2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

. •

Date

Туре	or Print Clearly			
Full N	lame BRITTANY M. SHUTE	Work Address	23 HAZEN DRIVE CONCORD NH 0330	05
Prima	ry Occupation ADMINISTRATOR II	e-mail brittany.shute@dos.nh.gov	Work Phone	603.227.4266
directors, etc. or employment with state or county government held by you. NO ACRONYMS		TRAFFIC SAFETY COMMISSION		
propri	it below the name, address, and type of any professi- ietor, or employee, or served in any other professio dar year. Sources of retirement benefits other than fede	nal or advisory capacity, and from which	any income in excess of \$10,000 v	vas derived during the preceding
1.		· · · · · · · · · · · · · · · · · · ·		
2.			······································	
lf you	have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not qualify	BMS
report discip	licate below whether you or a family member has a sp table special interest in an item on this list if a change line a licensee or permittee, or other decision by gove cial effect on you or a family member than it would on	in law, a change in administrative rule, a d rnment affecting the listed business, profe	ecision whether or not to award a cor	ntract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:				
	- 7 Lineleh Caso, 11 + 7 Incuranco, 11 - 1	Estate, including brokers, 5. E developers, and landlords servi		ate of New Hampshire, county, or cipal employment
	7. N.H. Retirement 8. Current use land System assessment program		10. Sale and distribution of alcol beverages	holic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources				
	16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T		other area in which you have a
l have perso	e read RSA 15-A`and hereby swear or affirm that the fo on who knowingly fails to comply with the provisions	regoing information is true and complete of this chapter or knowingly files a false sta	to the best of my knowledge and bel atement shall be guilty of a misdement	ief. RSA 15-A:9 Penalty. Any anor.

RECEIVED HIII (Ξ 01/11/2021 Signature of Reporting Individual JAN 1 2 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE