

2016 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Sarah Louise Browning

Work Address None

Primary Occupation Retired

e-mail*optional lsbesquire@comcast.net

Work Phone None

The office, position, appointment, or employment with state government held by you. NO ACRONYMS

New Hampshire Human Rights Commissioner

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, partner, 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 preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

1. During 2016 I did not earn income in excess of \$10,000.00 as an officer, director, associate, partner, proprietor, or employee or any other professional or advisory
2. capacity. No family member meets the definition of RSA 15-A:2, III

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

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:

<input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. Use each such profession, occupation, or category of business:											
<input checked="" type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input checked="" type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords			<input checked="" type="checkbox"/> 5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment					
<input type="checkbox"/> 7. H.	<input checked="" type="checkbox"/> 8. Current use land	<input type="checkbox"/> 9. Restaurants/		<input type="checkbox"/> 10. Sale and distribution of alcoholic			<input type="checkbox"/> 11. Practice of				
<input checked="" type="checkbox"/> 12. Real business system regulated by the Public Utilities Commission		<input checked="" type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling			<input type="checkbox"/> 14. Beverages			<input checked="" type="checkbox"/> 15. Law			
<input checked="" type="checkbox"/> 16. Agriculture		<input type="checkbox"/> 17. N.H. taxes:		<input checked="" type="checkbox"/> Business Profits Tax	<input checked="" type="checkbox"/> Business Enterprise Tax	<input checked="" type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest ---				

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. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date September 26,
2016

Sarah L. Browning
Signature of Reporting Individual

RECEIVED

SEP 29 2016

NEW HAMPSHIRE
DEPARTMENT OF STATE

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