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

Type or Print Clearly		050 O-1114 F-111 B-1 1 0 11 00	4 Davis NI	1.02020
Full Name	Work Address	259 County Farm Road, Suite 20	4 - Dover, Nr	1 03820
Primary Occupation Human Resource Coordinator	e-mail *optional		Work Phone	(603) 516-7104
Name the office, position, board or commission, com directors, etc. or employment with state or county g by you. NO ACRONYMS		HealthTrust, Inc.		
A. List below the name, address, and type of any proproprietor, or employee, or served in any other proficalendar year. Sources of retirement benefits other than	essional or advisory capacity, and fr	om which any income in excess of	\$10,000 was	derived during the preceding
Granite State Analytical - Curt Sheing				
Strafford County (Self)				
f you have no qualifying income indicate by writing yo	our initials next to the following stater	nent. My income does r	not qualify	
B. Indicate below whether you or a family member has reportable special interest in an item on this list if a chadiscipline a licensee or permittee, or other decision by financial effect on you or a family member than it would	ange in law, a change in administrative government affecting the listed busing	rule, a decision whether or not to a	ward a contract	, grant a license or permit,
1. Any profession, occupation, or business li profession, occupation, or category of busine		w Hampshire. List each such		
	Real Estate, including brokers, gent, developers, and landlords	5. Banking or financial services	₹ ¥	of New Hampshire, county, or I employment
7. N.H. Retirement System 8. Current use assessment pro	• •	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other of gambling	er legal forms 14. Education	[X 15. Wa	ter Resources
I 16 Agricultura ! I	l .	terest and vidends Tax 18. Optional: Specia	ecify any othe interest	r area in which you have a
have read RSA 15-A and hereby swear or affirm that the person who knowingly fails to comply with the provisi				RSA 15-A:9 Penalty. Any
Date 12.20:17	ons of this chapter of knowingly hes	a laise statement sharibe guilty of a l	msdemeanor	RECEIVED
Date	<del>- ()</del> U	Signature of Reporting Individu	ıal	JAN 1 2 2018

NEW HAMPSHIRE DEPARTMENT OF STATE