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

Type or Print Clearly	<b>_</b>				
Full Name DAVID S. 1	Robbin	Work Address 10	Cherry WOOD	DR Nashva	NH0306
Primary Occupation Professions	( DRIVER e-m	nail *optional douber	366 in & Concert. Net	Work Phone 928 50	00 84 75
The office, position, appoint employment with state governmenyou. NO ACRONYMS	ment, or NEW H	AMPSHIRE O	DARDION ad hyt	EM BOORD, P	ubla MEMB
A. List below the name, address, and proprietor, or employee, or served in calendar year. Sources of retirement be	n any other professional or advi	sory capacity, and from w	hich any income in excess of	\$10,000 was derived duri	
1.		1-4-4-4			
2.					
If you have no qualifying income indi	cate by writing your initials next to	o the following statement.	My income does r	not qualify 5/	
B. Indicate below whether you or a fa reportable special interest in an item discipline a licensee or permittee, or c financial effect on you or a family mer	on this list if a change in law, a cha other decision by government affe	ange in administrative rule, ecting the listed business, p	a decision whether or not to a	ward a contract, grant a lic	ense or permit,
1. Any profession, occupation, or ca	ion, or business licensed or certifintegory of business:	ed by the State of New Har	npshire. List each such	,	
2. Health Care 3. Insuran	4. Real Estate, incluagent, developers	- 11	5. Banking or financial ervices	6. State of New Hamp	
7. N.H. RetirementSystem	8. Current use land assessment program	<ul><li>9. Restaurants/ lodging</li></ul>	10. Sale and distribution beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Utilities Commission	ne Public   13. Horse of gambling	or dog racing, or other lega	l forms 14. Education	15. Water Resource	es
17. N		siness Interest erprise Tax Dividen		ecify any other area in whi interest	ich you have a
I have read RSA 15-A and hereby swe					Penalty. Any
person who knowingly fails to comply	·	ter or knowingly tiles a false	e statement snall be guilty of a		ECEIVED
Date DECEMBER 20,	2016	- Jarl	Signature of Reporting Individu	al D	EC 2 3 2016

NEW HAMPSHIRE DEPARTMENT OF STATE