2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A									
Type or Print Clearly A PH and MAN	antitle + St St tor (and Alt								
Full Name FISA H, ATE SON MID	Work Address _ 276 Happing Jr. Surteaus, Conund /VI/								
Primary Occupation general Surgeone-mai	11 * optional La pallerson mal @qmail. com Work Phone 603-224-0584								
\bigcirc \bigcirc	NH Emergency Wedlich & Trauma Services Wordinity Board								
Name the office, position, board or commission, committee, board of	The start was seen as a second								
directors, etc. or employment with state or county government held									
by you. NO ACRONYMS									

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 vou h	nave no qualifying income indicate by writing your initials next to the following statement.	My income does not qualify	AP	

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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:												
2. Health Care 🔲 3. Insurance 🔲			4. Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services		6. State of New Hampshire, county, or municipal employment				
7. N.H. Retirement System		rrent use la ment prog		9. Resta lodging	urants/	/	II ' .	10. S bever	ale and distribution ages	on of alcoholic		11. Practice of law
12. Any business regulated Utilities Commission	by the Publi	c ا	<i>.</i>	e or dog racing ng	g, or ot	ther lega	al forms		14. Education	15. Water R	lesourc	:es
16 Agriculture	17. N.H. taxes:			lusiness nterprise Tax		Interest Dividen				pecify any other are I interest	a in wł	hich 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 failse statement shall be guilty of a misdemeanor.

3/27/2018 Date

RECEIVED Signature of Reporting Individua MAR 29 2018

NEW HAMPSHIRE

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