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

Type o	or Print Clearly	ý						
Full Na	Name Lisa Marie Cota-Robles		Work Address		OSI, 107 Pleasant St., Johnson Hall, Concord, NH			
Primai	ry Occupation	Deputy Director		e-mail lisa.cota-r	obles@osi.nh.gov	The state of the s	Work Phone	(603) 271-2155
		ition, board or commi		Community Developm	ent Advisory Com	nmittee	The second of th	
directors, etc. or employment with state or county government held by you. NO ACRONYMS			Office of Strategic Initiatives designee					
propri	etor, or emplo	yee, or served in any	other profession		y, and from which	th any income in	excess of \$10,000 w	fficer, director, associate, partner ras derived during the preceding s necessary.)
1.			(
2.		The same of the sa	Africa Contraction in	After a Miller Annual A	And property of the same			
If you	have no qualify	Ing income indicate b	y writing your in	nitials next to the follow	ing statement.	My inc	ome does not qualify	
report discipl	able special int lineïa licensee (terest in an item on th	is list if a change decision by gove	in law, a change in admemment affecting the lis	inistrative rule, a	decision whether	or not to award a cor	os, or matters. A person has a ntract, grant a license or permit, yould potentially have a greater
Γ		ofession, occupation, o occupation, or catego		sed or certified by the St	ate of New Hamp	shirë. List éach su	ich	
	2. Health Care	3. Insurance	11	Estate, including broke , developers, and landlo	13 +	Banking or financ		ate of New Hampshire, county, or cipal employment
×	7. N.H. Retire System	1.9	Current use land	31	iurants/		d distribution of alcol	nolic 11. Practice of law
	12. Any busine tilities Comm	ss regulated by the Puission		13. Horse or dog racin of gambling	ng, or other legal f	orms 14. Ed	ducation 75	. Water Resources
	16. Agricultur	e 17. N.H. taxes:	Business Profits Ta		Interest a Dividends		optional: Specify any special interest	other area in which you have a -
l have persor	read RSA 15-A n who knowing	and hereby swear or gly fails to comply with	affirm that the fo	oregoing information is of this chapter or know	true and completingly files a false s	e to the best of my	y knowledge and bel guilty of a misdemea	ief. RSA 15-A:9 Penalty. Any anor.
Date	122	4/2019		<u> </u>	-	anature of Reporti	ng Individual	