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

Type or Print Clearly Full Name AWANDA STONE	Work Address NES M	TH HALL, 13	IMMNST,	DUKHAM, NH
	ail aptional anance. Store			/ Y-X 11
Name the office, position, board or commission, committee, board of Birectors, etc. or employment with state or county government held by you. NO ACRONYMS	STATE CONDEW	ADA COM	MITTEE	
List below the name, address, and type of any profession, business, proprietor, or employee, or served in any other professional or advisoralendar year. Sources of retirement benefits other than federal retirement.	ory capacity, and from which any	y income in excess of	\$10,000 was deriv	red during the preceding
NOT APPLICABLE				
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you have no qualifying income indicate by writing your initials next to	the following statement.	My income does	not qualify	8
<ul> <li>Indicate below whether you or a family member has a special interest eportable special interest in an item on this list if a change in law, a challiscipline a licensee or permittee, or other decision by government affectinancial effection you or a family member than it would on the general</li> <li>1. Any profession, occupation, or business licensed or certified profession, occupation, or category of business:</li> </ul>	nge in administrative rule, a decisi cting the listed business, professio public:	on whether or not to a n, occupation, group, c	ward a contract, gr	ant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including agent, developers,		ng or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirement		10. Sale and distributi beverages	on of alcoholic	11. Practice of law
<ul> <li>12. Any business regulated by the Public</li> <li>Utilities Commission</li> <li>13. Horse of gambling</li> </ul>	r dag racing, or other legal forms	14. Education	15. Water R	esources
In Acticulture	iness Interest and prprise Tax Dividends Tax		pecify any other are I interest —	a in which you have a
have read RSA 15-A and hereby swear or affirm that the foregoing inforescon who knowingly fails to comply with the provisions of this chapte				A 15-A:9 Penalty. Any
Date 3-1-18.	Signatur	e of Reporting Individu	ıal	RECEIVED
Patium to Office of Correton of State 107 N	lanth Main Change Chara Univer Dans	204 Cannad 381 0	2201	APR 23 2019

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

NEW HAMPSHIRE DEPARTMENT OF STATE