2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS – RSA 15-A

| Type or Print CLEARLY Lathy J. BALDLIDGE Work Address: 20 TRASAGAR 50, Suite 101, WASLUA NH Work Address: 20 TRASAGAR 50, Suite 101, WASLUA NH |
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| Primary Occupation Self EmployED/Rentor E-mail KBaldridge Work Address: 20 TRASAIG AR 50, Suite 101, WASLUA NH E-mail KBaldridge Www. Com Work Phone 603/883-8400 x 308 |
| Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. State Commission on Aging |
| A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary) |
| 1. LIJETIME RESTUTE MGUINATIONS 7 TRANSITIONS, LLC, 1 HARDY KO, STOTILLE WHOSID 2. JULIER WILLIAMS PRALTY INH. 20 TRAPALAR SO STO 101 NASMA, NH 03063 |
| f 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 member has a special interest in any of the following businesses, professions, occupations, groups or matters. A person has a reportable special interest in any item on this 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, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 1. Also profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. Also be such as a special interest in any of the following businesses, professions, occupations, occupations, groups or matters. A person has a reportable profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 2. A least to the following business: 3. Banking or financial for the following business of the |
| 2. Health Care 3. Insurance agent, developers, and landlords services municipal employment 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of |
| System assessment program lodging beverages law |
| Utilities Commission 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. Business Business Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you have a special interest |
| I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. Date Signature of Reporting Individual RECEIVED |

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

AUG 0 9 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print CLEARLY Full Name | J. Baldridge | Work A | ddress. Ove HARRY RI | Suitezez, | Bod-begNH 0311 |
|--|--|---|--|--|---|
| Primary Occupation FOUNDE | R Lifetine Kstate Ky. 13/ Keller Williams Red or commission, committee, board of | E-mail & Pald | idge@xw.com | Work Phone <u>W</u> | 3/493-4472 |
| Name the office, position, board | or commission, committee, board of | | .17**** | | |
| directors, etc. or employment wit by you. NO ACRONYMS. | h state or county government held | State Commi | Hee on Aging |) | |
| proprietor, or employee, | dress, and type of any profession, bus or served in any other professional o fretirement benefits other than feder | r advisory capacity, and from | which any income in excess of | \$10,000 was derived | during the preceding |
| 1. FOUNDER | , Litetime test | ate highina | 17005 - RANG | itiONS, L | LC |
| 2. | | | | | |
| f you have no qualifying income | indicate by writing your initials next | to the following statement. | My inco | ome does not qualify | |
| reportable special interediscipline a licensee or prefinancial effect on you o | | in law, a change in administra iment affecting the listed busi he general public: d by the State of New Hampshir | tive rule, a decision whether or a ness, profession, occupation, groes. List each such profession, | not to award a contrac oup, or matter would p | et, grant a license or permit, potentially have a greater |
| 2. Health Care 3. 1 | | cluding brokers, ers, and landlords | 5. Banking or financial services | 6. State of New municipal emp | w Hampshire, county, or ployment |
| 7. N.H. Retirement System | 8. Current use land assessment program | 9. Restaurants/ | 10. Sale and distribute beverages | on of alcoholic | 11. Practice of law |
| 12. Any business regulated Utilities Commission | by the Public 13. Hor gambling | rse or dog racing, or other legal ng | forms of 14. Education | 15. Water R | esources |
| 16. Agriculture | 17. N.H. Business Profits Tax | | est and rends Tax 18. Optional: Spec | Specify any other area in it interest | n which you have a |
| | ereby swear or affirm that the fore nowingly fails to comply with the | | | | |
| Date 5 27/19 | | | Signature of Reporting Inc | Inde | RECEIVED |
| , , | | | orgusture of Reporting Inc | ii viddai | MAY 24 2019 |

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

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