

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

Type o	Print Clearly					<u> </u>
Full Na	me Julie McCarthy-Brown		Work Address	228 Shaker Rd.	North Sutton,	, ŅH 03260
Primary Occupation retired		e-mail	e-mail julie@themccarthyassoc.com Work Phone		Work Phone	603-927-4394
Name_t	he office, position, board or commission, board of	Board of D	Directors of Dismas H	ome of NH	- 46	
	rs, etc. or employment with state or county ment held by you. NO ACRONYMS	Board Mer	nber Community Cor	rections Advisory	Board	
proprie	below the name, address, and type of any professi tor, or employee, or served in any other profession or year. Sources of retirement benefits other than feder	nal or advisor	capacity, and from which	h any income in exce	ss of \$10,000 wa	is derived during the preceding
1.	Dismas Home of New Hampshire, 102	Foruth St.,	Manchester, NH 031	02		
2.	Community Corrections Advisory Board, State Prison, Concord NH					
lf you h	' ave no qualifying income Indicate by writing your in	itials next to th	e following statement.	My income	does not qualify	
discipl finance	ine a licensee or permittee, or other decision by gov ial effect on you or a family member than it would or 1. Any profession, occupation, or business licen profession, occupation, or category of business:	n the general p	public:		roup, or matter w	ould potentially have a greater
Ħ;		Estate, includir developers, an		Banking or financial rices		e of New Hampshire, county, or pal employment
2	7. N.H. Retirement 8. Current use land assessment program		9. Restaurants/ odging	10. Sale and dist beverages	ribution of alcoho	lic 11. Practice of law
	2. Any business regulated by the Public lities Commission	13. Horse or o of gambling	log racing, or other legal fo	14, Educat		Vater Resources
	16. Agriculture 17. N.H. Business taxes: Profits Tax	Busing Enterp	ess Interest ar prise Tax Dividends		al: Specify any ot pecial interest —	her area in which you have a
I have r person	ead RSA 15-A and hereby swear or affirm that the fo who knowingly fails to comply with the provisions	regoing inform of this chapter	ration is true and complete or knowingly files a false st	to the best of my knoratement shall be guilty	wledge and belief y of a misdemean	RSA 15-A:9 Penalty. Any or.
Date	1/19/2022	Ē	Signature of Filer	Juli #	MeG	Brown
	Potum to: Office of Secretary of	f State 107 No	th Main Street, State Hous	Room 204 Concord	NH 03301	()