2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly					
Full Name Vera Tu	cker	Work Addre	ss P.O. BOX 3	898, Conce	ord NH 0330
Primary Occupation Admin	shative e-	mail vera@nh	mta.org	Work Phone 60	3-224-7337
Name the office, position, board or c directors, etc. or employment wi government held by you. N	ommission, board of th state or county O ACRONYMS	ew Hampshi Member	ire Traffic	Safety Co	mmission
A. List below the name, address, an proprietor, or employee, or served i calendar year. Sources of retirement to	n any other professional or a	ness, or other organization in dvisory capacity, and from w	hich any income in exces	s of \$10,000 was deri	ved during the preceding
1.					
2.					
If you have no qualifying income indi	cate by writing your initials nex	ct to the following statement.	My income d	oes not qualify	NA
B. Indicate below whether you or a fa reportable special interest in an item discipline a licensee or permittee, or c financial effect on you or a family mer	on this list if a change in law, a other decision by government a	change in administrative rule affecting the listed business, p	, a decision whether or not	to award a contract, or	ant a license or permit
1. Any profession, occupate profession, occupation, or ca	ion, or business licensed or cer stegory of business:	tified by the State of New Har	mpshire. List each such		
2. Health Care 3. Insuran	ICE II	7 11	5. Banking or financial ervices	6. State of Ne municipal em	ew Hampshire, county, or ployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distributed beverages	oution of alcoholic	11. Practice of law
12. Any business regulated by the Utilities Commission	of gambl	se or dog racing, or other lega ing	14. Educatio	n 15. Water R	esources
16. Agriculture taxes		Business Interest Enterprise Tax Dividen	and 18. Optional	: Specify any other are ecial interest	a in which you have a
l have read RSA 15-A and hereby swea person who knowingly fails to comply	ar or affirm that the foregoing i with the provisions of this ch	nformation is true and compla pter or knowingly files a false	ete to the best of my know e statement shall be guilty o	ledge and belief. RS A of a misdemeanor.	A 15-A:9 Penalty. Any
Date 1/14/21		C.	lera C. Si	ickei	
1 101			Signature of Reporting Indi	vidual	

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