2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	
Full Name AMANDA ELIZABETH WHTWORTH Work Address 17 HIGH ST. 1	OLYMOUTH NH 03264
Full Name AMANDA ELIZABETH WHITWORTH Work Address 17 HIGH ST. 1 Primary Occupation COLLEGE PROFESSOR e-mail tributarydance@gmail.wm Work A	Phone 603 738 2419
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$ calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional contents of the contents of	10,000 was derived during the preceding
1. PLYMOUTH STATE UNIVERSITY	
2. ARTICINE, INC.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not be a second or s	ot qualify
discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, o 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. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution beverages	n of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Special interest and special interest	cify any other area in which you have a 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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a n	e and belief. RSA 15-A:9 Penalty. Any nisdemeanor.
Date 0 3 22 Signature of Filer Amanda WH.	ntwork OCI 05 2022
	NEW HAMPSHIR