2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly						•		
Full Name Helen Eli-	zabeth t	anks	Work Addr	ess <u>P.O. F</u>	Box 1806	Concord	NH 03	30 Z
Primary Occupation	mmissron	n-er	e-maii *optionai			Work Phone 6	3-271-5	562
The office, position, employment with state go you. NO ACRONYMS			rtment	of -	the New Correct		es hire	,
A. List below the name, add proprietor, or employee, or calendar year. Sources of reti	served in any oth	er professional or a	dvisory capacity, and	i from which ar	y income in exces	s of \$10,000 was der	lved during the pred	
1.				···				
2.								
If you have no qualifying inco	me indicate by wr	iting your initials ne	xt to the following sta	atement.	My Income d	pes not qualify	ASA	
B. Indicate below whether yo reportable special interest in discipline a licensee or permit financial effect on you or a fair	an Item on this list ttee, or other decis hily member than	if a change in law, a lion by government it would on the ge	change in administra affecting the listed b neral public:	ative ruie, a deci usiness, professi	sion whether or not on, occupation, gro	to award a contract, o	rant a license or perr	nit,
1. Any profession, profession, occupati			rtified by the State of	New Hampshire	. List each such			
2. Health Care 2 3	.Insurance		ncluding brokers, pers, and landlords	5. Ban services	king or financial		New Hampshire, coun	
7. N.H. RetirementSystem	[]	ent use land ent program	9. Restaurant lodging	s/	Sale and distribeverages	bution of alcoholic	11. Practic	e of
12. Any business regula Utilities Commission	ted by the Public.	13. Ho of gamb	rse or dog racing, or obling	other legal form	14. Education	on 15. Water	Resources Tilton Conse	rvation
16. Agriculture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interest and Dividends Tax	18. Optiona	h: Specify any other a ecial interest —	rea in which you have	e a Commission
I have read RSA 15-A and her person who knowingly falls to	eby swear or affirm comply with the	n that the foregoing provisions of this c	information is true a	nd complete to	the best of my know ment shall be quilty	rledge and belief. R	5A 15-A:9 Penalty. A	ny
Date 11 27 20	17			elu 8	Hanks		RECEIVE	D
•			N	Signati	re of Reporting Ind	ividual	NOV 29 201	

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

NEW HAMPSHIRE DEPARTMENT OF STATE