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

Type o	or Prin <u>t Clearly</u>	<i>!</i>					_ se. 5%				•	
Full Na	ame Clie	A LIN	BRAC	KETT			Work Addr	ess 1	100000 I	ERRY	Turnpil	re. Hooksett
Prima	ry Occupation	PRES	DENT		e-m	ail PRES	DENT G	NHAP	CIO.ORG W	ork Phone	L03	623-7302
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					PUBLIC EMPLOYEE LABOR RELATION BOARD							
propri	etor, or emplo	yee, or serv	ed in any o	other profession	hal or adv	visory capacit	ty, and from:	which ar	you or a family mem ny income in excess included. (Use additi	of \$10,000 w	as derived	ctor, associate, partner, during the preceding y.)
1.	HEW F	HAMPS	HIRE	AFL-C	10					,		
2.			,	· -		<u> </u>						
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify												
reporta discipl	able special into ine a licensee o ial effect on you	erest in an it or permittee u or a family	tem on this , or other de member th	list if a change i ecision by gove ian it would on	n law, a c rnment al the gene	hange in adm ffecting the list ral public:	ninistrative rul sted business,	e, a decis professi	es, professions, occup sion whether or not to on, occupation, group	award a con	tract, grant	t a license or permit.
	1. Any pro- profession, c	tession, occi	upation, or l or category	of business license of business:	ed or certi	ified by the <u>St</u>	ate of New Ha	mpshire	List each such	·		
	2. Health Care	<u> </u>	urance			luding broke rs, and landlo	- 11 1	5. Bank services	king or financial		ate of New I	Hampshire, county, or syment
	7. N.H. Retire System		assess	rrent use land ment program		9. Resta lodging	urants/		10. Sale and distribution beverages	ition of alcoh	olic	11. Practice of law
	2. Any busines tilities Commis	ssion		11 1	13. Horse of gambli	e or dog racin ng	g, or other le	jal forms	14. Education	<u> </u>	Water Reso	ources
	16. Agriculture	·	17. N.H. axes:	Business Profits Tax	. □ Ei	usiness nterprise Tax	☐ Intere Divide	st and nds Tax	18. Optional:	Specify any o	ther area ir	n which you have a
l have person	read RSA 15-A a who knowing	and hereby ly fails to co	swear or aff mply.with t	irm that the for he provisions o	egoing in f this cha	formation is t pter or knowi	true and comp ngly files a fal	olete to t se staten	he best of my knowle nent shall be guilty of	dge and belie a misdemea	nor.	
Date	JAN	11,202	ಿ			Signatur	e of Filer	M	u a B.	JD	<u> </u>	JAN 1 3 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE