

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

**Type or Print Clearly**

Full Name Helen Pervanas

Work Address

1260 Elm Street Manchester NH

Primary Occupation Professor

e-mail\*optional helen.pervanas@mcphs.edu

Work Ph

The office, position, appointment, or employment with state government held by you. NO ACRONYMS

NH Board of Pharmacy Commissioner

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.* (Use additional sheets if necessary.)

1. MCPHS University- Helen Pervanas employment
2. Coldwell Banker-George Pervanas employment

If you have no qualifying income indicate by writing your initials next to the following statement:

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, or 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or material financial effect on you or a family member than it would on the general public:

*Pervanas, Helen*

<input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: _____					
<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input checked="" type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. _____	<input type="checkbox"/> 7. _____
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of beverages	<input type="checkbox"/> 11. _____	<input type="checkbox"/> 12. _____
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. _____	<input type="checkbox"/> 16. _____	<input type="checkbox"/> 17. _____
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. taxes: Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify special interest: _____	<input type="checkbox"/> 19. _____

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date January 9, 2017 *Helen Pervanas*  
 Signature of Reporting Individual

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301

**RECEIVED**

JAN 13 2017

NEW HAMPSHIRE  
 DEPARTMENT OF STATE