NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly							
Full Name Hove	n Christic	in Losien	Work Address	904	Hanover	St, Manche	ster NH, 03104
Primary Occupation Har	.vstylist/Ba	rbes e-m	nail *optional			Work Phone	627-4301
Name(s) of office, appointment employment with government	, or Board	of Barbening	(cosmetology &	Esthethic	s, Barker B	oard Newl	ber
A. List below the name, addre proprietor, or employee, or second aryear. Sources of retirest	rved in any other p	rofessional or advis	sory capacity, and fro	m which any in	ncome in excess of		
			er St, Manche				RECEIVED
2. (ity of A	Munchester,	Public Health	Dept, Elm	st, Mai	nchester		JAN 10 20 1 5
3. f you have no qualifying incom	e indicate by writing	your initials next to	o the following statem	ent. My inc	ome does not qual	ify	NEW HAMPSHIRE DEPARTMENT OF STAT
3. Indicate below whether you reportable special interest in an discipline a licensee or permitte financial effect on you or a fami	item on this list if a e, or other decision	change in law, a cha by government affe	ange in administrative ecting the listed busine	rule, a decision	whether or not to a	ward a contract, o	grant a license or permit,
1. Any profession, occup Barber	oation, or business li		by the State of New Ha	ampshire. List e	ach such profession	n, occupation, or c	ategory of business
	nsurance	4. Real Estate, incluagent, developers,	T .	5. Banking services	or financial	6. State of N municipal er	lew Hampshire, county, or nployment
7. N.H. Retirement System	8. Current u assessment p	1	9. Restaurants/ lodging		Sale and distribut erages	on of alcholic	11. Practice of law
		13. Horse of gambling	se or dog racing, or other legal forms ling		14. Education 15. Water Resources		
16. Agriculture	1			erest and dends Tax	18. Optional: Special interes		ea in which you have a
have read RSA 15-A and hereb RSA 15-A:7 Penalty. Any perso hall be an absolute defense in a RSA 21-G:30, I(c).	n who knowingly fa	Is to comply with th	ne provisions of this cl	napter or knowi liance upon an	est of my knowled ngly files a false sta	ge and belief. tement shall be go n the subject issue	
Print Form		Sic	gnature of Reporting I		Date		

Signature of Reporting Individual