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

Type or Print Clearly	***************************************		
Full Name Donna M Roe	Work Address	117 North Rd Brentwood NH 03	1883
Primary Occupation Nurse Practitioner	e-mail droe@co.rockingham.nh.us	Work Pha	ne 603-679-9392
directors, etc. or employment with state or county	Prescription Monitor Advisory Committe Member	e/Commission	
A. List below the name, address, and type of any profession or employee, or served in any other professical endangers. Sources of retirement benefits other than federal professions.	nal or advisory capacity, and from which	n any Income in excess of \$10.0	100 was derived during the preceding
n/a			
2. n/a		·	
if you have no qualifying income indicate by writing your in	itials next to the following statement.	My income does not g	ualify n/a
8. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on	in law, a change in administrative rule, a c rnment affecting the listed business, prof	ecision whether or not to award	a contract, grant a license or permit.
1. Any profession, occupation, or business licens profession, occupation, or category of business:	ed or certified by the State of New Hamps Nurse Practitioner licensed by State of		
agent.	Estate, including brokers, 5, I developers, and landlords serv		6. State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/	 Sale and distribution of beverages 	alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal for of gambling	14. Education	15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest an Dividends 1		any other area in which you have a est —
have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions of	egoing information is true and complete if this chapter or knowingly files a false st	to the best of my knowledge and stement shall be guilty of a misde	belief. RSA 15-A:9 Penalty. Any meanor.
Date 01/14/2020	Dan	ature of Reporting Individual	

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

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JAN 16 2020