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

| Type or Print Clearly | Ashfield Healthcare |
|--|---|
| Full Name Deboran Chabot | Work Address 1100 Virginia Dr Soite 200 Ft Washington |
| Primary Occupation RN e-r | Ashfield Healthcare Work Address 1100 Virginia Dr Soite 200 Ft Washingtonal roughes chabote grad com Work Phone 1038312710 |
| Name the office, position, board or commission, committee, board or directors, etc. or employment with state or county government held by you. NO ACRONYMS | of Av RESOURCE Council |
| proprietor, or employee, or served in any other professional or adv | ss, or other organization in which you or a family member was an officer, director, associate, partner, risory capacity, and from which any income in excess of \$10,000 was derived during the preceding ent and/or disability benefits shall be included. (Use additional sheets as necessary.) |
| 1. | |
| 2. | |
| f you have no qualifying income indicate by writing your initials next | to the following statement. My income does not qualify |
| eportable special interest in an item on this list if a change in law, a ch | est in any of the following businesses, professions, occupations, groups, or matters. A person has a nange in administrative rule, a decision whether or not to award a contract, grant a license or permit, fecting the listed business, profession, occupation, group, or matter would potentially have a greater all public: |
| Any profession, occupation, or business licensed or certif profession, occupation, or category of business: | ried by the State of New Hampshire. List each such |
| 2. Health Care 3. Insurance 4. Real Estate, incl | |
| 7. N.H. Retirement | 9. Restaurants/ 10. Sale and distribution of alcoholic lodging 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission 13. Horse of gamblin | or dog racing, or other legal forms 14. Education 15. Water Resources |
| Ib. Adriculture 1. I I | usiness — Interest and terprise Tax Dividends Tax — 18. Optional: Specify any other area in which you have a special interest — |
| have read RSA 15-A and hereby swear or affirm that the foregoing infoerson who knowingly fails to comply with the provisions of this chap | formation is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any oter or knowingly files a false statement shall be guilty of a misdemeanor RECEIVED |
| Date 1243012017 | Gwam Cult JAN 04 2018 Signature of Reporting Individual |
| | Signature of Reporting Individual |

NEW HAMPSHIRE DEPARTMENT OF STATE