

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Raynold S. Jackson

Work Address

Home - 14 Blood Rd. Townsend, Ma. 01469-1238

Primary Occupation Retired- Hiking Trails Tending

e-mail rayjtrails@gmail.com

Work Phone

H- 978-597-8813

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.
 NO ACRONYMS

Statewide Trails Advisory Committee ; Representing the Society For the Protection of New Hampshire Forests

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)*

1. _____
2. _____

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

RSJ

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a 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, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

- | | | |
|--------------------------|---|--|
| <input type="checkbox"/> | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: | |
| <input type="checkbox"/> | 2. Health Care | <input type="checkbox"/> 3. Insurance |
| <input type="checkbox"/> | 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> 5. Banking or financial services |
| <input type="checkbox"/> | 6. State of New Hampshire, county, or municipal employment | <input type="checkbox"/> 7. N.H. Retirement System |
| <input type="checkbox"/> | 8. Current use land assessment program | <input type="checkbox"/> 9. Restaurants/ lodging |
| <input type="checkbox"/> | 10. Sale and distribution of alcoholic beverages | <input type="checkbox"/> 11. Practice of law |
| <input type="checkbox"/> | 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling |
| <input type="checkbox"/> | 14. Education | <input type="checkbox"/> 15. Water Resources |
| <input type="checkbox"/> | 16. Agriculture | <input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Interest and Dividends Tax |
| <input type="checkbox"/> | 18. Optional: Specify any other area in which you have a special interest --- | |

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. **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.

Date Dec / 30 / 2021

Signature of Filer

Raynold S. Jackson