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

Type or Print Clearly					
Full Name Name	cy GAtes Le Roy	Work Add	I CID CE		-0-1
Primary Occupation		e-mail ownice @ ac	oardpath. Not	Work Phone 6	03-344-7554
directors, etc. or empl government held by you	1	Commission Ve	. Human Righ	LL.	
proprietor or employee	address, and type of any profession, or served in any other profession of retirement benefits other than fede	nal or advisory capacity, and from	which any income in exces	ss of \$10,000 was de	erived during the preceding
1.			1		
2.	İ				
If you have no qualifying	income indicate by writing your in	itials next to the following stateme	nt. My income o	does not qualify	MC
reportable special intere discipline a licensee or p financial effect on you or 1. Any profess	ner you or a family member has a sp st in an item on this list if a change ermittee, or other decision by gove r a family member than it would on sion, occupation, or business licens	in law, a change in administrative r ernment affecting the listed busines the general public:	ule, a decision whether or no s, profession, occupation, gro	t to award a contract,	grant a license of permit,
profession, occi	upation, or category of business:	5 to the distribution breakers	5. Banking or financial	6 State of	New Hampshire, county, or
2. Health Care		Estate, including brokers, developers, and landlords	services		employment
7. N.H. Retireme	8. Current use land assessment program		10. Sale and distr beverages	ribution of alcoholic	11. Practice of law
12. Any business re Utilities Commission	egulated by the Public	13. Horse or dog racing, or other of gambling	14. Educati		er Resources
16. Agriculture	17. N.H. Business taxes: Profits Tax	The second secon	rest and lends Tax 18. Options	al: Specify any other pecial interest	area in which you have a
I have read RSA 15-A and person who knowingly f	d hereby swear or affirm that the fo	regoing information is true and co of this chapter or knowingly files ₍ a	nplete to the best of my know alse statement shall be guilty	wledge and belief. y of a misdemeanor.	RSA 15-A:9 Penalty. Any
			Same De la	7	RECEIVED
Date	17, 2021		Signature of Reporting Inc	dividual	JAN 2 1 2021
	Poturn to: Office of Secretary o	f State 107 North Main Street. State	House Room 204, Concord,	NH 03301	NEW HAMPSHIRE