2017 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly SOTT A. Brooks	Work Address 24	12 Main St. Now	Lowbon NH 03257
Primary Occupation Marger- State Government Affect			Phone 603-524-2211
	wol22, www		
A. List below the name, address, and type of any profession, busine proprietor, or employee, or served in any other professional or advantagement. Sources of retirement benefits other than federal retirem 1.	visory capacity, and from whic	h any income in excess of \$10,0	00 was derived during the preceding
2.			
If you have no qualifying income indicate by writing your initials next	to the following statement.	My income does not qu	ualify AB
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 certiprofession, occupation, or category of business:	ified by the State of New Hamp	shire. List each such	
2. Health Care 3. Insurance 4. Real Estate, inc			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 the Public Utilities Commission 13. Horse of gamblin	e or dog racing, or other legal fi ng	14. Education	15. Water Resources
	Business Interest ar nterprise Tax Dividends		any other area in which you have a rest —
I have read RSA 15-A and hereby swear or affirm that the foregoing in person who knowingly fails to comply with the provisions of this cha	nformation is true and complete opter or knowingly files a false s	e to the best of my knowledge and tatement shall be guilty of a misd	d belief. RSA 15-A:9 Penalty. Any emeanor. RECEIVED
Date 1 12 17	Sig	nature of Reporting Individual	JAN 18 2017

NEW HAMPSHIRE DEPARTMENT OF STATE