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

ype or Print Clearly						
Full Name Margaret B. Hurd		Work Address	370 Harvey Road Man	chester, NH 03	103	
Primary Occupation Retired Teacher	e-mail hurd@me	etrocast.net		Work Phone	603-836-5031	
Name the office, position, board or commission, bo lirectors, etc. or employment with state or c	ard of SchoolCare Health Ber	nefit Plans Board of	Directors	<u>_</u>		
overnment held by you. NO ACRONYMS		Milton School District Board Member				
a. List below the name, address, and type of any peroprietor, or employee, or served in any other peroprietor. Sources of retirement benefits other the many of the period of the perio	iolessional or advisory canacii	IV. and from which	1 20V income in evence	- AF \$ 10 000	والمراج والمراج والمراج والمراج المراج والمراجع والمراجع والمراجع والمراجع	
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you have no qualifying income indicate by writing	your initials next to the following	ing statement.	My income do	es not qualify	NB4	
eportable special interest in an item on this list if a cliscipline a licensee or permittee, or other decision be nancial effect on you or a family member than it we have a compared to the profession, occupation, or business profession, occupation, or category of business.	build on the general public: s licensed or certified by the Str	ate of New Hampsh	ssion, occupation, grou	p, or matter w	ould potentially have a greater	
5 2: Health care 1 3: Instrance 1 1	4. Real Estate, Including broker agent, developers, and landlor		anking or financial	6. Sta	te of New Hampshire, county, o	
7. N.H. Retirement 8. Current us assessment pr	11 1	urants/	10. Sale and distrib beverages			
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing of gambling	g, or other legal for	ms 14. Education	15.\	Water Resources	
16. Agriculture 17. N.H. Bu taxes: Pro	siness Business fits Tax Enterprise Tax	Interest and Dividends Ta	x 18. Optional:	Specify any or clal interest —	ther area in which you have a	
nave read RSA 15-A and hereby swear or affirm that erson who knowingly fails to comply with the provi	the foregoing information is to sions of this chapter or knowing	rue and complete t ngly files a false star	o the best of my knowle ement shall be guilty o	edge and belie f a misdemean	f. RSA 15-A:9 Penalty. Any or.	
Pate 12/29/2020	<u> </u>	36 or	and B.	Hour	Q	
I		Signa	ture of Reporting Indiv	idual	MECEIA	

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

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