## 2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Prin								
Full Name	TOPDI	HIWOLIA		Work Ad	dress			
Primary Occu	upation RE	TIRED		e-mail *optional			Work Phone	
The office employment you.	e, position, a t with state gove NO ACRONYMS	opointment, or ernment held by	N.H.F	NAD + HZ	IE COM	MISSINGR	GRAFTON	COUNTY
proprietor, o	or employee, or se	rved in any other p	professional or	advisory capacity, a	nd from which	h you or a family mem any income in excess be included. (Use addit	of \$10,000 was deri	director, associate, partner, ived during the preceding ssary.)
1.	HONE							
2.								
If you have n	no qualifying incom	ne indicate by writin	g your initials no	ext to the following	statement.	My income doe	es not qualify	FB.
reportable sp discipline a li financial effe — 1.	pecial interest in ar icensee or permitte ect on you or a fam Any profession, o	n item on this list if a ee, or other decision ily member than it v ccupation, or busine	change in law, by governmen would on the ge	a change in adminis t affecting the listed eneral public: ertified by the State	trative rule, a de business, profes	sion, occupation, grou	o award a contract, g	natters. A person has a grant a license or permit, otentially have a greater
pro	fession, occupatio	n, or category of bu	siness:	NONE				
2. Hea	alth Care 3.1	nsurance		including brokers, pers, and landlords	5. Ba	nking or financial es	6. State of N	lew Hampshire, county, or nployment
7. N.F Retire	H. ementSystem	8. Current assessment		9. Restaura	nts/	<ol><li>Sale and distrib beverages</li></ol>	ution of alcoholic	11. Practice of law
	y business regulate Commission	ed by the Public	13. Ho	orse or dog racing, o bling	r other legal forr	ns 14. Education	15. Water	Resources
16. A	griculture	1 1 ;	Business Profits Tax	Business Enterprise Tax	<ul> <li>Interest and Dividends Ta</li> </ul>		Specify any other ar	rea in which you have a
I have read R person who	RSA 15-A and hereb knowingly fails to	by swear or affirm the comply with the pro	at the foregoing	information is true hapter or knowingly	and complete to files a false stat	the best of my knowle ement shall be guilty o	edge and belief. RS f a misdemeanor.	SA 15-A:9 Penalty. Any
Date	16/201	7			ATE.			RECEIVED
					Signa	ture of Reporting Indiv	idual	<del></del>

JAN 17 2017