2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			· · · · · · · · · · · · · · · · · · ·		
Full Name Kate Bo	ishford Epsel	Work Address _	54 Portsmon	th Strat	Concord NH 033
Primary Occupation <u>Exec.</u>	pirector of non-profit "		eenhsea.org		
	ard or commission, committee, board with state or county government h		mber of the No iercy and Sust		^
proprietor, or employee, or s	ess, and type of any profession, busir erved in any other professional or ac ement benefits other than federal retire	dvisory capacity, and fron	n which any income in exc	ess of \$10,000 was de	rived during the preceding
1. (Me) Executi	re Director of the Nt	Sustainable FA	regy Association	·1	
2.			<i>J</i> /		
If you have no qualifying incor	me indicate by writing your initials nex	ct to the following stateme	nt. My income	does not qualify	
reportable special interest in a discipline a licensee or permiti financial effect on you or a fan	u or a family member has a special into n item on this list if a change in law, a tee, or other decision by government a nily member than it would on the gen	change in administrative r affecting the listed busines eral public:	ule, a decision whether or no ss, profession, occupation, gi	ot to award a contract,	grant a license or permit,
1	occupation, or business licensed or cer on, or category of business:	tified by the State of New	Hampshire. List each such		
2. Health Care 3.	insurance u ·	ers, and landlords	5. Banking or financial services	6. State of municipal e	New Hampshire, county, or mployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/ lodging	10. Sale and dist	ribution of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	ed by the Public 13. Hor of gamble	se or dog racing, or other l ling	egal forms 14. Educat	ion	Resources
16. Agriculture			rest and lends Tax 18. Option	al: Specify any other a pecial interest	rea in which you have a
I have read RSA 15-A and here person who knowingly fails to Date	by swear or affirm that the foregoing i comply with the provisions of this ch	nformation is true and cor apter or knowingly files a f	riplete to the best of my kno false statement shall be guilt Signature of Reporting In	y of a misdemeanor. dividual	RECEIVED DEC 2 2 2017
Re	eturn to: Office of Secretary of State, 10	07 North Main Street, State	House Room 204, Concord,	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE