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

**Type or Print Clearly**

Full Name Gayle Edna Troy

Work Address Globe Mfg. Co., LLC, PO Box 128, 37 Loudon Rd., Pittsfield, NH 03263

Primary Occupation Human Resources Manager

e-mail *optional gtroy@globefiresuits.com

Work Phone 603-435-8323

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

NH Dept. of Labor, Penalty Appeals Board (Wage + Hour Division)

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 other 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.)

1. Globe Mfg. Co, LLC, PO Box 128, 37 Loudon Rd., Pittsfield, NH 03263 - mfg. co. (firefighter protective clothing)
2. Rock Solid Results, 58 Winslow Rd., Dunbarton, NH 03046 - web design company

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:

☐ 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: _____

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| ☐ 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. RetirementSystem | ☐ 8. Current use land assessment program | ☐ 9. Restaurants/ lodging | ☐ 10. Sale and distribution of alcoholic beverages | ☐ 11. Practice of law |
| ☐ 12. Any business regulated by the Public Utilities Commission | ☐ 13. Horse or dog racing, or other legal forms of gambling | ☐ 14. Education | ☐ 15. Water Resources | |
| ☐ 16. Agriculture | 17. N.H. taxes: ☐ Business Profits Tax ☐ Business Enterprise Tax ☐ Interest and Dividends Tax | ☐ *18. Optional*: Specify any other area in which you have a special 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 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.

RECEIVED
JAN 13 2014
NEW HAMPSHIRE
DEPARTMENT OF STATE

Date Jan. 9, 2014

Gayle E Troy
Signature of Reporting Individual

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