

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

Type or Print Clearly Daniel A. Estee Work Address 300 Pleasant St. Concord, NH 03301
 Full Name Administrator e-mail *optional _____ Work Phone 225-6644

The office, position, appointment, or employment with state government held by you. NO ACRONYMS
Board Member - Board of Examiners of Nursing Home Administrators

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- N/A
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Estee, Daniel

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify DE

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.

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: _____
<input type="checkbox"/>	2. Health Care <input type="checkbox"/> 3. Insurance <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords <input type="checkbox"/> 5. Banking or financial services <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	7. N.H. Retirement System <input type="checkbox"/> 8. Current use land assessment program <input type="checkbox"/> 9. Restaurants/ lodging <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages <input type="checkbox"/> 11. Practice of law
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling <input type="checkbox"/> 14. Education <input type="checkbox"/> 15. Water Resources
<input type="checkbox"/>	16. Agriculture taxes: <input type="checkbox"/> 17. N.H. Business Profits Tax <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest: _____

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date 1/2/17 Daniel Estee
 Signature of Reporting Individual

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

RECEIVED
 JAN 30 2017
 NEW HAMPSHIRE
 DEPARTMENT OF STATE