2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or P	rint Clearly	/									
Full Name	Steven F	R. Lavoie				Work Addres	s 33	Hazen Drive, Concord, N	IH 03305		
Primary O	ccupation	Director c	of Administr	ation				Work	Phone	(603) 22	23-8020
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Director of Division of Administration, Department of Safety						
proprietor	, or emplo	yee, or ser	ved in any	other professio	nal or advisory capa	city, and from w	hich an		\$10,000 w	as derived	ector, associate, partner, d during the preceding y.)
1.	Crossroads Chiropractic, 556 Pembroke Street, Pembroke; Rt. 104 Meredith; Rt. 125 Epping										
2.											
lf you have	e no qualify	ing incom	e indicate b	y writing your ir	itials next to the follo	wing statement.		My income does r	ot qualify		
reportable discipline	e special int a licensee c	erest in an or permitte	item on thi e, or other o	s list if a change decision by gove	in law, a change in ad	Iministrative rule,	a decis	es, professions, occupati ion whether or not to av on, occupation, group, o	vard a con	tract, gran	nt a license or permit,
				r business licens y of business:	ed or certified by the Certified Public Ac		•				
┌ 2.1	lealth Care	☐ 3. lr	nsurance		Estate, including brol developers, and land		5. Bank ervices	ing or financial		te of New	Hampshire, county, or oyment
IX	N.H. Retire tem	ement		Current use land ssment program	11	staurants/ g	Г	10. Sale and distribution beverages	n of alcoh	olic r	 11. Practice of law
	Any busines es Commi		d by the Pul		13. Horse or dog rad of gambling	ing, or other lega	l forms	☐ 14. Education	F 15.	Water Res	ources
Г 16.	Agriculture	е	17. N.H. taxes:	F Business Profits Ta	Business Enterprise Ta	x		☐ 18. Optional: Sp special	ecify any c interest	other area	in which you have a
								he best of my knowledg nent shall be guilty of a r			15-A:9 Penalty. Any
Г	y						//				RECEIVED

Date 3/19/18

Signature of Reporting Individual

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