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

Type or Print Clearly		
Full Name Beverly JC Boden	Work Address 7 Orchard St. Keene	2, NH03431
Primary Occupation Child Protective Serve Worker e-mail Bens	erly, Bodenedhhs.nh.gov Work Phone 60	3-674-0873
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	dire Service Worker, NH Division for Child	Ison, Youthofamile
A. List below the name, address, and type of any profession, business, or other proprietor, or employee, or served in any other professional or advisory capacicalendar year. Sources of retirement benefits other than federal retirement and/or di	ity, and from which any income in excess of \$10,000 was derive	ed during the preceding
1.		
2.		
If you have no qualifying income indicate by writing your initials next to the follow	ving statement. My income does not qualify	BJCB
B. Indicate below whether you or a family member has a special interest in any of reportable special interest in an item on this list if a change in law, a change in admidiscipline a licensee or permittee, or other decision by government affecting the lift financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State profession, occupation, or category of business:	ninistrative rule, a decision whether or not to award a contract, gra isted business, profession, occupation, group, or matter would pot	int a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broke agent, developers, and landlo		w Hampshire, county, or Ployment
7. N.H. Retirement 8. Current use land 9. Resta	aurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of faw
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racin of gambling	ng, or other legal forms 14. Education 15. Water Re	esources
16. Agriculture 17. N.H. Business Enterprise Tax	Interest and Dividends Tax 18. Optional: Specify any other area special interest—	a in which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoing information is person who knowingly fails to comply with the provisions of this chapter or know	true and complete to the best of my knowledge and belief. RSA ringly files a false statement shall be guilty of a misdemeanor.	15-A:9 Penalty. Any
Date 1/7/2021	Benefy TC Soden - Signifure of Reporting Individual	KECEIVEL

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

JAN 1 1 2021