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

Type or Print Clearly	
Full Name Gilbert Jiseph FANCIUIIO Work Address ENfield NII	03748
Primary Occupation Physician e-mail & fancial oslo gnail work Phone	603-381-2176
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 office proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was decalendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as needs)	erived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	86.
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	grant a license or permit
	New Hampshire, county, or employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ beverages 10. Sale and distribution of alcoholic beverages	11. Practice of law
organismy of gamoling	er Resources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Business Enterprise Tax Dividends Tax Special Interest	area in which you have a
I 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. I person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeenor.	RSA 15-A:9 Penalty Any
M = 1	. KELEIVELL
Date	JAN 12 2021