

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

Type or Print Clearly

Full Name Marcia A Golembeski Work Address n/a

Primary Occupation Retired e-mail mbeski9@gmail.com Work Phone n/a

N.H. Dept of Ed - Voc Rehab

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
Statewide Independent Living Council - voting member
SILL - former Chair

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

- Marcia A. Golembeski 7 Crown Point Drive #11 Dover, N.H. Retirement Benefits
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If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

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|---|---|--|---|---|--|
| <input checked="" type="checkbox"/> 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <u>N.H. Dept of Education - Division of Vocational Rehabilitation</u> | | | | | |
| <input checked="" type="checkbox"/> 2. Health Care | <input type="checkbox"/> 3. Insurance | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> 5. Banking or financial services | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment | |
| <input checked="" type="checkbox"/> 7. N.H. Retirement System | <input type="checkbox"/> 8. Current use land assessment program | <input type="checkbox"/> 9. Restaurants/ lodging | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages | <input type="checkbox"/> 11. Practice of law | |
| <input type="checkbox"/> 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling | | <input checked="" type="checkbox"/> 14. Education | <input type="checkbox"/> 15. Water Resources | |
| <input type="checkbox"/> 16. Agriculture | 17. N.H. Business taxes: <input type="checkbox"/> Profits Tax <input type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest — | | | |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. RSA 15-A:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date January 12, 2021

M. Golembeski
Signature of Reporting Individual

RECEIVED

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