2019 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print CLEARLY Full Name Work Address: 125 A; at	Rand Co.	EEOHU LOSS
Primary Occupation Re Side and/COD, NH Hospitel ASSNE-mail Sahnen on hha-org	Work Phone 60	03/415-4250
Primary Occupation Re Side ent/Coo, Not Hospital Assemail Sahnen on Inha-over Name the office, position, board or commission, committee, board of New Haurilia State of Interedirectors, etc. or employment with state or county government held by you. NO ACRONYMS.	perability	, Executive G.
A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10 calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use ac	0,000 was derived d	luring the preceding
1. New Hampilia Hospital Association		
2.		
If you have no qualifying income indicate by writing your initials next to the following statement. My income	e does not qualify	
 B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupar reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: 	to award a contract	, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services	6. State of New municipal emp	Hampshire, county, or loyment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution beverages	of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	15. Water Re	sources
	cify any other area in interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowingly. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statem. Date 1/8/2019		
Signature of Reporting Indivi		JAN 1 0 2019

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

NEW HAMPSHIRE DEPARTMENT OF STATE