NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name: Brett R. Scholbe

Work Address: 14 Manning Street, Derry, NH 03038

Primary Occupation: Lieutenant/Director of Communications

e-mail *optional: brettscholbe@ci.derry.nh.us

Work Phone: 603-845-5224

Name of office, appointment, or employment with government: Commissioner - E911 Commission

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.*

1. Brett Scholbe: Derry Fire Dept. 14 Manning Street, Derry NH 03038 - Town Government Employee - Fire Officer
2. Brett Scholbe: State of NH, Dept of Safety-Marine Patrol, 31 Dock Rd., Gilford, NH - State Seasonal Employee- Marine Officer
3. Elizabeth Scholbe: Catholic Medical Center, 100 MacGregor St., Manchester, NH - Private Employee - Nurse

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SECRETARY OF STATE

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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:

☐ 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

☐ 2. Health Care ☐ 3. Insurance ☐ 4. Real Estate, including brokers, agent, developers, and landlords ☐ 5. Banking or financial services ☐ 6. State of New Hampshire, county, or municipal employment

☒ 7. N.H. Retirement System ☐ 8. Current use land assessment program ☐ 9. Restaurants/ lodging ☐ 10. Sale and distribution of alcholic beverages ☐ 11. Practice of law

☐ 12. Any business regulated by the Public Utilities Commission ☐ 13. Horse or dog racing, or other legal forms of gambling ☐ 14. Education ☐ 15. Water Resources

☐ 16. Agriculture ☐ 17. N.H. taxes: ☐ Business Profits Tax ☐ Business Enterprise Tax ☐ Interest and Dividends Tax ☐ *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.

Signature of Reporting Individual Date

Print Form