

Type or Print Clearly

Full Name Suzanne Smith Work Address 20 Brookside Ln, Hebron

Primary Occupation Homeopath, Nutritionist \*mail optional Work Phone 744-9064

Name of office, appointment, or employment with government Board Representative

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.

- Mid State Health Center, Boulder Pt. Dr, Plymouth, NH - spouse - medical doctor
- Suzanne Smith CCH, RStom (VA), 30 Brookside Ln Hebron NH 03241  
Holistic Health Counseling
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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. List each such profession, occupation, or category of business	<u>Medical Doctor - Spouse</u>	<u>Nutritionist + Homeopath - Self - not currently licensed or certified by state</u>
<input checked="" type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance
<input type="checkbox"/>	7. NH. Retirement System	<input type="checkbox"/>	8. Current use land assessment program
<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 type="checkbox"/>	16. Agriculture	<input type="checkbox"/>	17. NH. Taxes: Business Profits Tax
<input type="checkbox"/>		<input type="checkbox"/>	Business Enterprise Tax
<input type="checkbox"/>		<input type="checkbox"/>	Interest and Dividends Tax
<input type="checkbox"/>		<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest
<input type="checkbox"/>		<input type="checkbox"/>	14. Education
<input type="checkbox"/>		<input type="checkbox"/>	15. Water Resources
<input type="checkbox"/>		<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>		<input type="checkbox"/>	9. Restaurants/ lodging
<input type="checkbox"/>		<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords
<input type="checkbox"/>		<input type="checkbox"/>	5. Banking or financial services
<input type="checkbox"/>		<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>		<input type="checkbox"/>	11. Practice of law

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.

Suzanne Smith Signature of Reporting Individual Date \_\_\_\_\_