2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	int Clearly			,	¥ <u>*</u>	* * * * * * * * * * * * * * * * * * * *			· · · · · · · · · · · · · · · · · · ·
Full Name	Andrea Lewy	The second secon		Work Address	10 Bunker Hi	ill Avenue			
Primary Oc	cupation Assessor		e-mail	alewy@strathamnh.gov		Work Phone	772-73	91 ext 144	
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			<u> </u>						
proprietor	or employee, or ser	s, and type of any profession wed in any other profession ment benefits other than fede	nal or advisc	ory capacity, and from wi	iich any income	in excess of \$10,000	was denvi	ea aaning i	ciate, partner, the preceding
J _a			22					4	-
2. If you have	no qualifying income	e indicate by writing your in	itials next to	the following statement.	Му	income does not qual	ify	ASL	ASL
reportable discipline a	special interest in an licensee or permitte	or a family member has a sp item on this list if a change e, or other decision by gove ly member than it would on	in law, a cha irnment affe	nge in administrative rule, cting the listed business, p	a decisiòn whetl	her or not to award a c	ontract, gr	ant a licens	e or permit,
X	Any profession, ocrofession, ocrofession, occupation	cupation, or business licens , or category of business:		ed by the State of New Han Property Assessor Supervis		. * *			
2.H	ealth Care				5. Banking or fin ervices	l× mu	nicipal ém		ire, county, or
_ 0	I.H. Retirement em	8. Current use land assessment program	- 11	9. Restaurants/	T 10. Sale beverage	and distribution of alo es	oholic	law	I. Practice of
Tale 2. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education 15. Water Resources									
T 16.	Agriculture	17. N.H. Business Profits Ta		siness Interest erprise Tax Dividen	3.0	8. Optional: Specify an special Interes	y other are t —	a in which	you have a
I have read person wh	l RSA 15-A and hereb o knowingly fails to c	y swear or affirm that the foo comply with the provisions	regoing info of this chapt	ormation is true and compl ter or knowingly files a false	ete to the best o e statement shal	f my knowledge and b I be guilty of a misdem		15-A:9 Pe	enalty. Any
Date	1-3-2	010		Ana	KEA Signature of Rep	D- LLWY orting Individual	-		<u>. </u>