2020 NFW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name	Dean Christon				Work Address	32 Constitution Drive, Bedford, NH				
Primary Occupation Executive Director, NHHFA			e-mail	dchriston@nhhfa.org			Work Phone	603-472-8623		
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			Council on I Member, Int	Resources eragency	& Dev; Member, C Council on Homel	ouncil of Partner Ag essness; Member, G	encies; Member, C ov's Advisory Com	tainable Energy Fund; Member ommunity Dev Advisory Council; mission on Mental Illness & the		

NO ACRONYMS Correction Systems; Member, Gov's Office of Emerg Relief & Recovery, Stakeholder Advisory Board.

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.	New Hampshire Housing Finance Authority, 32 Constitution Drive, Bedford, NH 03110								
2.									
lf you ha	ve 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		
X	7. N.H. Retirement8. Current usSystemassessment pro-								10. Sale and distribu beverages	ion of alcoholic 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					nteres Divider	t and Ids Tax	18. Optional: S speci	pecify any other are al interest	a in wh	ich you have a	

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 guilt of a misdemeanor.

Date

May 8, 2020

/	Dung. Chita	
	Signature of Reporting Individual	