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

Type or Print Clearly	Howe
Full Name Susan G. Trice	WOTE Address 169 SEVERANCE RD MOUTON 13 cmo, 14 03254
Primary Occupation PETIRED e-mail 808	sangprice worklook.com verkphone 603 387 1331
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	some, Careon Co., Fish+GAUE Commissio
A. List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory cap calendar year. Sources of retirement benefits other than federal retirement and/o	ner organization in which you or a family member was an officer, director, associate, partner of the preceding of the precedi
1. 40,00	
2.	
If you have no qualifying income indicate by writing your initials next to the following	lowing statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in a	of the following businesses, professions, occupations, groups, or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, le listed business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	e State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broaden, developers, and lan	- II
7. N.H. Retirement 8. Current use land 9. Re System lodgir	estaurants/
12. Any business regulated by the Public Utilities Commission 13. Horse or dog ra	acing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Enterprise T	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 person who knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions.	· · · · · · · · · · · · · · · · · · ·
re	RECEIVED
Date 7-12-21 Signa	sture of Filer JUL 1 3 2021
	NEW HAMPSHIRE

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

DEPARTMENT OF STATE