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

Type or Print Clearly	· · · · · · · · · · · · · · · · · · ·		
Full Name CHRISTOPHER T. REGAN	Work Address	68 Main Stret, Durham, NH 0382	24
Primary Occupation Attorney	e-mail chrisregan@durhamnhlaw.	com Work Phor	ne (603) 868-2414
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	COMPENSATION APPEALS BOARD		
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other professio calendar year. Sources of retirement benefits other than fede	nal or advisory capacity, and from whic	h any income in excess of \$10,0	00 was derived during the preceding
1. BAMFORD, DEDOPOULOS & REGAN, P.L.L.C., 68 M	ain Street, Durham, NH 03824		
2.			
If you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qu	Jalify
B. Indicate below whether you or a family member has a sp reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in administrative rule, a c rnment affecting the listed business, prof	decision whether or not to award	a contract, grant a license or permit,
1. Any profession, occupation, or business licens profession, occupation, or category of business:	ed <u>or certified by the State of New Hamp</u> Attorney	shire. List each such	
	J		 State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement 8. Current use land System assessment program	11	10. Sale and distribution of a beverages	alcoholic 11. Practice of Iaw
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal fo of gambling	orms T 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	x C Business Interest an Enterprise Tax Dividends		any other area in which you have a est
I have read RSA 15-A and hereby swear or affirm that the fo	regoing information is true and complete	to the best of my knowledge and	belief. RSA 15-A:9 Penalty. Any

person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

RECEIVED Signature of Reporting Individual

August 29, 2021 Date

SEP 1 0 2021

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

NEW HARPSHIRE DEPARTN THE OF STATE