2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

Type or Print CLEARLY Full Name SARAH TO WITCH-E	PST "Jozi BEST" W	ork Address: <u>205 South He</u>	dgehog Hill Rd
Primary Occupation Livestock Management	Consultant E-mail	oribest Qaol. com	Work Phone 603-304-9152
Name the office, position, board or commission, comdirectors, etc. or employment with state or county go by you. NO ACRONYMS.	mittee, board of Governor's C	ommission on the f	Humane Treatment
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. ONTHE COMP BLOWNS			
2. Best Alpaca Shearing	(our our)		
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 any 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: 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 assessment p	rogram lodging	l beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other gambling	r legal forms of 14. Education	15. Water Resources
	Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Sp	ecify any other area in which you have a 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 13 August 2020 RECEIVED			
Date / 5 // light 20 80	-	Lanak Jo Stalsh Best Signature of Reporting Indi-	ridual
			AUG 1 9 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE