

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

Full Name Lucinda Cook Chagnon WORK ADDRESS 726 Riverway Place Bedford, NH

Primary Occupation Dental Assistant - ~~with~~ Chagnon.comcast.net WORK PHONE 603-725-9606

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you: Member - NH State Board of Education

A. List below the name, address, and type of any professional, business, or other organization in which you or a family member was an officer, director, academic, 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.)

- Jean P. Chagnon, DDS
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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.

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

<input checked="" type="checkbox"/> 2. Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developer, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employees
<input type="checkbox"/> 7. N.H. Retirement System	<input type="checkbox"/> 8. Commercial and government programs	<input type="checkbox"/> 9. Architecture/landscaping	<input type="checkbox"/> 10. Sale and 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 type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Other: <u>None</u>	
<input type="checkbox"/> 16. Agriculture	<input type="checkbox"/> 17. N.H. Forest	<input type="checkbox"/> Business Profits Tax	<input type="checkbox"/> Interest and Dividend Tax	<input type="checkbox"/> 16. Optional: Specify any other items in which you have a special interest.

I have read RSA 15-A and hereby declare or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:2 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 01-14-2020

Lucinda Cook Chagnon
Signature of Reporting Individual