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

Type or Print CLEARLY Full Name HOLLY C. CADWGLLADER	Work Address: 52 PLEASANT ST. CONCOLD, NH 03301
Primary Occupation INDEPENDENT SERVICE COOKDINATOR E-mail	holly @ bianh.org Work Phone (603) 769-0203
Name the office, position, board or commission, committee, board of NH STATE directors, etc. or employment with state or county government held by you. NO ACRONYMS.	REHABILITATION COURCIL, IST VICE CHAIR
	anization in which you or a family member was an officer, director, associate, partner, y, and from which any income in excess of \$10,000 was derived during the preceding for disability benefits shall be included. (Use additional sheets as necessary)
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
reportable special interest in any item on this list if a change in law, a change in	the following businesses, professions, occupations, groups or matters. A person has a administrative rule, a decision whether or not to award a contract, grant a license or permit, a listed business, profession, occupation, group, or matter would potentially have a greater
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 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restauration lodging	rants/ 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 gambling	r other legal forms of 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business 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 MEACH 30, 2020

Hely Cadwallader, Edward Signature of Reporting Individual

RECEIVED

APR 2 0 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE