

2014 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Stephen T Bartlett

Work Address 1 Junkins Ave. Suite 402, Portsmouth, NH 03801

Primary Occupation School Business Administrator

e-mail*optional sbartlett@portsmouth.k12.nh.us

Work Phone 603-610-4161

The office, position, appointment or employment with state government held by you. **NO ACRONYMS**

Trustee - New Hampshire Public Risk Management Exchange (Primex)

A. List 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, proprietor, or employee, or served in any professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- Portsmouth School Department
- Dr. Tyler G Bartlett, D.C., Associate at Middleton Chiropractic, 644 Franklin Pierce Highway, Barrington, NH

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>School Business Administrator</u>
<input checked="" type="checkbox"/>	2. Health Care
<input checked="" type="checkbox"/>	3. Insurance
<input checked="" type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords
<input checked="" type="checkbox"/>	5. Banking or financial services
<input checked="" type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<input checked="" type="checkbox"/>	7. N.H. Retirement System
<input type="checkbox"/>	8. Current use land assessment program
<input type="checkbox"/>	9. Restaurants/ lodgings
<input checked="" type="checkbox"/>	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	11. Practice of law
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling
<input checked="" type="checkbox"/>	14. Education
<input type="checkbox"/>	15. Water Resources
<input type="checkbox"/>	16. Agriculture
<input type="checkbox"/>	17. N.H. Business Profits Tax
<input type="checkbox"/>	18. Business Enterprise Tax
<input type="checkbox"/>	19. Interest and Dividends Tax
<input checked="" type="checkbox"/>	20. Other: <u>RSA 5-B Risk Pool</u>

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 and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor or.

Date

7/1/14



Signature of Reporting Individual

RECEIVED

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

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NEW HAMPSHIRE
DEPARTMENT OF STATE