## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	nt Clearly		20 114751 000/5	CONCORD NU	
Full Name	DAWN BUKER	Work Address _	29 HAZEN DRIVE,	CONCORD NH	
Primary Occ	cupation SUPERVISOR, DES SUBSURFACE BUREAU e-ma	nil *optional		Work Phone	271-1449
directors, e	office, position, board or commission, committee, board of tc. or employment with state or county government held DACRONYMS	SEPTIC EVALU	ATOR BOARD		
proprietor,	ow the name, address, and type of any profession, business, or employee, or served in any other professional or advisor.  Sources of retirement benefits other than federal retirement	ory capacity, and fron	n which any income	in excess of \$10,000 was o	lerived during the preceding
1. <u>p</u> /	HDES, Concord NH				
2					
If you have	no qualifying income indicate by writing your initials next to	the following stateme	nt. My ir	ncome does not qualify	LB_
reportable s discipline a financial eff ———————————————————————————————————	below whether you or a family member has a special interest special interest in an item on this list if a change in law, a char licensee or permittee, or other decision by government affected on you or a family member than it would on the general.  Any profession, occupation, or business licensed or certified of the service of the ser	nge in administrative r cting the listed busines public:	ule, a decision whethers, profession, occupa	er or not to award a contraction, group, or matter would	t, grant a license or permit,
	ealth Care 3. Insurance 4. Real Estate, including agent, developers, a	- 1	5. Banking or fina services		f New Hampshire, county, or employment
「 7. N. Syste	H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale a beverages	nd distribution of alcoholic	11. Practice of law
	y business regulated by the Public as Commission 13. Horse o	r dog racing, or other	egal forms — 14.	Education	er Resources
┌ 16. A	Agriculture I I		rest and lends Tax	Optional: Specify any other special interest	area in which you have a
l have read person who	RSA 15-A and hereby swear or affirm that the foregoing infor knowingly fails to comply with the provisions of this chapte	mation is true and cor er or knowingly files a	nplete to the best of r alse statement shall b	my knowledge and belief. be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date	8-23-2018		Buh	-	RECEIVED
			Signature of Repor	ting Individual	SEP 0 6 2018
	Return to: Office of Secretary of State, 107 N	orth Main Street, State	House Room 204, Co	ncord, NH 03301	NEW HAMPSHIRE

NEW HAMPSHIRE DEPARTMENT OF STATE