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

Type or Print Clearly						V
Full Name ROBERT M. BUXTON	Work Address	39 Freey	STREET,	HUBSON, NH	42021	
Primary Occupation FIRE CHIEF e-mail	*optional Tous	von @ Hasson	Work Work	Phone 603	850 - 037	<u>'/</u>
Name the office, position, board or commission, committee, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Fire STAL	DARO AND	TRAINING	Commissio		
A. List below the name, address, and type of any profession, business, or proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement a	capacity, and from	which any income	n excess of \$10,0	000 was derived du		
l						
2.			-			
f you have no qualifying income indicate by writing your initials next to the	e following statemen	t. My in	come does not qu	nalify 6	<u>B</u>	
B. Indicate below whether you or a family member has a special interest in reportable special interest in an item on this list if a change in law, a change discipline a licensee or permittee, or other decision by government affectin in ancial effect on you or a family member than it would on the general pu	e in administrative rul ig the listed business,	e, a decision whethe	r or not to award a	a contract, grant a lic	ense or permit	it,
Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	y the State of New Ha	mpshire. List each s るのaro	uch			
2. Health Care 3. Insurance 4. Real Estate, including agent, developers, and	- 11 .	5. Banking or finan services	cial	. State of New Ham nunicipal employme	pshire, county, nt	or
). Restaurants/ dging	10. Sale an beverages	d distribution of a	Icoholic	11. Practice o law	of
12. Any business regulated by the Public 13. Horse or do Utilities Commission of gambling	og racing, or other leg	al forms 14. E	ducation 📋	15. Water Resource	S	
17. N.H. Business Busines taxes: Profits Tax Enterpri		t and 18. C	optional: Specify a special intere	ny other area in whi st —	ch you have a	
nave read RSA 15-A and hereby swear or affirm that the foregoing informaters on who knowingly falls to comply with the provisions of this chapter or	tion is true and comp knowingly files a fals	lete to the best of m e statement shall be	vknowledge and l guilty of a misder	bellef. RSA 15-A:9 neanor.	Penalty. Any	
Date 10/17/ 2018	Fre	Total		RECEI	/ED ((2)
		Signature of Reporti	ng Individual	OCT 2 2 2	2018	

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

NEW HAMPSHIRE