2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly	0
Full Name Daylas Bartlett Work	Address 21 South Fruit St. Concord NH:
Primary Occupation Account e-mail *optional	douglas bartletto ins. Nh. gwork Phone 371-2879
The office, position, appointment, or employment with state government held by you. NO ACRONYMS Dice clar of Financial Regulation	
	organization 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 ability benefits shall be included. (Use additional sheets as necessary.)
1. NONE	
2.	
If you have no qualifying income indicate by writing your initials next to the following	ng statement. My income does not qualify
reportable special interest in an item on this list if a change in law, a change in admi discipline a licensee or permittee, or other decision by government affecting the list financial effect on you or a family member than it would on the general public:	he following businesses, professions, occupations, groups, or matters. A person has a inistrative rule, a decision whether or not to award a contract, grant a license or permit, ted business, profession, occupation, group, or matter would potentially have a greater
Any profession, occupation, or business licensed or certified by the Statement profession, occupation, or category of business:	ate of New Hampshire. List each such
2. Health Care 3. Insurance 4. Real Estate, including broker agent, developers, and landlor	
7. N.H. 8. Current use land 9. Restau lodging	urants/ 10. Sale and distribution of alcoholic beverages 11. Practice of law
Tage 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing of gambling	g, or other legal forms 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 tr person who knowingly fails to comply with the provisions of this chapter or knowir	rue and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any ngly files a false statement shall be quilty of a misdemeanor.
Date	RECEIVE
	Signature of Reporting Individual JAN 19 2017