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

Type or Print Clearly	<u> </u>			•
Full Name Many A. Ashcroft	Work Address	Dept Of X	abor, Come	ud. 9 84 :
Primary Occupation Retired	e-mail Orlab-642AA.			21-3176
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Compensatio	,	ls Boo	ard
A. List below the name, address, and type of any profession, proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than federal in the calendar year.	or advisory capacity, and from whice	h any income in excess o	f \$10.000 was derive	ed during the preceding
Traveters Ins.	Co			
				1
If you have no qualifying income indicate by writing your initial	ls next to the following statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in ladiscipline a licensee or permittee, or other decision by governminancial effect on you or a family member than it would on the special special special tenses are profession, occupation, or business licensed of profession, occupation, or category of business:	aw, a change in administrative rule, a chent affecting the listed business, profee general public: or certified by the State of New Hamps	lecision whether or not to a ession, occupation, group, hire. List each such	ward a contract, gra	nt a license or permit
agent, dev	ete, including brokers, relopers, and landlords	Banking or financial ices	6. State of New municipal emp	v Hampshire, county, or loyment
7. N.H. Retirement ' 8. Current use land assessment program	9. Restaurants/	Sale and distribut beverages	on of alcoholic	11. Practice of law
Utilities Commission of ga	. Horse or dog racing, or other legal fo ambling	rms 14. Education	15. Water Re	sources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Enterprise Tax Dividends T	ax 18. Optional: S	pecify any other area l interest	in which you have a
have read RSA 15-A and hereby swear or affirm that the forego person who knowingly fails to comply with the provisions of th	oing information is true and complete iis chapter or knowingly files a false sta	to the best of my knowled stement shall be guilty of a	ge and belief. RSA misdemeanor.	15-A:9 Penalty. Any
Date /- 2-21	Mary	A. Ashers ature of Reporting Individu	Jal .	RECEIVE

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

JAN 08 2021