2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	C 21 11		20.00		1 1)11
Full Name	+ Ittell	Work Addre	ess 26 College	Dr. Concord	4,07
Primary Occupation	ioncellor	e-mail *optional	The trace of the state of the s	Work Phone 6	03 230 3501
The office, position, a employment with state gov you. NO ACRONYMS	•	Chancellor Member, Higher Ed	CCSN4 Commission	Divor Aighei	Ed MH DOE
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. Exeter Trust Company					
2 Brando	-W Univ	recoit			
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:					
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.	insiirance ii	A. Real Estate, including brokers, agent, developers, and landlords	5. Banking or fina services	nncial 6. State of N municipal er	lew Hampshire, county, or mployment
7. N.H. RetirementSystem	8. Current us	33	10. Sale abeverage	and distribution of alcoholic s	11. Practice of law
12. Any business regulate Utilities Commission	ed by the Public	13. Horse or dog racing, or ot of gambling	her legal forms 14	Education 15. Water	Resources
16. Agriculture			Interest and	. Optional: Specify any other an special interest	rea 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 false statement shall be guilty of a misdemeanor.					
Date /2//3//	6				RECEIVED
, .			Signature of Repo	rting Individual	JAN 20 2017

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

NEW HAMPSHIRE DEPARTMENT OF STATE