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

ype or Print Clearly	
Full Name DONALD A, UPTON Work Address	· · · · · · · · · · · · · · · · · · ·
Primary Occupation   RETIRED e-mail DONALDUPTON @MSN, COM Work Phone	
Name the office, position, board or commission, board of MONADNOCK AD UISORY COMMISSION GOVERNMENT WITH STATE OF COUNTY COMMISSION OF COUNTY COUNTY COMMISSION OF COUNTY C	
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 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as no	aerivea auring, the, preceaing
N/A	
$\lambda / A$	AU
f you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify	
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 inancial 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:	ld potentially have a greater
	of New Hampshire, county, or al employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
1 Utilities Commission 1 of gambling	ater Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 5 special interest —	er 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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor	RSA 15-A:9 Penalty. Any
Donall A. Option	RECEIVED
Date Signature of Reporting Individual	FEB <b>0 5</b> 2021
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE