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

Type or Print Clearly			
Full Name Frank H. Lemay	Work Address	1 Horseshoe Pond Lane Suite	1, Concord, NH 03301
Primary Occupation President Construction Co.	e-mail frankl@milestonenh.c	om Work Phone	603-226-3877
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. <i>Sources of retirement benefits other than federe</i>	al or advisory capacity, and from which	any income in excess of \$10,000 was	s derived during the preceding
1.		· · · · · · · · · · · · · · · · · · ·	
2.			
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	FL
 B. Indicate below whether you or a family member has a special interest in an item on this list if a change in discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on a family member than it would on a family member than it would on a family profession, occupation, or business license profession, occupation, or category of business: 	n law, a change in administrative rule, a d nment affecting the listed business, profe the general public:	ecision whether or not to award a cont ission, occupation, group, or matter we nire. List each such	ract, grant a license or permit,
	tate, including brokers, 5. Ba evelopers, and landlords servic		e of New Hampshire, county, or bal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoho beverages	lic 11. Practice of Iaw
	3. Horse or dog racing, or other legal for gambling	ns 14. Education 15. W	later Resources
16. Agriculture 17. N.H. taxes: Business	Business Interest and Enterprise Tax Dividends Ta	x 18. Optional: Specify any oth special interest	ner area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	going information is true and complete to this chapter or knowingly files a false stat	o the best of my knowledge and belief. ement shall be guilty of a misdemean	RSA 15-A:9 Penalty. Any
Date 10-13-2022	Signature of Filer	Kuff	0CT 17 2022
Return to: Office of Secretary	tate, 107 North Main Street, State House I	Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STAT