

Type or Print CLEARLY

Full Name Deanna M. Baker-Brodich Work Address: 33 Capitol St Concord

Primary Occupation attorney E-mail deanna.baker@dhs.nh.gov Work

Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS. Director of Legal Services for ~~the~~ the Division for Children Youth + Families

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

- Nicholas Brodich (husband) - Tapscott + Brodich PA 45 Centre St. Concord NH (attorney)
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, reportable special interest in any item on this list if a change in law, a change in administrative rule, a decision whether or not to award discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or 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: attorney / self + husband

<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6 m
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input type="checkbox"/> 14. Education	<input type="checkbox"/>
<input type="checkbox"/> 16. Agriculture	17. N.H. taxes: <input checked="" type="checkbox"/> Business Profits Tax <input checked="" type="checkbox"/> Business Enterprise Tax <input checked="" type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any special interest		

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. **Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall

Date 1/25/19

[Signature]  
Signature of Reporting Individual

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

