Franklin Conservation Commission Regular Meeting Agenda January 15, 2019 City Hall Basement – 7:30 pm

Call to Order

Approval of the November 13, 2018 meeting minutes.

Old Business

New Business

Selection of 2019 commission officers

Adjournment

FRANKLIN CONSERVATION COMMISSION

Meeting Minutes November 13, 2018

Present: Nita Tomaszewski, Bob Morin, Roy Gilbreth, Glenn Morrill Next meeting: December 11, 2018, 2018 - 7:30 pm, City Hall Basement

Meeting called to order by Nita at 7:40 PM

Minutes of the October 9, 2018 meeting were distributed for review. Glenn moved and Roy seconded the motion to approve the meeting minutes. The motion passed.

I Old Business

Bob provided a briefing on the highlights of the NHACC Annual meeting held on October 19, 2018 at Pembroke Academy.

II New Business

Roy moved to approve payment of the FY 2019 dues to the New Hampshire Association of Conservation Commissions. Glenn seconded the motion. The motion passed.

Adjournment

The meeting adjourned at 8:20 PM.

2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

Type or Pr Full Name	Type or Print CLEARLY Full Name			Work Address:				
Prima	Primary Occupation		E-mail_			Work Phone		
Name directc by you	Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.	mission, committee, board of or county government held						
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)	and type of any profession, bus. ved in any other professional or ment benefits other than federe	iness, or other orga r advisory capacity, al retirement and/o	nization in which y and from which ar r disability benefits	ou or a family member v ty income in excess of \$ shall be included. (Use	vas an officer, director 10,000 was derived du additional sheets as ne	r, associate, partner, rring the preceding scessary)	
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If you	If you have no qualifying income indicate by writing your initial	te by writing your initials next	s next to the following statement.	tement.	My incon	My income does not qualify		
ю́	""	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 any 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 permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greatinancial effect on you or a family member than it would on the general public:	l interest in any of t n law, a change in a ment affecting the 1 re general public:	he following busin idministrative rule, isted business, pro	ssses, professions, occup a decision whether or no lession, occupation, grou	ations, groups or matt it to award a contract, p, or matter would pot	ers. A person has a grant a license or permi tentially have a greater	<u>, , , , , , , , , , , , , , , , , , , </u>
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	2. Health Care 3. Insurance		4. Real Estate, including brokers, agent, developers, and landlords	5. Bank	5. Banking or financial ervices	6. State of New Hampsh municipal employment	6. State of New Hampshire, county, or municipal employment	
	7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	nts/	10. Sale and distribution of alcoholic beverages	n of alcoholic	11. Practice of law	1
	12. Any business regulated by the Public Utilities Commission		3. Horse or dog racing, or other legal forms of unbling	other legal forms of	14. Education	15. Water Resources	ources	1
L	16. Agriculture taxes:	H. Business E	Business Enterprise Tax	Interest and Dividends Tax	I8. Optional: Sp special	18. Optional: Specify any other area in which you have a special interest	which you have a	
I hav Pen 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 guilty of a misdemeanor.	swear or affirm that the fore; gly fails to comply with the	going information provisions of this	is true and comp chapter or knowi	lete to the best of my lngly files a false stater	knowledge and belie	ef. RSA 15-A:9 of a misdemeanor.	
Date	92			Sig	Signature of Reporting Individual	idual		
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301