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

Type or Print Clearly	1
Full Name DENISE K POULOT Work Address	N/A
Primary Occupation RETIRED e-mail *optional TIGE	RLY @TDSONET Work Phone N/A
directors, etc. or employment with state or county government held by you. NO ACRONYMS	AFFAIRS
A. List below the name, address, and type of any profession, business, or other organization proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits	n which any income in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement	nt. 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:	
Any profession, occupation, or business licensed or certified by the State of New F profession, occupation, or category of business:	lampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land 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 leading	egal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interception Interception Tax Divide	est and and an
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and comperson who knowingly fails to comply with the provisions of this chapter or knowingly files a fa	alserstatement shall be guilty of a misdemeanor.
Date 2/28/18 /Sem	-5-04 GGCCCGG1
	Signature of Reporting Individual MAR 0.5 2018
Return to: Office of Secretary of State, 107 North Main Street, State	House Room 204, Concord, NH 03301 NEW HAMPSHIRE

DEPARTMENT OF STAFE