

NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name

Joseph Michael Cassey

Work Address

48 AIRPORT RD

Primary Occupation

BUSINESS MANAGER
IBEW

E-mail (optional)

Michael490@verizon.net

Name(s) of office, appointment or employment with government

NH. STATE PERSONNEL BOARD

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member, or employee, or served in any other professional or service capacity, and from which any income in excess of \$1,000 per calendar year is derived. List of retirement benefits other than federal retirement or other disability benefits shall be included.

IBEW C.U. 490

If you have no reportable income indicate by writing your name and address on the following statements. My income does not exceed \$1,000.

B. Indicate below whether you or a family member has a reportable interest in any of the following categories. Professions, occupations, businesses, or other organizations in which you or a family member has a decision-making authority. A decision-making authority is a position of responsibility or other decision-making authority that has legal, financial, professional, occupational, financial effect on the family member's interest in the organization. If you are a member of a family member's board of directors, officers, or other positions of responsibility, indicate the name of the organization and the position held.

C. 1. Any position of director, officer, or other position of responsibility in any of the following organizations:

1. Any position of director, officer, or other position of responsibility in any of the following organizations:	2. Any position of director, officer, or other position of responsibility in any of the following organizations:	3. Any position of director, officer, or other position of responsibility in any of the following organizations:	4. Any position of director, officer, or other position of responsibility in any of the following organizations:

D. 1. Any position of director, officer, or other position of responsibility in any of the following organizations:

17. NH Taxes:	18. NH Business Profits Tax	19. NH Business Franchise Tax	20. NH Interest and Dividends Tax
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read this report and hereby swear and affirm that the information is true and complete to the best of my knowledge and belief. I am not a person who knowingly files a false report or knowingly files a false statement of a misdemeanor.

Signature of Reporting Person

Date