

2010 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name

<sup>sworn</sup>  
Shannon Bresaw

Work Address

46 S. Main St., Concord, NH 03301

Primary Occupation

Granite United Way  
Asst VP of Public Health

e-mail \*optional

shannon.bresaw@

Work Phone

603-224-2595 x228

The office, position, appointment, or employment with state government held by you. NO ACRONYMS

Governor's Commission on Alcohol & other Drug Abuse Prevention  
Drug Overdose fatality Review Committee <sup>granite.uw.org</sup> treatment, Recovery

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.)

1. New Hampshire Public Defender (Husband John Bresaw employed)  
408 Union Ave, Laconia, NH 03246 as Attorney
- 2.

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. 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:

|  |   |  |  |   |   |   |  |   |  |  |
|--|---|--|--|---|---|---|--|---|--|--|
| <input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>Public Health related contracts by DPHS for Granite United Way (employer)</u> |   |  |  |   |   |   |  |   |  |  |
| <input type="checkbox"/> 2. Health Care  | <input type="checkbox"/> 3. Insurance                           | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords |  |   | <input type="checkbox"/> 5. Banking or financial services                 | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment |  |   |  |  |
| <input type="checkbox"/> 7. N.H. Retirement System   | <input type="checkbox"/> 8. Current use land assessment program |  | <input type="checkbox"/> 9. Restaurants/ lodging                                   |   | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages |   |  | <input checked="" type="checkbox"/> 11. Practice of law |  |  |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission   |   |  | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling |   |   | <input type="checkbox"/> 14. Education  |  | <input type="checkbox"/> 15. Water Resources            |  |  |
| <input type="checkbox"/> 16. Agriculture   |   | 17. N.H. taxes:  |  | <input type="checkbox"/> Business Profits Tax | <input type="checkbox"/> Business Enterprise Tax                          | <input type="checkbox"/> Interest and Dividends Tax                                 | <input type="checkbox"/> 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

1/3/17

Shannon Bresaw  
Signature of Reporting Individual

RECEIVED

JAN 11 2017

NEW HAMPSHIRE DEPARTMENT OF STATE