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

Type or Print Clearly	retiren	
Full Name DAVID MICHABL CUOFFI	Work Address 20 PARTRIDGE RD. BTN/1,	NH 03750
Primary Occupation e-mail	DAVIDMCIOFFI & GMAIL. COM Work Phone 603	3 643-5234
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	WORKFORES INNOVATION BOARD	
proprietor, or employee, or served in any other professional or advis	s, or other organization in which you or a family member was an officer, directly cory capacity, and from which any income in excess of \$10,000 was derivent and/or disability benefits shall be included. (Use additional sheets as necessary)	ed during the preceding
NOT APPLICABLE		
If you have no qualifying income indicate by writing your initials next to	the following statement. My income does not qualify	Drc
reportable special interest in an item on this list if a change in law, a cha	t in any of the following businesses, professions, occupations, groups, or matinge in administrative rule, a decision whether or not to award a contract, gracting the listed business, profession, occupation, group, or matter would pote public:	nt a license or permit,
1. Any profession, occupation, or business licensed or certifie profession, occupation, or category of business:	ed by the State of New Hampshire. List each such	
2. Health Care 3. Insurance agent, developers, a		v Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse of gambling	or dog racing, or other legal forms 14. Education 15. Water Re	sources
	iness Interest and Interest and Interest and Interest and Interest and Interest Inte	in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing inforperson who knowingly fails to comply with the provisions of this chapte	and the source of the first of the same of	15-A:9 Penalty. Any (ECEIVED
Date 2-17-2021	Signature of Filer 5 m Ccoff	FEB 1 9 2021

NEW HAMPSHIRE
DEPARTMENT OF COMMIT