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

Type or Print Clearly	2179 Frat Company PA Company 114 1201
Full Name Kathleen Sherman Work	Address 2679 East Conway Rd Center Conway NH 038L
Primary Occupatione-mail *optional	Kathy@shermanfarmnh.comWorkPhone 2075575480
	cultural Advisory Board
	ganization in which you or a family member was an officer, director, associate, partner, and from which any income in excess of \$10,000 was derived during the preceding bility benefits shall be included. (Use additional sheets as necessary.)
I	
2.	
f you have no qualifying income indicate by writing your initials next to the following	g statement. My income does not qualify <u>KS</u>
3. Indicate below whether you or a family member has a special interest in any of the eportable special interest in an item on this list if a change in law, a change in adminitiscipline a licensee or permittee, or other decision by government affecting the lister inancial effect on you or a family member than it would on the general public:	istrative rule, a decision whether or not to award a contract, grant a license or permit,
1. Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	e of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land 9. Restaura lodging	ants/ 10. Sale and distribution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, of gambling	or other legal forms 14. Education 15. Water Resources
7 16. Agriculture 17. N.H. Business Business taxes: Profits Tax Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area in which you have a special interest
have read RSA 15-A and hereby swear or affirm that the foregoing information is true erson who knowingly fails to comply with the provisions of this chapter or knowingl	
Date $\frac{4/3}{2018}$	RECEIVED
/ / lass	Signature of Reporting Individual APR 09 2018

NEW HAMPSHIRE DEPARTMENT OF STATE