ng Individual IAN 1 8 2015	Date 1/1911) Signature of Reporting Individual	
÷	and nereby sweet of allimit that the foregoing information is not and complete to the man	
	There are a second of the seco	
18. Optional: Specify any other area in which you have a special interest—	16. Agriculture laxes Profits Tax Enterprise Tax Dividends Tax	
14. Education	12. Any business regulated by the Public   Utilities Commission   13. Horse or dog racing, or other legal forms   14. Edu	
10. Sale and distribution of alcoholic 11. Practice of beverages	RetirementSystem - assessment program - lodging - 0. Sale and c beverages	
6. State of New Hampshire, county, or municipal employment	7 2. Health Care 3. Insurance 3. Real Estate, including brokers, 5. Banking or financial agent, developers, and landlords services	
vch	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
15, occupations, groups, or matters. A person has a or not to award a contract, grant a license or permit, on, group, or matter would potentially have a greater	8. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:	
My income does not qualify	If you have no qualifying income indicate by writing your initials next to the following statement. My incon	
r a family member was an officer, director, associate, partner ome in excess of \$10,000 was derived during the preceding led. (Use additional sheets as necessary.)	A. LIST below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)  1. **EDDET** UHSM** TWES** **SAA*** REMAX** HESCEEDTH**  2. **EDDET** UHSM** TWES*** TWES** **SAA*** REMAX** HESCEEDTH**  3. **EDDET** UHSM** TWES***	
	Ine office, position, appointment, or employment with state government held by you.  NO ACRONYMS	
SCASE COMM	imy occupation . Pro Colonia Colonia	
Work Phone 103 35942	EA STATE Makella & mail *op	
172 M. Krishum	Type or Print Clearly A. J. J. J. J. Work Address 300 Will 1/2	
A 15-A	2015 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A	

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NEW HAMPSHIRE DEPARTMENT OF STATE

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