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

Type or Print Clearly	Home
Full Name Dianne L. Rappa	Work Address POB123; 258 Porter Rd, Bath NH 037
Primary Occupation Non Profit Exec. Director e-mail	1*optional drappa @ roadrunner. com Work Phone 603-747-350
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Chair Town of Bath Planning Board
proprietor, or employee, or served in any other professional or advisor	or other organization in which you or a family member was an officer, director, associate, partner, y capacity, and from which any income in excess of \$10,000 was derived during the preceding and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. Executive Director of the NH Asso	ciation For Health, Physica 18ducation, Recreation & Dance
2.	
If you have no qualifying income indicate by writing your initials next to the	ne following statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a chang	n any of the following businesses, professions, occupations, groups, or matters. A person has a le in administrative rule, a decision whether or not to award a contract, grant a license or permit, ng the listed business, profession, occupation, group, or matter would potentially have a greater ublic:
1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	by the State of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, includin agent, developers, and	
	9. Restaurants/ 10. Sale and distribution of alcoholic 11. Practice of beverages law
12. Any business regulated by the Public 13. Horse or during 15. Utilities Commission 15. Horse or during	og racing, or other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Busines taxes: Profits Tax	
have read RSA 15-A and hereby swear or affirm that the foregoing information who knowingly falls to comply with the provisions of this chapter o	ation is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any r knowingly files a false statement shall be guilty of a misdemeanor.
Date 11 6 18	RECEIVED
. ,	Signature of Reporting Individual NOV 0 8 2018
Return to: Office of Secretary of State, 107 Norti	h Main Street, State House Room 204, Concord, NH 03301 NEW HAMPSHIRE DEPARTMENT OF STATE