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

Type or Print Clearly		
Full Name Michele Melanson - Schmitt	Work Address IIM North Road, Brantwood	Н
rimary Occupation BNS.	e-mail mmelanson schmitt a co. rocking ham whous Work Phone	603-679-9391
ame the office, position, board or commission, board of irectors, etc. or employment with state or county overnment held by you. NO ACRONYMS		
roprietor, or employee, or served in any other profession	on, business, or other organization in which you or a family member was an officer and or advisory capacity, and from which any income in excess of \$10,000 was detail retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	rived during the preceding
Rochingham County Rehab & Nuis	sing Center, 117 North Rd Brentwood NH, Director	I husing derivers
f you have no qualifying income indicate by writing your in	itials next to the following statement. My income does not qualify	
reportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would or 1. Any profession, occupation, or business licenses	sed or certified by the State of New Hampshire. List each such	, grant a license or permit,
profession, occupation, or category of business:	Estate, including brokers, 5. Banking or financial 6. State of	New Hampshire, county, or
1 3 Hankle Caro II IZ INCHTANCO II I		employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/ 10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public	13. Horse or dog racing, or other legal forms 14. Education 15. Water	r Resources
16. Agriculture 17. N.H. Business Profits Tax	Business Interest and Interest and Specify any other special interest Specify and Specify Specify any other special interest Specify Sp	area in which you have a
have read RSA 15-A and hereby swear or affirm that the fo person who knowingly fails to comply with the provisions of	regoing information is true and complete to the best of my knowledge and belief. If of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 4 14 40 2 2	Signature of Filer	RECEIVED
06		APR 1 9 2022
	f State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE