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

Type or Print Clearly						
Full Name	nna Sytek	Work Add	dress <u>ISI N. S4</u>	ate St. Co.	neure NH	
Primary Occupation	Retireh	e-mail *optional	· · · · · ·	w	ork Phone	1-2569
The office, position, employment with state you. NO ACRON	government held by	Member, Adul	t Parole Boerc			
proprietor, or employee,	or served in any other profes	ssion, business, or other orgar sional or advisory capacity, ar ederal retirement and/or disabili	nd from which any inc	ome in excess of \$	10,000 was deriv	ed during the preceding
		em School Distric	ť			
2. Income	from mental prope	cties				
	•	r initials next to the following s	tatement.	My income does no	ot qualify	<del></del>
reportable special interest discipline a licensee or per	in an item on this list if a chan	special interest in any of the foge in law, a change in administ overnment affecting the listed long the general public:	rative rule, a decision w	hether or not to aw	ard a contract, gra	ant a license or permit,
IV.	on, occupation, or business lice pation, or category of business:	ensed or certified by the State of	f New Hampshire. List	each such		
2. Health Care	4 Inclirance IIV	eal Estate, including brokers, nt, developers, and landlords	5. Banking o	r financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. RetirementSystem	8. Current use la assessment progr		ts/	iale and distribution rages	n of alcoholic	11. Practice of law
12. Any business reg Utilities Commission		<ul> <li>13. Horse or dog racing, or of gambling</li> </ul>	other legal forms	14. Education	15. Water R	esources
16. Agriculture	17. N.H. Busine taxes: Profits		Interest and Dividends Tax		cify any other are nterest	a in which you have a
		foregoing information is true as s of this chapter or knowingly				15-A:9 Penalty. Any
Date /2/15/16			Donne			D
			Signature of F	Reporting Individua	I	DEC 2.2 2016

DEC 4 2 7016

## 2010 NEW MAINIPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

ype or Print Clearly			
ull Name Donna Syt	ek Work Address 281	North State Street, Concord	
rimary Occupation <u>Retard</u>	e-mail *optional	Work Phone (603) 271 - 2549	}
he office, position, appointmen mployment with state government h ou. NO ACRONYMS	e, or Adult Parale Buard		
proprietor, or employee, or served in an are salendar year. Sources of retirement bene	y other professional or advisory capacity, and from whi fits other than federal retirement and/or disability benefits sh	hich you or a family member was an officer, director, associth any income in excess of \$10,000 was derived during the all be included. (Use additional sheets as necessary.)	iate, partner, ne preceding
NH Retirement	Sytem; Salem School Districe		
2. In come from	-ental properties		
If you have no qualifying income indicat	by writing your initials next to the following statement.	My income does not qualify	•
discipline a licensee or permittee, or oth financial effect on you or a family member and the second	er decision by government affecting the listed business, poer than it would on the general public:  n, or business licensed or certified by the State of New Har		
2. Health Care 3. Insurance	e  4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hamps services municipal employment	
7. N.H. RetirementSystem	8. Current use land assessment program 9. Restaurants/	To: Sale and distribution of algorithm	11. Practice of aw
12. Any business regulated by th	e Public 13. Horse or dog racing, or other led of gambling	14. Education	
16. Agriculture taxes		st and 18. Optional: Specify any other area in which special interest	:h you have a
I have read RSA 15-A and hereby swe person who knowingly fails to compl	ar or affirm that the foregoing information is true and com with the provisions of this chapter or knowingly files a fa	piete to the best of my me	Penalty. Any
Date 12/16/16		Signature of Reporting Individual	DEC 1 9 201
		Signature of Réporting Individual	DEC 19 20!

NEW HAMPSHIRE