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

Type or Print Clearly				
Full Name Robert M. Buxton	Work Addres	s 39 Ferry Street, Hudson,	NH 03051	
Primary Occupation Fire Chief e	e-mail*optional rbuxton@huds	onnh.gov Wo	rk Phone 603-	886-6021
The office, position, appointment, or employment with state government held by you. NO ACRONYMS	ds and Training Comission			
A. List below the name, address, and type of any profession, bus proprietor, or employee, or served in any other professional or calendar year. Sources of retirement benefits other than federal retirement	advisory capacity, and from w	hich any income in excess o	f \$10,000 was deri	ived during the preceding
1				
If you have no qualifying income indicate by writing your initials no	ext to the following statement.	My income does	s not qualify	The state of the s
B. Indicate below whether you or a family member has a special in reportable special interest in an item on this list if a change in law, discipline a licensee or permittee, or other decision by governmen financial effect on you or a family member than it would on the ge	, a change in administrative rule, nt affecting the listed business, p	a decision whether or not to	award a contract, g	rant a license or permit,
Any profession, occupation, or business licensed or coprofession, occupation, or category of business:  Electrical Control of the Control of Control	ertified by the State of New Han ctricians Board	npshire. List each such		
1   / Health ( are 11   3 insurance 11	- 11 1	5. Banking or financial ervices	6. State of N municipal en	lew Hampshire, county, or nployment
7. N.H. RetirementSystem  8. Current use land assessment program	9. Restaurants/	10. Sale and distribute beverages	tion of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission   13. Horse or dog racing, or other legal forms of gambling   14. Education   15. Water Resources				
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest Dividen		specify any other an al interest —	rea in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing person who knowingly fails to comply with the provisions of this comply with the provisions of the provisions of this comply with the provisions of this comply with the provisions of the provisions of the provision with the pro				SA 15-A:9 Penalty. Any
Date 12/14/2016	Res	n. Sel	dual .	