## 2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name Nancy Smith	Work Add	ess 33 Capitol Street, Conco	rd NH	
Primary Occupation Attorney	e-mail nancy.smith@doj.nh.	yov Wo	ork Phone 603.2	71.1227
Name the office, position, board or commission, board of directors, etc. or employment with state or county	Deferred Compensation Commission	n; Fire Standards and Training (	Commission; Adviso	ry Council on Emergency
	Preparedness; Child Fatality Review Committee; Statewide Interoperability Exec Com - All as AG designee			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from	which any income in excess o	of \$10,000 was deriv	ved during the preceding
NH Department of Justice, 33 Capitol Street, Conco	rd, NH 03106			
2.		,	-	
f you have no qualifying income indicate by writing your init	ials next to the following statemer	t. My income doe	s not qualify	
3. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on to a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member than it would on the financial effect on you or a family member decision or specific profession, occupation, or category of business:	law, a change in administrative runnent affecting the listed business he general public:	e, a decision whether or not to profession, occupation, group	award a contract, gr	ant a license or permit,
	state, including brokers, evelopers, and landlords	5. Banking or financial services	6. State of Ne municipal em	ew Hampshire, county, or ployment
X 7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and distribu beverages	tion of alcoholic	11. Practice of law
	3. Horse or dog racing, or other le gambling	gal forms 14. Education	15. Water R	esources
16. Agriculture 17. N.H. Business taxes: Profits Tax		st and 18. Optional: S nds Tax speci	specify any other are al interest	a in which you have a
have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of				RECEIVE
Date 12/6/2019	- V/an	Signature of Reporting Individ	lual	DEC 10 2019
	1/	/ <b>/</b> /		

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

NEW HAMPSHIRE DEPARTMENT OF STATE