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

Type or Print CLEARLY Full Name IRICIA H. L	UCAS Work Addre	ess: Retired	
Primary Occupation Attorney	E-mail tricia	lucas 122 Ogmail. Com Work Phro	one cell. 603-770-8620
Name the office, position, board or commission, com directors, etc. or employment with state or county goby you. NO ACRONYMS.	vernment held Community College	e System of New Hamp	landline 603-624-104 Shire
proprietor, or employee, or served in any oth	ny profession, business, or other organization in whener professional or advisory capacity, and from whener than federal retirement and/or disability be	nich you or a family member was an office ich any income in excess of \$10,000 was.	er, director, associate, partner, derived during the preceding
1. NH Retirement system	~ 54 Regional Drive;	Concord NH 03301	
2.	<u>'</u>		
If you have no qualifying income indicate by writing	your initials next to the following statement.	My income does not	qualify
B. Indicate below whether you or a family mer reportable special interest in any item on this discipline a licensee or permittee, or other de-	s list if a change in law, a change in administrative	rule, a decision whether or not to award a	contract, grant a license or permit.
reportable special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to 1. Any profession, occupation, or business loccupation, or category of business:	s list if a change in law, a change in administrative ecision by government affecting the listed business han it would on the general public: icensed or certified by the State of New Hampshire. L	rule, a decision whether or not to award a profession, occupation, group, or matter ist each such profession, Banking or financial 6. Sta	contract, grant a license or permit, would potentially have a greater te of New Hampshire, county, or
reportable special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to the special occupation, or category of business: 2. Health Care 3. Insurance 5. ANY Position of the special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to the special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to the special interest in any item on this discipline a licensee or permittee, or other definancial effect on you or a family member to the special ef	s list if a change in law, a change in administrative ecision by government affecting the listed business han it would on the general public: icensed or certified by the State of New Hampshire. L 4. Real Estate, including brokers, agent, developers, and landlords	rule, a decision whether or not to award a profession, occupation, group, or matter ist each such profession, Banking or financial 6. Starvices munic	contract, grant a license or permit, would potentially have a greater te of New Hampshire, county, or ipal employment
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Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

NEW HAMPSHIRE DEPARTMENT OF STATE