Lakes hunagement formany down

## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pr	•		_						
Full Name	Ernest (	reorge Mil	ette	Work Ac	dress <u>287</u>	Danu	el Webster	Hwy, B	2/mont, NH 03220
Primary Oc	cupation <u>Roa</u>	Hor	e	-mail *optional			***************************************	Work Phon	e 603-527-1111 x30
directors, e		rd or commission, co with state or county		of NH Fish					knas County
proprietor,	or employee, or se		rofessional or ad	visory capacity, a	nd from whic	h any ind	come in excess of	f \$10,000 w	fficer, director, associate, partner as derived during the preceding s necessary.)
1. <u>B</u> e	erskshire Ha	thanay Hom	eServices	Verani Roa	elty	<u> </u>			****
2.		)			1				
f you have	no qualifying incom	e Indicate by writing	your initials next	to the following s	tatement.		My income does	not qualify	
reportable s discipline a inancial effo	special interest in an licensee or permitte ect on you or a fami	item on this list if a c	change in law, a c by government af buid on the gene	hange in administ fecting the listed l ral public:	rative rule, a d business, prof	ecision w ession, oc	vhether or not to a ccupation, group, o	ward a cont	s, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
		, or category of busin		altor					
2. He	alth Care 3. Ir		4. Real Estate, inc agent, developer		5. B servi	-	r financial		e of New Hampshire, county, or pal employment
7. N.F Syste	H. Retirement	8. Current us	e land	9. Restauran lodging	ts/		Sale and distribution	on of alcoho	olic 11. Practice of law
12. Any	y business regulated Commission	by the Public	13. Horse	or dog racing, or	other legal for	ms _	14. Education	15. V	Vater Resources
	griculture	17. N.H. Bu		usiness terprise Tax	Interest and Dividends To	11 )	<i>18. Optional</i> : Sp special	ecify any ot interest	her area in which you have a
have read R	RSA 15-A and hereby	y swear or affirm that omply with the provi	the foregoing inf	formation is true a oter or knowingly	nd complete t files a false sta	o the bes	st of my knowledg	e and belief misdemeand	RSA 15-A:9 Penalty. Any or.
Date	8/4/18		,	Sul	noit		With	Γ	RECEIVED
	, - , -			[	Sign	rture of R	Reporting Individu	al	AUG 1 4 2018
	Retu	urn to: Office of Secre	tary of State, 107	North Main Street	, State House	Room 20	4, Concord, NH 03		NEW HAMPSHIFE DEPARTMENT OF STATE