2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly						
Full Name Justin A	A. Cutting	Work Address _	140 Winnacunnet Rd. H	ampton, NF	1 03842	
Primary Occupation Fire	Captain e-	mail *optional		Work Phone	603-926-3316	
	ard or commission, committee, board	Or	s and Training Commission	on - Commi	ssioner	
lirectors, etc. or employmen by you. NO ACRONYMS	t with state or county government he	Executive Bra	Executive Branch Ethics Committee - Member			
roprietor, or employee, or s	ress, and type of any profession, busine served in any other professional or adv rement benefits other than federal retirem	visory capacity, and fror	n which any income in excess o	f \$10,000 was	derived during the preceding	
Justin A. Cuttin	ng, Town of Hampton Fire Dep	artment, 140 Winn	acunnet Rd. Hampton, N	H 03842 - F	Public Safety	
Lynn D. Cuttin	ng (spouse), Hampton School	District SAU 90, 7	Scott Rd. Hampton, NH 0	3842 - Edu	cation	
you have no qualifying inco	me indicate by writing your initials next	to the following stateme	ent. My income does	not qualify	And the second control of the second	
iscipline a licensee or permit nancial effect on you or a far 1. Any profession,	an item on this list if a change in law, a c tee, or other decision by government at nily member than it would on the gene occupation, or business licensed or cert on, or category of business:	fecting the listed busine ral public: Ified by the State of New	ss, profession, occupation, group	or matter woul	d potentially have a greater	
2. Health Care 3.	Insurance 4. Real Estate, Inc		5. Banking or financial services		of New Hampshire, county, or il employment	
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	10. Sale and distribu beverages	tion of alcoholic	11. Practice of law	
12. Any business regulat Utilities Commission	ted by the Public 13. Horse of gamblio	e or dog racing, or other ng	legal forms X 14. Education	15. Wa	iter Resources	
16. Agriculture			rest and 18. Optional: S dends Tax speci	pecify any other al interest —	er area in which you have a	
	by swear or affirm that the foregoing in comply with the provisions of this cha					
Date November 21		9.1	1. 1. 01	-	RECEIVE	
			Signature of Reporting Individ	lual	NOV 26 2018	
R	eturn to: Office of Secretary of State, 107	North Main Street, State	House Room 204, Concord, NH	3301		

NEW HAMPSHIRE DEPARTMENT OF STATE