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

| Type or Prin   | nt Clearly                 |   |                                  |  |  |                             |  |   |
|--|----------------------------|---|----------------------------------|--|--|-----------------------------|--|---|
| Full Name  | Barb                       | ara Cutter                                | ****                             |  | Work Address                                     | 319 Searley Hall            | , History Dept. University of Northern           | lowa, Cedar FalisiA 50614-0701  |
| Primary Occ  | upation                    | History                                   | Professor                        | e-mail   | barbara.cutter@i                                 | ıni.edu                     | Work Phone                                       | 319-273-5909  |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS |                            |   |                                  | Hannah Duston Advisory Committee (NH State Parks & Recreation: Bureau of Historic Sites) |  |                             |  |   |
| proprietor, c  | or employe                 | e, or served in an                        | y other profession               | al or advisory o   | apacity, and from wh                             | nich any income in          |  | icer, director, associate, partne<br>s derived during the precedin<br>necessary.)           |
| 1.   |                            |   |                                  | <u> </u>   |  | <u></u>                     |  |   |
| 2.   |                            |   |                                  |  |  |                             |  |   |
| f you have n   | no qualifyin               | g income indicate                         | by writing your init             | ials next to the f   | following statement.                             | My inc                      | ome does not qualify                             | BAR   |
| eportable s <sub>i</sub><br>discipline a l   | pecial inter<br>icensee or | est in an item on t<br>permittee, or othe | his list if a change in          | n law, a change i<br>nment affecting   | n administrative rule,<br>the listed business, p | a decision whether          | or not to award a contr                          | , or matters. A person has a act, grant a license or permit, uld potentially have a greater |
|  |                            | ssion, occupation,<br>cupation, or categ  |                                  | d or certified by  | the State of New Ham                             | npshire. List each su       | uch  |   |
| 2. Hea   | alth Care                  | 3. Insurance                              |                                  | state, including<br>evelopers, and I   |  | 5. Banking or financervices |  | e of New Hampshire, county, or<br>pal employment  |
| 7. N.F<br>Syste  | H. Retirem<br>m            | - II ·                                    | Current use land essment program |  | Restaurants/                                     | 10. Sale and beverages      | d distribution of alcoho                         | lic 11. Practice of law   |
|  | y business<br>Commiss      | regulated by the P<br>ion                 |                                  | 13. Horse or doo<br>f gambling   | g racing, or other lega                          | l forms 14. Ed              | ducation 15. W                                   | /ater Resources   |
| 16. A  | griculture                 | 17. N.H.<br>taxes:                        | Business<br>Profits Tax          | Business<br>Enterpris  |  |                             | Optional: Specify any other special interest     | ner area in which you have a  |
|  |                            |   |                                  |  |  |                             | y knowledge and belief<br>guilty of a misdemeand |   |
| Date   | 2-8-2                      | 1   |                                  |  |  | ignature of Reporti         | ng Individual                                    | FEB 1: 6 2021   |

NEW HAMPSHIRE DEPARTMENT OF STATE