

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

Type or Print Clearly

Full Name Donna Raycraft Work Address 30 Abbott Rd, Concord NH 03303

Primary Occupation Certified Family Life Educator e-mail \*optional draycraft@comcast.net Work Phone 753-6671

Name of office, appointment, or employment with government Wellness and Primary Prevention Council

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.

1. Riverbend Community Mental Health Services, PO Box 2032 Concord NH 03302-2032
2. Merrimack High School, McElwain St, Merrimack NH
3.

**RECEIVED**

JUN 06 2007

**NEW HAMPSHIRE  
SECRETARY OF STATE**

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not exceed \$10,000

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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business

<input type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input checked="" type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale/distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law
<input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission		<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling		<input checked="" type="checkbox"/> 14. Education
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. taxes	<input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Business Enterprise Tax	<input type="checkbox"/> Interest and Dividends Tax
<input checked="" type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest <u>Advisory Board NH DCYF</u>				

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.

Donna Raycraft 06.04.07  
Signature of Reporting Individual Date