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

Type or Pri	nt Clearly			60 000 200		2 200	_	-			_ 1		
Full Name	Joan	Marcoux					Work Address	s <u>9</u>	7 Pleasant St,	Concord, Nh	1 !		Salah Balan Ayada B
Primary Occ	cupation	Hearing,S	peech,&	Vision Sp	e-m	ail joan.m	arcoux@dhl	hs.πh	ı.gov	Work Phone	603	-271-	-9097
	etc. or e	ition, board o mployment you.		or county		memeber	-Architectura	al Bai	rriers Free Des	ign Committe	90		
proprietor,	or emplo	yee, or serve	d in any o	ther profess	ional or adv	isory capacit	y, and from wh	hich a	you or a family m ny income in exce e included. (Use ad	ss of \$10,000 w	as deriv	red du	, associate, partne tring the precedin
1.											S		
2.									* **		Ů.		200 80 100 100
If you have	no qualify	ing income i	ndicate by	writing your	initials next	to the follow	ing statement.		My income	does not qualify	(To	
reportable discipline a	special in licensee	iterest in an it	tem on this , or other de	list if a chan ecision by go	ge in law, a c overnment a	hange in adr ffecting the li	ninistrative rule	, a dec	ses, professions, or ilsion whether or n sion, occupation, g	ot to award a co	ntract, g	rant a	license or permit,
		ofession, occu occupation, o				ified hy the S	tate of New Har	mpshir	re. List each such		•		
2. He	alth Care	3. Insu	irance		200 A 100 PM	luding broke s, and landlo		5. Banl ervices	king or financial		te of Ne ipal emp		npshire, county, or ent
√ 7. N. Syste	H. Retire m	ment		rrent use lan nent progra		9. Resta lodging	urants/		10, Sale and distr beverages	ibution of alcoh	olic:		11. Practice of law
	y busines Commi	s regulated b ssion	y the Public		13. Horse of gamblin		g, or other legal	l forms	14. Educati	on 15.	Water Re	esourc	tes
16. A	griculture	S 1888	7. N.H. ixes:	Busines Profits T		usiness terprise Tax	Interest Dividend		18. Option	al: Specify any o pecial interest	ther are	a in wh	nich you have a
									the best of my know ment shall be guilty			\ 15-A:	:9 Penalty. Any
Date	and the same of th	105/	22			Signatur	e of Filer	P	an Ma	nem	p		

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



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Type or Prin	nt Clearly						
Full Name	Joan Marcoux		Work Addre	ss 97 I	Pleasant St, Co	ncord, NH	<u> </u>
Primary Occ	Hearing, Speech, & Vision Speech	e-mail joa	n.marcoux@dh	ıhs.nh.g	ov We	ork Phone	603-271-9097
directors, e	ffice, position, board or commission, board of tc. or employment with state or county theld by you. NO ACRONYMS	Governor's co	ommission on C	Disability	- ex officio		
proprietor,	w the name, address, and type of any profess or employee, or served in any other professi ar. Sources of retirement benefits other than fed	onal or advisory ca	pacity, and from v	which any	income in excess of	of \$10,000 was	s derived during the preceding
1.							
2.						-	0
If you have r	no qualifying income indicate by writing your i	nitials next to the fo	llowing statement		My income doe	s not qualify	m
reportable discipline a financial eff	below whether you or a family member has a special interest in an Item on this list if a chang licensee or permittee, or other decision by go fect on you or a family member than it would on. Any profession, occupation, or business licer	e in law, a change in vernment affecting on the general publ	n administrative rul the listed business, ic:	e, a decisio profession	on whether or not to n, occupation, group	award a cont	ract, grant a license or permit,
	ofession, occupation, or category of business:	Estate, including b	rokers 🗔	5 Rankin	g or financial	G 6 State	e of New Hampshire, county, or
2. He	aith Care B. Insurance agent	, developers, and la		services		L municip	oal employment
✓ Syste		n Llodg	- 5	U b€	0. Sale and distribu everages	tion of alcohol	ic 11. Practice of law
	y business regulated by the Public Commission	13. Horse or dog of gambling	racing, or other leg	al forms	14. Education	.15, W	ater Resources
16. A	griculture 17. N.H. Business taxes: Profits Ta	7.00 E(1985) 10 March	Tax Interes		18. Optional: S speci	pecify any oth al interest	ner area in which you have a
	RSA 15-A and hereby swear or affirm that the fo knowingly falls to comply with the provisions						
Date	1/05/2022	Sigr	nature of Filer	pe	s mai	conf	2

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