2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name PATRICIA H GRUTTEMEYER	Work Address	N/A	
Primary Occupation RETIRED	e-mail PHGRUTTEMEYER@C	OMCAST.NET Wo	rk Phone N/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Occuptational Therapy Governing Bo	pard; public member	
A. List below the name, address, and type of any professi proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	onal or advisory capacity, and from wh	ich any income in excess o	f \$10,000 was derived during the preceding
1.	· -	· · · · · · · · · · · · · · · · · · ·	
2.			
If you have no qualifying income indicate by writing your in	nitials next to the following statement.	My income does	not qualify phg
B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would or	in law, a change in administrative rule, ernment affecting the listed business, prother the general public:	a decision whether or not to offession, occupation, group,	award a contract, grant a license or permit,
1. Any profession, occupation, or business licens profession, occupation, or category of business:	sed or certified by the State of New Ham	pshire. List each such	
II / Health (are II & Inclirance II	- 11 1	5. Banking or financial ervices	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land	11	— 10. Sale and distribut beverages	ion of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other lega of gambling	forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta	x Business Interest Enterprise Tax Dividence		pecify any other area in which you have a al interest
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	oregoing information is true and comple	te to the best of my knowled statement shall be guilty of a	ge and belief. RSA 15-A:9 Penalty. Any a misdemeanor.
Date 1.12.21	JAN 12 Signature o Filer	Patricia H Gruttemeyer	
Return to: Office of Secreta 6	NEW HAMPSHIRE ARJMEN NOTE State Ho	use Room 204: Concord, NH (23301