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

lype or Print	Clearly				
Full Name	Gail D. McWilliam Jellie	Work Address	25 Capitol St., Co	oncord, NH	03301
Primary Occup	Division Director	e-mail gail.d.mcwilliam.jellie	@agr.nh.gov	Work Phone	603-271-3788
Name the offici	ce, position, board or commission, board of or employment_with_state_or county	Director, Division of Agricultura	I Development		
jovernment h		NH Dept. of Agriculture, Marke	s & Food		
proprietor, or	the name, address, and type of any profession employee, or served in any other profession Sources of retirement benefits other than federal	al or advisory capacity, and from which	h any income in excess	of \$10,000 w	as derived during the proceding
St.	Pierre, Inc. Charlestown, NH, Sand/g	gravel/stone supplier and contra	actor		
2.				- y	
you have no	qualifying income indicate by writing your initi	ials next to the following statement.	My income do	es not qualify	XX Som
discipline a lice	elow whether you or a family member has a spe ecial interest in an item on this list if a change in tensee or permittee, or other decision by gover at on you or a family member than it would on Any profession, occupation, or business license ession, occupation, or category of business:	n law, a change in administrative rule, a nment affecting the listed business, pro the general public:	decision whether or not fession, occupation, gro	to award a con-	tenet assut a Norman and a second
2. Healt	h Care 3. Insurance 4. Real Es agent, de	- · · · ·	Banking or financial	6. Stat	e of New Hampshire, county, or pal employment
System		9. Restaurants/	10. Sale and distrib		
		Horse or dog racing, or other legal fo gambling	rms 14. Education	15. W	/ater Resources
16. Agrid	culture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends T		Specify any oth	ner area in which you have a
nave read RSA erson who kn	15-A and hereby swear or affirm that the foregoingly fails to comply with the provisions of t	going information is true and complete this chapter or knowingly files a false sta	to the best of my knowle	edge and belief. f a misdemeand	or
Date	12/22/21	Signature of Filer	Sail D. M	Willin	Aclli RECEIVED JAN 0 4 2022
	Return to: Office of Secretary of St	tate, 107 North Main Street, State House	Room 204, Concord, NF	03301	NEW HAMPSHIRE DEPARTMENT OF ST