2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly				
Full Name Michael BARR	Work Addres	1, -19,	are, Conto	ord, N.4
Primary Occupation Physician, Surgeon, Retirod	arroutter@	gnaili con Wo	k Phone (603)	271-7618
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	can Mem	ber New Hampshire	Board of 1	Medicine
A. List below the name, address, and type of any profession, business, or of proprietor, or employee, or served in any other professional or advisory calendar year. Sources of retirement benefits other than federal retirement and	apacity, and from w	hich any income in excess of	\$10,000 was derived	during the preceding
1. Dartmonth Hitchcock Defined bene,	lit Plan.	Dow ton # ATT	EPA Les	non, at
2.		DEC 27		,
If you have no qualifying income indicate by writing your initials next to the fo	ollowing statement.	My income does		A P
B. Indicate below whether you or a family member has a special interest in a reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting financial effect on you or a family member than it would on the general pub 1. Any profession, occupation, or business licensed or certified by profession, occupation, or category of business:	n administrative rule the listed business, lic:	e, a decision whether or not to profession, occupation, group	award a contract, grant	a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including to agent, developers, and la		5. Banking or financial services	6. State of New H	lampshire, county, or ment
	Restaurants/ ging	10. Sale and distribut beverages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public 13. Horse or dog Utilities Commission of gambling	racing, or other lega	14. Education	15. Water Resor	urces
16. Agriculture 17. N.H. taxes: Business Enterprise	Inches were proceedings.		pecify any other area in I interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or knowingly fails to comply with the provisions.				-A:9 Penalty. Any
				ECEIVED
Date $12-23-2021$ Sig	nature of Filer	Mirbal Bar	2	JAN 21 2022
Return to: Office of Secretary of State, 107 North	Main Street, State Ho	ouse Room 204, Concord, NH 0		EW HAMPSHIRE ARTMENT OF STATE