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

Name Gayle Edna Troy Work Address: 58 Winslow Rd., Dunbarton, NH 03046		
Full Name Finate Edna Troy Primary Occupation Retired (from HR grofession) E-mail	innovation@3scrambles.com Work Phone	
Name the office, position, board or commission, committee, board of New Horrest directors, etc. or employment with state or county government held by you. NO ACRONYMS.	shire Department of Labor Penalty Appeals	Board
A. List below the name, address, and type of any profession, business, or other organ proprietor, or employee, or served in any other professional or advisory capacity, calendar year. Sources of retirement benefits other than federal retirement and/or	and from which any income in excess of \$10,000 was derive a disability benefits shall be included. (Use additional sheets a	d during the preceding
1. Rock Solid Results, website development company, 58 v	Vinstow RO., Dunbarton, NH 03046	
2. Social Security Administration		
you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify		
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 municipal employment		
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurar lodging		11. Practice of
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or o gambling		Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	A originitie 10. Optional, Specify any Other area in which you have a	
I have read RSA 15-A and hereby swear or affirm that the foregoing information Penalty . Any person who knowingly fails to comply with the provisions of this comply with the provisions of the provisions of this comply with the provisions of this comply with the provisions of the provisions of the provisions of the provisions where the provisions were provided the provisions of the provisions where the provisions were provided the provisions where the provisions were provided the provisions where the provisions where the provision was a provided the provision where the provision was a provided the provision where the provision was a provided the provision where the provision was a province where the provision was a provided the province where the province was a province where we wa	chapter or knowingly files a false statement shall be guil	elief. RSA 15-A:9 ty of a misdemeanor.
Date July 24, 2020	Signature of Reporting Individual	DESCRIED.
-	Signature of Reporting Individual	RECEIVED

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

JUL 2 9 2020

NEW HAMPSHIRE DEPARTMENT OF STATE