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NEW HAMPSHIRE DEPARTMENT OF STATE

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

Type or Print Clearly

Full Name Tonya J. Carlton Work Address 789 Central Avenue, Dover, NH 03820

Primary Occupation Pharmacy Clinical Coordinator e-mail tonya.carlton@wdhospital.org Work Phone 603-740-3297

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. Prescription Drug Monitoring Program Advisory Council Committee Member NO ACRONYMS

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.

- 1.
2.

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

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters.

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:
2. Health Care
3. Insurance
4. Real Estate, including brokers, agent, developers, and landlords
5. Banking or financial services
6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System
8. Current use land assessment program
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 legal forms of gambling
14. Education
15. Water Resources
16. Agriculture
17. N.H. taxes: Business Profits Tax Business Enterprise Tax Interest and Dividends Tax
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 10/16/2020

Tonya J. Carlton

Signature of Reporting Individual

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