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

| Type or Print Clearly Full Name — Luxell Week | walo Work Addre | ess | |
|--|--|--|--|
| Primary Occupation Letter | e-mail *optional | | Work Phone |
| Name the office, position, board or commissio directors, etc. or employment with state or co by you. NO ACRONYMS | i, committee, board or | municia C. Guesto | de Ski aseo |
| A. List below the name, address, and type of a proprietor, or employee, or served in any oth calendar year. Sources of retirement benefits other. | er professional or advisory capacity, and | from which any income in excess o | f \$10,000 was derived during the preceding |
| 1. | Nove | | |
| 2. | | | |
| If you have no qualifying income indicate by wr | iting your initials next to the following sta | tement. My income does | not qualify \bigcirc |
| B. Indicate below whether you or a family mem reportable special interest in an item on this list discipline a licensee or permittee, or other decis financial effect on you or a family member than | if a change in law, a change in administra ion by government affecting the listed bu it would on the general public: | tive rule, a decision whether or not to siness, profession, occupation, group, | award a contract, grant a license or permit, |
| 1. Any profession, occupation, or bu profession, occupation, or category of | siness licensed or certified by the State of business: | New Hampshire. List each such | |
| 2. Health Care 3. Insurance | 4. Real Estate, including brokers, agent, developers, and landlords | 5. Banking or financial services | 6. State of New Hampshire, county, or municipal employment |
| System | ent use land 9. Restaurants ent program lodging | beverages | tion of alcoholic 11. Practice of law |
| 12. Any business regulated by the Public Utilities Commission | 13. Horse or dog racing, or o of gambling | ther legal forms 14. Education | 15. Water Resources |
| 17. N.H. taxes: | Business Business Frofits Tax | | pecify any other area in which you have a al interest |
| I have read RSA 15-A and hereby swear or affirm person who knowingly fails to comply with the | n that the foregoing information is true an | d complete to the best of my knowled | lge and belief. RSA 15-A:9 Penalty. Any |
| Date Sept 17 2018 | provisions of this chapter of knowingly in | P. 10 1D | RECEIVED |
| 2011 | | Signature of Reporting Individual | SEP 2 6 2018 |
| | | | NEW HAMPSHIRE |

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

DEPARTMENT OF STATE