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

Type or Print Clearly			
Full Name SHERYL SHIRLEY	Work Address	Retire	ed
Primary Occupation retired	e-mail \$13603@ outle	ook.com	Work Phone —
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		lampshire (Commission for Human Rights
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other professional calendar year. Sources of retirement benefits other than fed	onal or advisory capacity, and from which a	ny income in exce	ss of \$10,000 was derived during the preceding
1. PLYMOUTH STATE UN	VIVERSITY, PLYMOUTH	, NH 03	264
2.			
If you have no qualifying income indicate by writing your i	initials next to the following statement.	My income o	does not qualify
B. Indicate below whether you or a family member has a special interest in an item on this list if a change discipline a licensee or permittee, or other decision by government of the first interest in an item on this list if a change discipline a licensee or permittee, or other decision by governmental effect on you or a family member than it would one of the first interest in a second of the first interest in an item on the first interest in an item on this list if a change discipline as a special profession, occupation, or other decision by governmental interest in an item on this list if a change discipline as a second of the first interest in an item on this list if a change discipline a license or permittee, or other decision by governmental interest in an item on this list if a change discipline a license or permittee, or other decision by governmental interest interest in an item on the first interest in a second of the first interest in a second of the first interest	e in law, a change in administrative rule, a decivernment affecting the listed business, profess n the general public:	sion whether or no lon, occupation, gro	t to award a contract, grant a license or permit,
I Health Lare II I I Insulance II I	I Estate, including brokers, t, developers, and landlords 5. Ban	king or financial	6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement System 8. Current use land assessment program		10. Sale and distr beverages	ibution of alcoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission	Horse or dog racing, or other legal form of gambling	14. Educati	on [15. Water Resources
16. Agriculture 17. N.H. Business taxes: Profits Ta			al: Specify any other area in which you have a pecial interest —
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions			of a misdemeanor. RECEIVED
Date au 23, 2021	Signatu	ure of Reporting Inc	NEW HAMPSHIRE
Return to: Office of Secretary of	of State, 107 North Main Street, State House Ro	om 204, Concord, I	NH 03301 EPARTMENT OF STATE