

## Statement of Financial Interests PEASE DEVELOPMENT AUTHORITY (RSA 12-G:5)

NT	and address of reporting individual: Robert a allard Robert A. ALLARD (print)
Name a	ind address of reporting individual
1.	Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.
a.	none
ъ.	
c.	
2.	State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).
d.	None
e.	
f.	
3.	State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).
g.	none
h.	RECEIVED
i.	JUN 0.4 2020
Signat	ure of Reporting Individual: Date: 6/1/20 NEW HAMPSHIRE DEPARTMENT OF STATE
	port is for calendar year 2020