## 2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				M. 1
Full Name Susan M Finenty w	ork Address	7 Riverside St	Ste 201	Nashua, NHO3
Primary Occupation Physician Assistant e-mail *option	onal	· · · · · · · · · · · · · · · · · · ·	Work Phone	603 - 883 - 1950
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	New Han	npshire Board	of Meli	dre
A. List below the name, address, and type of any profession, business, or othe proprietor, or employee, or served in any other professional or advisory capacalendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from whi	ch any income in excess	of \$10,000 was c	lerived during the preceding
2.				
f you have no qualifying income indicate by writing your initials next to the follo	owing statement.	My income doe	s not qualify	SMT
B. Indicate below whether you or a family member has a special interest in any of eportable special interest in an item on this list if a change in law, a change in ac liscipline a licensee or permittee, or other decision by government affecting the inancial effect on you or a family member than it would on the general public:	dministrative rule, a	decision whether or not to	award a contract	t, grant a license or permit,
Any profession, occupation, or business licensed or certified by the profession, occupation, or category of business:	State of New Hamp	shire. List each such		
2. Health Care 3. Insurance 4. Real Estate, including brok	' H	Banking or financial vices		New Hampshire, county, or employment
	taurants/	10. Sale and distribution beverages	tion of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog rac Utilities Commission of gambling	ing, or other legal fo	orms 14. Education	15. Wate	er Resources
16. Agriculture 17. N.H. Business Business Enterprise Tax	x Interest an		pecify any other al interest —	area in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing information is erson who knowingly fails to comply with the provisions of this chapter or known				RSA 15-A:9 Penalty. Any
Date 5 21/18	Sum	M Tinenta		RECEIVED
	Sign	nature of Reporting Individ	lual	MAY 2.5.2018

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

NEW HAMPSHIRE DEPARTMENT OF STATE