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

Type or Print Clearly	c- Puctar Work Ad	dress 77 Co1460	re/ 57	Noshere	. (25)
Full Name — CATA	Work Ad	uress / / C O / s	· ————————————————————————————————————		7
Primary Occupation Retire			Work Phone		
Name the office, position, board or commission, directors, etc. or employment with state or courby you. NO ACRONYMS	committee, board of Loca	al Advisage	Comme	made Hez	Riva
A. List below the name, address, and type of an proprietor, or employee, or served in any other calendar year. Sources of retirement benefits other	professional or advisory capacity, as	nd from which any income in excess o	f \$10,000 was der	ived during the	
1. None					
2.				<	
If you have no qualifying income indicate by writi	ng your initials next to the following s	statement. My income does	not qualify	M	
B. Indicate below whether you or a family member reportable special interest in an item on this list if discipline a licensee or permittee, or other decision financial effect on you or a family member than it	a change in law, a change in administ n by government affecting the listed would on the general public:	trative rule, a decision whether or not to business, profession, occupation, group,	award a contract, g	rant a license or	permit,
Any profession, occupation, or busin profession, occupation, or category of business.		or New Hampshire. List each such			
2. Health Care 3. Insurance	4. Real Estate, including brokers, agent, developers, and landlords	5. Banking or financial services	6. State of N municipal en	lew Hampshire, o	ounty, or
7. N.H. Retirement System 8. Current assessment		nts/ 10. Sale and distribut beverages	ion of alcoholic	11. Pra	ctice of
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or of gambling	other legal forms 14. Education	15. Water	Resources	
	Business Business Enterprise Tax	Interest and Dividends Tax 18. Optional: S specia	pecify any other ar al interest —	ea in which you	nave a
I have read RSA 15-A and hereby swear or affirm to person who knowingly falls to comply with the pr	pt the foregoing information is true a	and complete to the best of my knowled files a false statement shall be guilty of a	ge and belief. RS misdemeanor.	A 15-A:9 Penalt	y. Any
Date	NOV 1 5 2018	MA	lut	e	
/	NEW HAMPSHIRE	Signature of Reporting Individ	ual		

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