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

Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	Pate 1/13/2021 Member 4M Publication Cy Signature of Reporting Individual	or affirm that the foregoing information is true and comp with the provisions of this chapter or knowingly files a fals	1 4	ulated by the Public 13. Horse or dog racing, or other legal forms of gambling	7. N.H. Retirement	4. Real Estate, including brokers,	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	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:	If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	2.	1. Functional Chiropractic Cave of New England, LLC	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.)	directors, etc. or employment with state or county government held by you. NO ACRONYMS	offic	Primary Occupation Chirapractor e-mail Pickowiczdenise@gmail.com/WorkPhone [603-227-6138	Full Name Devise Marie Pickowicz Work Address 22 Bridge St. Box 13, Concard NUH 03301	
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