2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name Nicole M. Clay	Work Address	33 Capitol Street, Concord	i, NĤ	
Primary Occupation Assistant Attorney General	e-mail nicole.m.clay@doj.nh.gov	Wor	k Phone 60	3-271-3671
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Assistant Attorney General	······································		
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than feder				
1. New Hampshire Department of Justice - Attorney G	ieneral's Office		·	
2.				
If you have no qualifying income indicate by writing your Init	ials next to the following statement.	My income does r	ot qualify	· · · · ·
reportable special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by govern financial effect on you or a family member than it would on t 1. Any profession, occupation, or business licensed profession, occupation, or category of business:	the general public:	ession, occupation, group, o	vard a contract, g r matter would p	grant a license or permit, potentially have a greater
agent, de	state, including brokers, 5. B evelopers, and landlords service	anking or financial	– 6. State of N municipal er	lew Hampshire, county, or
7. N.H. Retirement 8. Current use land System assessment program	9. Restaurants/ lodging	10. Sale and distributio beverages		11. Practice of
Otilities Commission of	Horse or dog racing, or other legal for gambling	ms 14. Education	15. Water	Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Enterprise Tax Dividends Ta		cify any other ar nterest	ea in which you have a
have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete t this chapter or knowingly files a false stat	o the best of my knowledge rement shall be guilty of a m	and belief. RS iisdemeanor.	A 15-A:9 Penalty. Any
Date 1/14/2021	Un Ma	4		RECEIVED
· · · · · · · · · ·	Signe	ure of Reporting Individua	I	JAN 1 5 2021
Return to: Office of Secretary of St	ate, 107 North Main Street, State House I	Room 204, Concord, NH 033	01	NEW HAMPSHIRE DEPARTMENT OF STATE

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