2016 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name: TAMARA LEA LOVELACE

Work Address: 12 PORTWALK PLACE, PORTSMOUTH, NH, 03801

Primary Occupation: CHIROPRACTOR

e-mail *optional:

Work Phone: 603-431-4200

The office, position, appointment, or employment with state government held by you. NO ACRONYMS: MEMBER OF THE NH BOARD OF CHIROPRACTIC EXAMINERS

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. THE LOVELACE INSTITUTE FOR SPINE AND SPORTS INJURIES, INCORPORATED
2. FLOOD INVESTMENTS, LLC

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: CHIROPRACTIC, MASSAGE THERAPY

☑ 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 21 2016

Date: 1.15.2016

Signature of Reporting Individual

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