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

Type or Print Clearly		
Full Name Pauline A. Ikawa	Work Address N/A	
Primary Occupation Retired e-mail P	oikawa42@ yahoo.com Work Phone	J/A
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	ing Finance Awthority, Board Mem	ber (Public)
A. List below the name, address, and type of any profession, business, or oproprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	capacity, and from which any income in excess of \$10,000 was d	erived during the preceding
1. TD Bank Pension Plan; Retirement Bene	efits Dept, One Portland Sq., Portland ME	
If you have no qualifying income indicate by writing your initials next to the f	following statement. My income does not qualify	
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change i discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general pub 1. Any profession, occupation, or business licensed or certified by	in administrative rule, a decision whether or not to award a contract g the listed business, profession, occupation, group, or matter would blic:	, grant a license or permit,
profession, occupation, or category of business: 4. Real Estate including	brokers 5. Banking or financial 6. State of	New Hampshire, county, or
2. Health Care 1 3. Insurance agent, developers, and I 7. N.H. Retirement 8. Current use land 9.	- 11 1	employment 11. Practice of law
	g racing or other legal forms	er Resources
16. Agriculture 17. N.H. Business Business taxes: Profits Tax		area in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing informati person who knowingly fails to comply with the provisions of this chapter or	knowingly files a false statement shall be quilty of a misdemeanor	RSA 15-A:9 Penalty. Any
Date 01/05/2020	Pauline a. Kaww. Signature of Reporting Individual	JAN 2 1 2020

NEW HAMPSHIRE DEPARTMENT OF STATE