

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

Date		I have read person wh	П 16.	T 12. A Utilitie	7. N.H. Retirer	<b>∇</b> 2. H	<b>रा</b>	8. Indicate reportable discipline a financial ef	If you have	, ·	 A. List bel proprietor, calendar y	you.	The office,	Primary O	Type or Pri
	02/28/2017	l RSA 15-A an o knowingly i	16. Agriculture	12. Any business reg Utilities Commission	7. N.H. RetirementSystem	2. Health Care	1. Any profes	special inter special inter licensee or p	no qualifyin		low the name, or employe ear. Sources	NO ACRONYMS	ice, position,	ccupation F	Type or Print Clearly Full Name Andrew York
		d hereby swea	17. N.H taxes:	12. Any business regulated by the Public Itilities Commission	m T	3. Insurance	ssion, occupat cupation, or ca	her you or a fa est in an item permittee, or c or a family me	g income indi	and the second s	e, address, and e, or served i of retirement !	you. NO ACRONYMS	n, appointment,	Primary Occupation Financial Advisor	ork
		ar or affirm the with the pro	, <sub>∓</sub>	ne Public	<ol><li>Current use land assessment program</li></ol>	ice	<ol> <li>Any profession, occupation, or business lice profession, occupation, or category of business:</li> </ol>	mily member on this list if a other decision other than it w	cate by writing	the first of the f	d type of any n any other p benefits other t	nt neid by	ment, or	sor	
		at the foregoi visions of this	Business Profits Tax	☐ 13. I	use land program	4. Real Estati agent, deve	ss licensed <u>or</u> iness:	has a special change in lav by governme yould on the	g your initials		profession, b professional o than federal re		Athletic Tra	A STATE OF THE PERSON NAMED IN COLUMN NAMED IN	
		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. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	<ul> <li>Business</li> <li>Enterprise Tax</li> </ul>	13. Horse or dog racing, or other legal forms of gambling	7 9. Rest lodging	4. Real Estate, including brokers, agent, developers, and landlords	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:    Physician Assistant, Financial Advisor	8. 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:	If you have no qualifying income indicate by writing your initials next to the following statement.		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.)		Athletic Trainers Governing Board Member	e-mail*optional	
		n is true and c nowingly files	٦	acing, or othe	9. Restaurants/ lodging	S	ne State of Nev stant, Financi	of the follow administrative ne listed busin	llowing staten		ner organizati pacity, and fro or disability be		ning Board M	nal	Work Address
Signatur		omplete to th a false statem	Interest and Dividends Tax	r legal forms	7	5. Banki services	<u>د Hampshire.</u> al Advisor	ing businesse erule, a decisi ess, professio	nent.	Constitution of the Consti	on in which yom which any refits shall be		ember		
Signature of Reporting Individual	H	e best of my k ent shall be gi	□ 18. Opt	☐ 14. Education	10. Sale and obeverages	5. Banking or financial services	List each sucl	s, professions, on whether or n, occupation	My incor		ou or a family income in e included. (Use				18 Constitution Dr
Individual		nowledge and uilty of a misd	18. Optional: Specify any other area in which you have a special interest	cation	10. Sale and distribution of alcoholic beverages		1	occupations, r not to award , group, or ma	My income does not qualify		/ member wa excess of \$10, additional sh			Work Phone	Dr
			any other are	1S. Water Resources	alcoholic	6. State of New Hamps municipal employment		groups, or ma a contract, gr tter would po	ualify		s an officer, d 000 was deriv eets as neces				
		RSA 15-A:9 Penalty. Any	ea in which yo	lesources	11.   aw	New Hampshire, county, or mployment		matters. A person has a grant a license or permit, potentially have a greater	ASY		lirector, assoc ved during the sary.)			6034710255	
		alty. Any	ou have a		11. Practice of aw	e, county, or		on has a or permit, e a greater			ciate, partner, he preceding				

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