

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

Type or Print Clearly

Full Name Susan Ruka Work Address 987 East Main Street Center Conway NH 03913

Primary Occupation Administrator e-mail sruka@mwwaduldaycenter.org Work Phone 603 356-4980

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. State Commission on Aging Carroll County Appointee

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.

- 1. Memorial Hospital 3073 White Mountain Highway North Conway NH 03860
2. MWV Adult Day Center 987 East Main Street Center Conway NH 03813

If you have 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.

- 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
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/lodging 10. Sale and distribution of alcoholic beverages 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 17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest --

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.

Date 1/21/21 Signature of Filer Susan Ruka

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