2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly			
Full Name ROBERT M. BURTON	Work Addre	55 33 HAZEN DRIVE, CO	TOEED HU, GROTH
Primary Occupation Dinertos HSEM	e-mail ROBRET. n. Bu	www Dos. www. Cov Work Phone	603-688-5570
Name the office, position, board or commission, board of directors, etc. or employment with state or county		ob Security & Comerge weg MA	UASEMENT - DEPARTMENT
government held by you. NO ACRONYMS	OF SAFITY.		
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal professions.	nal or advisory capacity, and from v	which any income in excess of \$10,000	was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your ini	itials next to the following statement	My income does not qualit	y Say
reportable 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 1. Any profession, occupation, or business licens profession, occupation, or category of business:	ernment affecting the listed business n the general public:	profession, occupation, group, or matte	
2 Health Care 3 Insurance 4. Real I	Estate, including brokers, developers, and landlords		itate of New Hampshire, county, or nicipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alco	oholic 11. Practice of law
	13. Horse or dog racing, or other leg of gambling	14. EddCation	5. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest Enterprise Tax Divide	at and 18. Optional: Specify any special interest	other area in which you have a
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	regoing information is true and comp	plete to the best of my knowledge and be	elief. RSA 15-A:9 Penalty. Any
person who knowlingly fails to comply with the provisions c	or this chapter of knowingly mes a fai	se statement shall be gailey of a misaem	RECEIVED
Date 9/10/2072	Signature of Filer	RUM BY	SEP 2 0 2022
Return to: Office of Secretary of	f State, 107 North Main Street, State H	ouse Room 204, Concord, NH 03301	NEW HANIPSHIRE DEPARTMENT OF STAT