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

Type or Print Clearly			1/
Full Name Chistine William		5 Hall St Cenceral	WH
Primary Occupation AUP Encollment C	(1)	Camara St. No.	one 603513-1150
Name the office, position, board or commission, codirectors, etc. or employment with state or county by you. NO ACRONYMS		+ , Easterseals	
A. List below the name, address, and type of any proprietor, or employee, or served in any other proceed calendar year. Sources of retirement benefits other the	rofessional or advisory capacity, and from w nan federal retirement and/or disability benefits	hich any income in excess of \$10,000 shall be included. (Use additional sheets	was derived during the preceding as necessary.)
1. Granite State Mana	exement and Regource:	3 Lended Feb. 2016) 4 Barrell Ct
2.		\mathcal{C}	ichcord N H 0330
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify			
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:			
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:			
I J Hoalth (are II & Inclirance II)	11 .		ate of New Hampshire, county, or cipal employment
7. N.H. Retirement 8. Current use assessment pro	11 1	 10. Sale and distribution of alcohole beverages 	nolic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal of gambling	forms X 14. Education 15.	Water Resources
	iness Business Interest a fits Tax Enterprise Tax Dividend		other area in which you have a
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 falls to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.			
Date 10/25/18	P. Ca. NI	tu (1.00:	RECEIVED
•	Si	gnature of Reporting Individual	OCT 3 1 2018
Return to: Office of Secret	ary of State 107 North Main Street, State Hou	se Room 204 Concord NH 03301	NEW HAMPSHIRE

DEPARTMENT OF STATE