## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Full Name Brianna Patricia Marie Cameron Work Address 75 Princeton Dr. #205 Hocksett, NH 03104 Primary Occupation ASL/English Interpreter e-mail trp. brianna @ gnail.com Work Phone 603-953-6256 Name the office, position, board or commission, board of Board of Licensure of Interpreters for the Deaf & Hand of directors, etc. or employment with state or county	Type or Print Clearly					
Name the office, position, board or commission, board of Board of Licensure of Interpreters for the Deaf & Hand of	Full Name Brianna Patricia Marie Ca	Work Address	75 Princeton	Dr. #205 Hocks	H, NH 03104	
Name the office, position, board or commission, board of Board of Licensure of Interpreters for the Deaf & Hand of directors, etc. or employment with state or county	Primary Occupation ASL/English Interpreter	e-mail	terp. brianna @ gr	nail.com	Work Phone	603 - 953 - 6256
government held by you. NO ACRONYMS		Boarde	of Licensure of	Interpret	ters for the	Deaf & Hand of Hearing

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1.				-
2.				-
lf you have	no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	BC	

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

Γ	, .	ion, occupation, or b pation, or category	ousiness licensed <u>or cert</u> of business:	ified by the State of N	ew Hampshire.	List each such	n a fan fan fan fan fan fan fan fan fan	
	2. Health Care	3. Insurance	4. Real Estate, inc agent, develope	-	5. Banki services	ng or financial	— 6. State of Ne municipal em	ew Hampshire, county, or ployment
	7. N.H. Retiremer System		rrent use land ment program	9. Restaurants/		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
Γ	12. Any business reg Utilities Commission	•	c 13. Horse of gamblin	e or dog racing, or oth ng	er legal forms	14. Education	15. Water R	esources
Γ	16. Agriculture	17. N.H. taxes:			nterest and ividends Tax	18. Optional: Specia	pecify any other are l interest	a in which you have a

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 misdemean RECEIVED

Date	08	17	2021	Signature of Filer	Prina (	- -	AUG 1 9 2021
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DEPARTMENT OF STATE

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