2021-NEW-HAMPSHIRI	-STATEMENT OF FINANCIAL INT	FERESTS - RSA-15-A	1
Type or Print Clearly			
Full Name Kirk T. Smith VMD	Work Address	277 Elm Street, Amesbury, MA 01913	<b>,</b>
Primary Occupation - Veterinarian	e-mail ksmithaah@comcast.net	Work Phone	978-388-3636
NH Board of Veterinary Medicine  ctors, etc. or employment with state or county  croment held by you.  NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	any income in excess of \$10,000 w	as derived during the preceding
1. Amesbury Animal Hospital, PC, 277 Elm Street, Ame	sbury, MA 01913		
2. Beanpod Partners, LLC, 136 Whitehall Road, Amesbe	ury, MA 01913	<del></del>	
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	· .
B. Indicate below whether you or a family member has a specreportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would onto the family member than it would not be a family member than it would not be a family member has a special me	law, a change in administrative rule, a do nment affecting the listed business, profe the general public:	ecision whether or not to award a con ession, occupation, group, or matter w	tract, grant a license or permit.
	state, including brokers, 5. B evelopers, and landlords servi		ite of New Hampshire, county, or ipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/   Codging	Sale and distribution of alcoholeverages	<u> </u>
	3. Horse or dog racing, or other legal for gambling	rms   14. Education   15.	Water Resources
	Business Interest and Dividends To		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of RECE	going information is true and complete this chapter or knowingly files a false sta	to the best of my knowledge and belie tement shall be guilty of a misdemear	ef. RSA 15-A:9 Penalty. Any nor.
Return to: Office of Se <b>NEWA/4A</b>	Signature of Filer 3 2021  ARSHURE orth Main Street, State House TOF STATE	Room 204, Concord, NH 03301	