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

Type or Print Clearly			-
Full Name Jacque Inc Kelleher	Work Address Frank In Pierce	40 Unarshy Die,	<u>Rivelge, NH 03461</u>
Primary Occupation Chair, School of Educatione-ma	Il *optional Kellehar & franklin	pra.ed Work Phone 603	8994201
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Stak Advisory Committee Children/Studiaks with		
A. List below the name, address, and type of any profession, business,	or other organization in which you or a fam	nily member was an officer, direc	tor, associate, partner,

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.)

VH ORYGI 1. 2. Retebuough NH

If you have no qualifying income indicate by writing your initials next to the following statement.

profession accuration or business licensed or contified by the State of New Hermachine

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:

X		n, occupation, or busin ation, or category of bu				a List each such Chokas RC &M	mands tac	thes for NH Cort
	2. Health Care	3. Insurance		cluding brokers, ers, and landlords	5. Bank services	king or financial	6. State of Ne municipal em	ew Hampshire, county, or ployment
	7. N.H. Retirement System	8. Current assessment	nrogram	9. Restaurants, lodging	L	10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	12. Any business regul Utilities Commission	lated by the Public	- 13. Hors of gambl	se or dog racing, or ot Ing	ther legal forms	🕅 14. Education	15. Water R	esources
	16. Agriculture	1 1 1	1		Interest and Dividends Tax	18. Optional: Special special	pecify any other are l interest	a in which 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 faise statement shall be guilty of a misdemeanor.

Date

101m Signature of Reporting Individual

NOV 1 5 2018

RECEIVED

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE