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

Type or Pr	in <u>t Clearly</u>											
Full Name	Amie L. Pa	riseau					Work Addre	ss 16	Centre Street, Concord	, NH 03301		
Primary Oc	cupation E	ducation	/ Workforce De	velopment	— e-mai	il apariseau	@nhlra.com		Wo	k Phone	603-228-9	9585
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS					Department of Corrections, Community Corrections Citizens Advisory Board .							
proprietor,	or employe	e, or ser	ved in any oth	er professioi	nal or advi:	sory capacity	y, and from v	hich an	you or a family member y income in excess of included. (Use addition	\$10,000 v	vas derived (during the preceding
i.							<u>-</u>				··	
2												
If you have	no qualifyin	g incom	e indicate by wr	iting your ini	itials next to	o the followi	ng statement.		My income does	not qualify		ar .
reportable discipline a	special inter licensee or	est in an permitte	item on this list	if a change i ion by gove	n law, a cha rnment affe	ange in admi ecting the list	nistrative rule	, a decis	es, professions, occupation whether or not to a on, occupation, group, o	ward a cor	ntract, grant a	a license or permit,
			cupation, or bus , or category of		d or certifi	ed by the Sta	ite of New Ha	noshire.	List each such	<u> </u>		
☐ 2. H	ealth Care	☐ 3. lr	nsurance			iding broker: , and landlore		5. Bank services	ing or financial		ate of New H cipal employ	ampshire, county, or ment
☐ 7. N Syst	I.H. Retirem em	ent	11 '	nt use land nt program	۲	– 9. Restau lodging	urants/	٢	Sale and distributi beverages	on of alcoh	nolic	11. Practice of law
	ny business es Commiss	_	d by the Public		13. Horse of gambling		g, or other leg	al forms	14. Education	T 15.	Water Resou	ırces
T 16.	Agriculture		17. N.H. taxes:	. Business Profits Tax		siness erprise Tax	Interes Divider		18. Optional: Specia	ecify any c l interest —	other area in	which you have a
I have read person who	IRSA 15-A ar o knowingly	d hereb fails to c	y swear or affirm omply with the	tha the provisions of	eom pini This chap	inpation is tr ter or knowir	rue and comp ngly files a fals	lete to th e staten	ne best of my knowledg nent shall be guilty of a	ge and beli misdemea	ef. RSA 15 nor.	-A:9 Penalty. Any
Date 01	1/07/2021				1 13 202 HAMPSHI	IRE -	am	Signatur	e of Reporting Individu	\mathcal{U})	

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