2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	nt Clearly					·····					
Full Name	Courtne	Eaton		<u></u> W	ork Address	5 4	Autumn	Ln Me	mma.	CK, NH 030	
Primary Occ	cupation Pri Va	ute practice	dietitian e-r	mail Courtne	y @ ner	าน+ทำ	h'on advisors	ork Phone	Le03-	391-8206	
directors, e		ard or commission, b ent with state or NO ACRONYMS	county p	Board of Liverised Dietitians							
proprietor, calendar yea	or employee, or s ar. Sources of reti Wrun of:	ress, and type of any served in any other i rement benefits other	orofessional or active than federal retires	dvisory capacity, ar ment and/or disabili	nd from wh ty benefits s	nich any i hall be ind	ncome in excess <i>cluded</i> . (Use addit	of \$10,000 w ional sheets a	as derived du s necessary.)	uring the preceding	
2.	New	England	Nutrition	Adusms, L	LC 4	Autr	mn Ln 1	Mem mo	CK, NH	03054	
2.											
If you have r	no qualifying inco	me indicate by writin	g your initials nex	ct to the following s	tatement.		My income do	es not qualify			
reportable s discipline a	special interest in a licensee or permit	u or a family member an item on this list if a tee, or other decision nily member than it v	change in law, a by government a	change in administ affecting the listed l	rative rule, a	a decisior	n whether or not to	award a cont	tract, grant a l	icense or permit,	
1	, ,	occupation, or busine on, or category of bus		tified by the State o	of New Ham	pshire. L	ist each such				
2. He	ealth Care	Insurance		ocluding brokers, ers, and landlords	11	. Banking ervices	g or financial	11	te of New Han pal employm	mpshire, county, or ent	
l Syste		8. Current assessment	program	9. Restauran lodging],	be). Sale and distribu verages	ution of alcoho	olic _	11. Practice of law	
	y business regula s Commission	ted by the Public	of gambl	se or dog racing, or ling	other legal	forms [14. Education	15.\	Water Resourc	:es	
16. A	griculture	1 1 1		Business Enterprise Tax	Interest a Dividend	11		Specify any of ial interest	her area in wl	hich you have a	
		eby swear or affirm the comply with the pro								:9 Penalty. Any	
Date 5	5/14/2021			Signature of	Filer	lo	ntnew	50	, MA	AY 2 6 2021	

NEW HAMPSHIRE DEPARTMENT OF STATE