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

Type or Print Clearly			<u> </u>	<u> </u>
Full Name Jennifer Lynne Foley	ngasammangananna ingabbaramma Allahaha bender da 19 kga 143 kmg	Work Address NH DO	J 33 Capitol Street Concord N	H 03301
Primary Occupation attorney	e-mail jen	nifer.l.foley@doj.nh.gov	Work Phone	603 271 7987
Name the office, position, board or commiss directors, etc. or employment with state government held by you. NO ACRO	or county	y General, NH Department of Ju	stice, Office of Attorney Gener	al !
A. List below the name, address, and type of proprietor, or employee, or served in any of calendar year. Sources of retirement benefits	ther professional or advisory c	apacity, and from which any in-	come in excess of \$10,000 w	ras derived during the preceding
Husband Carl Foley is an mployee (project manager) at Fieldstone L	and Consultants, 206 Elm Street	Milford NH 03055	
2.	- Annual	The second spice and the secon		er eg an engels en en engelse en en en engelse en
If you have no qualifying income indicate by	writing your initials next to the f	ollowing statement.	My income does not qualify	
discipline a licensee or permittee, or other definancial effect on you or a family member th 1. Any profession, occupation, or profession, occupation, or category 2. Health Care 3. Insurance	an it would on the general publicularity business licensed or certified by of business: 4. Real Estate, including	the State of New Hampshire. List brokers, 5. Banking	t each such or financial	ate of New Hampshire, county, or
7 NH Retirement 8 Cu	agent, developers, and larrent use land9.	The state of the s	Sale and distribution of alcoh	cipal employment
		. 90 to 2 A (1966) to 170 for a 1967 to 1960 to 1967 t	erages	law
12. Any business regulated by the Publ Utilities Commission	ic — 13. Horse or dog of gambling	g racing, or other legal forms	14. Education 15.	Water Resources
16. Agriculture 17. N.H. taxes:	Business Business Profits Tax		18. Optional: Specify any c special interest	ther area in which you have a
I have read RSA 15-A and hereby swear or aff person who knowingly fails to comply with t				
Date 1.20.2021	The state of the s	Juny	tole _	RECEIVE
11.20.2021	non-service was worten		Reporting Individual	JAN 2.6 2021
Return to: Office	of Secretary of State, 107 North	Main Street, State House Room 2	204, Concord, NH 03301	NEW HAMPSHIR