2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or P	rint Clearly				<u> </u>	
Full Name	Robert Dapi	ce	Work Address	PO Box 5087 M	Manchester N	H 03108
Primary C	Occupation Execu	tive Director	e-mail rdapice@nhhfa.org	A second	Work Phone	603-310-9242
directors, Jovernm	etc. or employment held by you.	ard or commission, board of ent with state or county NO ACRONYMS	Council of Partner Agencies			
roprieto	r or employee or s	erved in any other profession	ion, business, or other organization in wonal or advisory capacity, and from whiteral retirement and/or disability benefits sh	ch any income in exc	ess of \$10,000 v	vas derived during the preceding
ļ.	New Hampshire	Housing Finance Auti	hority, PO Box 5087 Mancheste	r NH 03108		
2.				or armine and		
f you hav	ve no qualifying inco	me indicate by writing your in	nitials next to the following statement.	My incom	e does not qualify	
financia	1. Any profession	ion, or category of business:	nsed or certified by the State of New Han			
2.	Health Care 3			. Banking or financial rvices	LImuni	ate of New Hampshire, county, or cipal employment
	N.H. Retirement	8. Current use land assessment program	1 1	10. Sale and di beverages	stribution of alco	holic 11. Practice of law
	Any business regulaties Commission	ted by the Public	13. Horse or dog racing, or other legal of gambling	forms 14. Educ	ation 15	. Water Resources
11	6. Agriculture	17. N.H. Business taxes: Profits Ta	The state of the s		onal: Specify any special interest -	other area in which you have a
I have re person v	ad RSA 15-A and her who knowingly fails t	eby swear or affirm that the fo o comply with the provisions	oregoing information is true and comple of this chapter or knowingly files a false	te to the best of my kr statement shall be gui	lowledge and bel lity of a misdeme	ief. RSA 15-A:9 Penalty. Any anor.
Date	1/28/2022		Signature of Filer	RQ		JUL 11 2022
		Return to: Office of Secretary (of State, 107 North Main Street, State Ho	use Room 204, Concor	d; NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA