## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type                                  | Type or Print Clearly  |   |  |  |  |   |  |   |   |
|---------------------------------------|--|---|--|--|--|---|--|---|---|
| Full Name                             | lame Madeline Dreusicke  |   |  | Work Address   | Retired                                      |   |  |   |   |
| Prima                                 | Primary Occupation Retired   | e-mail  | madelinela   | madelinelavfw@aol.com  |  | <   | Work Phone   | Cell 603 508-0843   | 843   |
| Name<br>direct                        | Name the office, position, board or commission, board of directors, etc. or employment with state or county  | N/A   |  |  |  |   |  |   |   |
| gover                                 | government held by you. NO ACRONYMS  |   |  |  |  |   |  |   |   |
| A. Lis<br>propri<br>calenc            | A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partne proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the precedin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)  | ion, business,<br>anal or adviso<br>eral retiremen                  | or other org<br>ory capacity,<br>t and/or disab              | anization in v<br>and from wh<br>ility benefits sl                       | which you o<br>iich any inc<br>hall be inclu | or a family men<br>come in excess<br>ded. (Use addit      | nber was an of<br>of \$10,000 wai<br>ional sheets as         | ficer, director, as<br>as derived durin<br>necessary.)                                    | ssociate, partne<br>g the precedin              |
|                                       | N/A  |   |  |  |  |   | o7   |   |   |
| 2.                                    | N/A  |   |  |  |  |   |  |   |   |
| If you                                | If you have no qualifying income indicate by writing your initials next to the following statement.  | nitials next to   | the following  | statement.   |  | My income does not qualify                                | es not qualify   | 3m  | Q   |
| B. Ind<br>report<br>discipl<br>financ | B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a 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 contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public: | pecial interest<br>in law, a char<br>ernment affec<br>the general   | in any of the<br>nge in admini<br>ting the listed<br>public: | following bus<br>strative rule, a<br>d business, pro                     | sinesses, pra<br>decision w<br>ofession, oc  | ofessions, occup<br>whether or not to<br>ccupation, group | pations, group:<br>b award a cont<br>b, or matter wo         | s, or matters. Ap<br>ract, grant a licer<br>ould potentially h                            | erson has a<br>1se or permit,<br>1ave a greater |
|                                       | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such   | ed or certified   | by the State   | of New Hamp  | oshire. List                                 | each such   |  |   |   |
|                                       | profession, occupation, or category of business:   | N/A   |  |  |  |   |  |   |   |
|                                       | 3. Insurance   | 4. Real Estate, including brokers, agent, developers, and landlords | ing brokers,<br>ind landlords                                | ☐ 5  | 5. Banking or services                       | r financial   | 6. Stat  | 6. State of New Hampshire, county, or municipal employment                                | hire, county, or                                |
|                                       | 7. N.H. Retirement 8. Current use land assessment program  |   | 9. Restaurants/<br>lodging                                   | nts/   | beve   | 10. Sale and distribution of alcoholic beverages          | ition of alcoho  |   | 11. Practice of                                 |
| <u> </u>                              | 12. Any business regulated by the Public Utilities Commission  | 13. Horse or of gambling  | dog racing, c  | <ol> <li>Horse or dog racing, or other legal forms f gambling</li> </ol> |  | 14. Education   | ☐ 15.V   | 15. Water Resources   |   |
|                                       | 16. Agriculture taxes: Business Profits Tax  |   | Business<br>Enterprise Tax                                   | <ul> <li>Interest and<br/>Dividends Tax</li> </ul>                       | nd<br>Tax                                    | 18. Optional:<br>spec                                     | nal: Specify any ot<br>special interest                      | <ol> <li>Optional: Specify any other area in which you have a special interest</li> </ol> | you have a                                      |
| l have<br>person                      | 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 belief. person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.  | egoing inforn<br>of this chapte                                     | mation is true<br>r or knowing!                              | and complet<br>y files a false s   | e to the bes                                 | st of my knowle<br>hall be guilty of                      | of my knowledge and belief.<br>all be guilty of a misdemeano | RSA 15-A:9 Penalty. Any   | enalty. Any                                     |
| Date                                  | January 12, 2021   |   |  | made   | line   | 2 2   | )seusiek   | Re  |   |
|                                       |  |   |  | Sic  | nature of F                                  | Signature of Reporting Individual                         | dual   |   |   |