2017	NEW HAMPSHIKE STATEME	NT OF FINANCIAL INTERE	STS - RSA 15-A	DST('
Type or Print Clearly Full Name Melissa Cour	ntway Vetanze	_ Work Address <u>One Gvo</u>	inite Place Con	card N.H assigned to
Primary Occupation	•	optional _ Mvetanze		200
The office, position, appoint employment with state governmer you. NO ACRONYMS		te serve on PST		
A. List below the name, address, and proprietor, or employee, or served in calendar year. Sources of retirement be	n any other professional or advisor,	capacity, and from which any	income in excess of \$10,0	an officer, director, associate, partner, 100 was derived during the preceding eets as necessary.)
1. US DOJ	- Husband - De	Loutel US Marsh	al - 35 pleasan	+ St. Concard NH
2.				0330
B. Indicate below whether you on a fa reportable special interest in an item discipline a licensee or permittee, or a financial effect on you or a family men	on this list if a change in law, a chang other decision by government affecti	ge in administrative rule, a decision of the listed business, profession	on whether or not to award	a contract, grant a license or permit,
1. Any profession, occupat	tion, or business licensed or certified	by the State of New Hampshire.	List each such	
profession, occupation, or ca	ategory of business:	orney		
2. Health Care 2. 3. Insurar	agent, developers, ar	- 11 1	-	6. State of New Hampshire, county, or municipal employment
7. N.H. RetirementSystem	8. Current use land assessment program	9. Restaurants/	Sale and distribution of beverages	alcoholic 11. Practice of law
12. Any business regulated by t Utilities Commission	he Public 13. Horse or of gambling	dog racing, or other legal forms	14. Education	15. Water Resources
17. N		prise Tax Interest and Dividends Tax	18. Optional: Specify special inte	rany other area in which you have a rest —
I have read RSA 15-A and hereby swe person who knowingly fails to compl	ar or affirm that the foregoing inform y with the provisions of this chapter	nation is true and complete to the or knowingly files a false statem	ne best of my knowledge and ent shall be guilty of a misd	d belief. RSA 15-A:9 Penalty. Any emeanor. RECE:VED
Date 11117	***************************************	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	CL re of Reporting Individual	NOV 15 2017

This form is W/r/+ my appointment ic

NEW HAMPSHIRE DEPARTMENT OF STATE