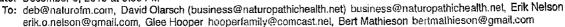
From: Marcotte, Yvonne Yvonne, Marcotte@oplc, nh.gov &

Subject: For of Financial Interest Date: December 9, 2019 at 3:36 PM





Hi all:

Please complete this form and return to me by January 17. Thanks you so much for a prompt response.

Yvonne Marcotte Yvonne, Marcotte@oplc.nh.gov 603-271-2176 **Board Administrator** Office of Professional Licensure and Certification Division of Health Professions State of New Hampshire

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

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Name the office, position, board directors, etc. or employment government held by you.	NO ACRONYMS	Todupathie !	V		,
A. East 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, proposetor, or employee, or served in any other professional or advitory capacity, and from which any meams in excess of \$10,000 was derived during the preceding calendaryear. Sources of retirement benefits other than federal tellerament and/or disability benefits that be instituted. (Use additional sheets as necessary.)					
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If you have no qualifying income	ndicate by writing your mittals	next to the following stateme	nt My incom	e foer not qualify	
B. Indicate below whether you or reportable special interest in an it discipline a licensee or permittee, financial effect on you or a family	em on this list if a change so law or other decision by governm member thanks would on the	w, a change in administrative ment affecting the listed busines general public	ile, a decision whether or s, profession, occupation,	net to award a confri group, or matter wet	act, grant a license or permit,
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linave read RSA 15-A and hereby a person who knowingly fails to cor	wear or affirm that the foregoinply with the provisions of thi	ing information is true and con s chapter or knowingly files a l	plete to the best of my kn ilse statement shall be gui	owledge and belief Ity of a misdemes no	RSA 15-A:9 Penaity. Any r
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