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

ype or Print Clearly						
full Name Grant Rainey Turpin		Work Address	333 Borthwick Ave, Po	ortsmouth NH 0	3801	
rimary Occupation Director of EMS	e-mail*optio	nal Grant.Turpin@HC	AHealthcare.com	Work Phone	603-433-4092	
ame the office, position, board or commission, rectors, etc. or employment with state or overnment held by you.  NO ACRONYA	r county	Chairman of the Emergency Medical Service and Trauma Hospital Coordinating Board				
List below the name, address, and type of ar oprietor, or employee, or served in any other lendar year. Sources of retirement benefits other	r professional or advisory cap	pacity, and from whic	h any income in excess	s of \$10,000 wa	as derived during the preceding	
Portsmouth Regional Hospital, Acute Co	are Hospital, 333 Borthwick Av	ve, Portsmouth NH 038	01			
	,					
ou have no qualifying income indicate by writ	ing your initials next to the fo	llowing statement.	My income d	oes not qualify		
portable special interest in an item on this list is cipline a licensee or permittee, or other decision ancial effect on you or a family member than is  1. Any profession, occupation, or bush profession, occupation, or category of b	on by government affecting the twould on the general public ness licensed or certified by the	ne listed business, prof :: ne State of New Hamps sing in a hospital	ession, occupation, grou	up, or matter wo	ould potentially have a greater	
2. Health Care   3. Insurance	<ol><li>Real Estate, including br agent, developers, and lar</li></ol>	, n		<ol> <li>6. State of New Hampshire, county, or municipal employment</li> </ol>		
_	nt use land 9. R nt program lodgi	estaurants/	<ol><li>Sale and distribeverages</li></ol>	oution of alcoho	olic 11. Practice of law	
12. Any business regulated by the Public Utilities Commission	13. Horse or dog r of gambling	acing, or other legal fo	rms 14. Educatio	n [ 15. \	Vater Resources	
16. Agriculture 17. N.H. taxes:	Business Profits Tax Business Enterprise	Interest an Dividends		: Specify any ot ecial interest —	her area in which you have a	
ave read RSA 15-A and hereby swear or affirm the serson who knowingly fails to comply with the p						
ate January 19, 2017		Sig	sture of Reporting Indi	vidual	JAN 23 2018	
Return to: Office of S	ecretary of State, 107 North M	lain Street, State House	Room 204, Concord, N	H 03301	NEW HAMPSHIP DEPARTMENT OF S	