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

Type or Print Clear	rly					- 1, 5-						
Full Name	tor A	·Wh	elan			Work Addres	s 100	GATE	s Stra	er Port	smoat	L, NH 0380
Primary Occupation	n			— e-m	nail Pau	shelar	(E)	TOMEAST	Work Phone	60	3-20.	5-5318
Name the office, po directors, etc. or government held b	employment		or county	ADV	isory (	OMMI	1ee	or N	brine	Fish	ries	<u> </u>
A. List below the no proprietor, or emporator, or emporator, or emporator is a second or second	loyee, or serv	red in any o	ther professior	nal or ad	visory capacity,	, and from w	hich any ir	icome in exc	ess of \$10,00	0 was deriv	ed during	sociate, partner, the preceding
1. SHO	als Fl	y Fish	ing + Li	6HT	Tackle		_					
2.		<u> </u>										
If you have no quali	ifying income	Indicate by	writing your ini	tials next	to the followin	g statement.		My Income	does not qua	lify		
B. Indicate below we reportable special lidiscipline a licensee financial effect on y	nterest in an l or permittee ou or a family	tem on this i , or other de member the upation, or b	ist if a change is cision by gover an it would on ousiness license	n law, a conment at the gene dor certi	hange in admir fecting the liste	nistrative rule, ed business, p te of New Ham	a decision rofession, c	whether or noccupation, g	ot to award a	contract, gra	ant a licen	se or permit.
2. Health Car	e 📑 3. Ins	urance			luding brokers, rs, and landlord	11	5. Banking ervices	or financial		State of Ne		hire, county, or
7. N.H. Retii System			rrent use land ment program		l <sub></sub> lodging	rants/ja	bev ليا	Sale and disterages	tribution of al	coholic	_ lav	1. Practice of w
Utilitles Comn		by the Publi	c o	13. Horse f gambli	e or dog racing, ng	, or other lega	forms	14. Educa	tion	15. Water Re	esources	
16. Agricultu	ire l	17. N.H. taxes:	Business Profits Tax		usiness nterprise Tax	Interest Dividence			nal: Specify ar special interes		in which	you have a
I have read RSA 15-7 person who knowln	A and hereby gly falls to co	swear or affi mply with th	rm that the fore	egoing in f this cha	offormation is true	ue and comple gly files a false	te to the b	est of my kno shall be guilt	owledge and b ty of a misdem	eanor.		enalty. Any
Date ///0/	121	<del>-</del>	<del></del>			/w	Ц. 1	llu	<u>U                                    </u>		· 	
tim takana afa					<del></del> -	S	ignature of	Reporting In	dividual		JAN 1	3 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE