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

Type or Print Clearly	
Full Name ANDRE JEAN-CHRISTIAN BRIERE Work Address 7 HAZEN DR, CONCOM	-0 NH 05302
Primary Occupation DOT DEPATY COMMISSIONERe-mail ANDEE. J. BRIERE EDOT. NH. GO Work Phone	603-271-1484
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an offic proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as r	derived during the preceding
DEFENDEDGE OC, LLC	
2.	****
f you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter wou inancial effect on you or a family member than it would on the general public: — 1. Any profession, occupation, or business licensed <u>or certified by the State of New Hampshire. List each such</u> profession, occupation, or category of business:	
	of New Hampshire, county, or Il employment
- 7. N.H. Retirement - 8. Current use land - 9. Restaurants/ - 10. Sale and distribution of alcoholic System	11. Practice of law
- 12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Wa of gambling	ter Resources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax Special interest	r area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. erson who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	
	REGEIVED
Date 17 Anc-2021 Signature of Filer	SEP 22 2021
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARIMENT OF STAT