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

Type or Print CLEARLY Full Name Linda Frawley	Work Address: 117 Coffe	7 Hill Rd. Belmont A
Primary Occupation Communico	\sim	Work Phone 603 630 -674
Name the office, position, board or commission, condirectors, etc. or employment with state or county go by you. NO ACRONYMS.	nmittee, board of Christa Mc Aulife vernment held 52465tics/ Program -	Selection Committee
proprietor, or employee, or served in any or	ny profession, business, or other organization in which you or a family member we her professional or advisory capacity, and from which any income in excess of \$10 s other than federal retirement and/or disability benefits shall be included. (Use according to the state of the s),000 was derived during the preceding
1.		
2. If you have no qualifying income indicate by writing	your initials next to the following statement. My income	e does not qualify L37
reportable special interest in any item on the discipline a licensee or permittee, or other of financial effect on you or a family member	mber has a special interest in any of the following businesses, professions, occupated in a change in law, a change in administrative rule, a decision whether or not ecision by government affecting the listed business, profession, occupation, group than it would on the general public: licensed or certified by the State of New Hampshire. List each such profession,	to award a contract, grant a license or permit,
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current assessment		of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling 14. Education	15. Water Resources
16. Agriculture 17. N.H. taxes:	Business Business Interest and Dividends Tax Special in	cify any other area in which you have a nterest
	irm that the foregoing information is true and complete to the best of my knowledge with the provisions of this chapter or knowingly files a false statement.	
Date	Signature of Reporting Indivi	dual RECEIVED
Return to: Offi	ee of Secretary of State, 107 North Main Street, State House Room 204, Concord,	FFB 2.7 2020

DEPARTMENT OF STATE