## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Primary Occupation DATTY FARMER E-mail Stewyeaton Each Com Work Phone 603-608-5079
Primary Occupation DATRY FARMER E-mail Stew Yearton Each Com Work Phone 603-608-5079  Name the office, position, board or commission, committee, 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 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. Fre Chief for the Town of France 14
2.  If you have no qualifying income indicate by writing  My income does not qualify RSY
B. Indicate below whether you or a family men reportable special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to the finan
1. Any profession, occupation, or business li occupation, or category of business:
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System  8. Current use land assessment program  9. Restaurants/ lodging  10. Sale and distribution of alcoholic beverages  11. Practice of law
The second state of the Public Utilities Commission The second state of the Public gambling The second state of the Public gambling The second state of the Public The second state of the sec
16. Agriculture   17. N.H. taxes:   Business   Business   Enterprise Tax   Interest and   Dividends Tax     18. Optional: Specify any other area in which you have a special interest
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. RSA 15-A:9  Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date Agril 22, 2020  RECEIVED  Signature of Reporting Individual  APR 3 0 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE