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

· ypc o	r rint Clearly	<u> </u>					- ;	_						
Full Na	me Kathlee			Work Addre	ss 2	29 Hazen Drive Concord, NH 0			3301					
Primary Occupation Program Manager					e-mail kathleen.bush@dhhs.nh.gov					Work F	Phone	603-271-1106		
directo	he office, posi rs, etc. or e	mploymen	t with state	or county	New Hampshire Department of Health and Human Services Division of Public Health Services									
govern	ment held by	you.	NO ACRON	IYMS J	Bureau of Public Health Protection - Tracking Program (SB85 and HB737 Commissions)									
proprie	tor, or emplo	yee, or sea	ved in any ot	her professior	nal or advis	ory capacit	ty, and from w	hich a	ny income		10,000 wa	s derived d	or, associate, partner uring the preceding	
1.	NH DHHS								ſ					
2.	Plymouth S	lymouth State University												
if you h	ave no qualify	ing incom	e indicate by v	vriting your ini	tials next to	the follow	ing statement.		`My i	ncome does no	t qualify			
reporta discipli	able special int ne a licensee of al effect on yo 1. Any pro	erest in an or permitte u or a fami fession, oc	item on this li e, or other dec y member tha cupation, or b	st if a change i ision by gover n it would on usiness license	n law, a cha rnment affec the general	nge in adm cting the lis public:	ninistrative rule	, a dec profess	ision wheth sion, occupa	er or not to awa tion, group, or	ard a conti	ract, grant a	. A person has a license or permit, ally have a greater	
''	profession,	occupation	, or category o	f business:					**************************************					
	2. Health Care	<u></u> ′3. lr	isurance		state, includevelopers,	-	11 1	5. Bar service	nking or fina es	ncial	•	e of New Ha pal employr	impshire, county, or ment	
	7. N.H. Retire System	ment	11 1	rent use land nent program		9. Resta lodging	iurants/		10. Sale a beverages	and distribution s	of alcoho	lic	11. Practice of law	
12. Any business regulated by the Public Utilities Commission					13. Horse o of gambling		ig, or other leg	al form	¹⁵ 🔀 14.	Education	☐ 15. V	Vater Resou	rces	
	16 Agricultura			Business Profits Tax						18. Optional: Specify any other area in which you have a special interest				
I have r person	read RSA 15-A who knowing	and hereb ly fails to c	y swear or affii omply with th	pro Re	egoing info	rmation is t or knowi	true and comp ingly files a fals	lete to e state	the best of i	my knowledge be guilty of a m	and belief isdemean	, RSA 15-2 or.	A:9 Penalty. Any	
Date	1/12/2021			JAN	2021 Signature of Filer			Kathl	Kathleen F. Bush					
		Pot	urn to: Office (NEW HADEPARTME	MPSHIRE NT. OFFICE	Emely Asia	Straat Stata U	ouca P	00m 204 Ca	oncord NH 033	01			