2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print CLEARLY ONSTANCE TROY Work Address: 95 Pleasant St Concord
Primary Occupation Work Phone 603371 31760
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS.
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)
1. Nore
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify
reportable special interest in any item on this list if a change in law, a clunge 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: 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 5. State of New Hampshire, county, or numicipal employment
7. N.H. Retirement 8. Current use land system 9. Restaurants/ 10. Sale and distribution of alcoholic law
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms of Utilities Commission 14. Education 15. Water Resources
16. Agriculture Business Business Interest and Dividends Tax Is. Optional: Specify any other area in which you have a special interest —
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. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.
Date 1 Le 20 Signature of Reporting Individual 1

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

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NEW HAMPSHIRE DEPARTMENT OF STATE

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