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

Type or F	Print Clearly						
Full Nam	e Gayle E. Troy			Work Address	Globe Manufacturing	Co., LLC, 37 Lo	udon Road, Pittsfield, NH 03263
Primary (Occupation Human	Resources Manager	e-mail*optional	gtroy@globefires	uits.com	Work Phone	603-435-8323
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			NH Dept of Labor Pen	alty Appeals Board	1		
proprieto	or, or employee, or s		onal or advisory capaci	ity, and from which	ch any income in exces	s of \$10,000 w	fficer, director, associate, partner, as derived during the preceding s necessary.)
1.	Globe Mfg., Co., LLC,	, 37 Loudon Road, Pittsfield, N	IH 03263; Manufacture	r of protective clot	hing for firefighters and	other emergen	cy responders
2.	Rock Solid Results, 5	8 Winslow Rd., Dunbarton, N	H 03046; website devel	opment, hosting, a	and maintenance		
If you hav	ve no qualifying inco	me indicate by writing your i	nitials next to the follow	ving statement.	My income d	oes not qualify	
reportab discipline	le special interest in a e a licensee or permit		in law, a change in adrernment affecting the li	ministrative rule, a	decision whether or not	to award a con	s, or matters. A person has a tract, grant a license or permit, ould potentially have a greater
Γ		occupation, or business licens on, or category of business:	sed or certified by the S	tate of New Hamp	shire. List each such		
Γ 2.	Health Care 3		Estate, including broke , developers, and landlo		Banking or financial vices	11	te of New Hampshire, county, or ipal employment
1 -	N.H. Retirement stem	8. Current use land assessment program	11	aurants/	 10. Sale and distri beverages 	bution of alcoh	olic 11. Practice of law
	Any business regulaties Commission	1	13. Horse or dog raci of gambling	ng, or other legal f	orms 14. Educatio	on	Water Resources
T 16	5. Agriculture	17. N.H. Business Profits Ta		Interest a Dividends		l: Specify any o ecial interest	ther area in which you have a
		eby swear or affirm that the foo					ef. RSA 15-A:9 Penalty. Any
				Ma 0			RECEIVED
Date	Dec. 20	,0017		/ Keyle Sig	gnature of Reporting Ind	ividual	DEC 2 2 2017

NEW HAMPSHIRE DEPARTMENT OF STATE