify any o<br>al interest | ther area   | in which you have   | a     |
| I have read RSA 15<br>person who know                       |  |   |  |  |                                       |  |                        |  |                             | nor.        | 15-A:9 Penalty. An<br>KECEIVE                                       | •     |
| Date 2-   | 25-2021  | S1411111  |  |  | Signatur                              | e of Filer   | <u></u>                | PN   |                             | !           | MAR_0_3_2021  | ]     |
|   | Rat  | turn to: Office   | of Secretary of  | State 107 No   | orth Main '                           | Street State Hou   | se Room                | 04. Concord. NH (  | 03301                       | :<br>!      | NEW HAMPSHIR  | E     |