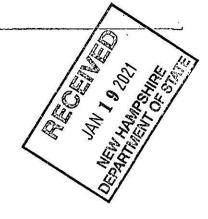


## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Туре   | or Print Clearly                                      | ,  |  |   |   |  |  |   |   |                    |   |
|--|---|--|--|---|---|--|--|---|---|--------------------|---|
| Full N   | ill Name Lisa Morin                                   |  |  | Work Address                                      |   |  | BCCD, 64 Court Street, Laconia, NH 03246 |   |   |                    |   |
| Prima  | ry Occupation   | Conserva                                   | tion Program (                                       | Coordinator                                       | e-mail  | lisa.morin@nh.na   | cdnet.net                                |   | Work Phone                                | 6035275            | 880   |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS |   |  |  |   | Belknap County Conservation District, Program Coordinator; Laconia Conservation Commission, Member;       |  |  |   |   |                    |   |
|  |   |  |  |   | NH Association of Conservation Commissions, Board Member; Belknap Range Conservation Coalition, Board Meg |  |  |   |   |                    |   |
| propr  | ietor, or emplo                                       | yee, or ser                                | ved in any ot  | her profession                                    | onal or adviso  | bry capacity, and  | from which                               | ich you or a family m<br>h any income in exce<br>il be included. ( Use ad | ss of \$10,000 v                          | vas derived        | ctor, associate, partner,<br>during the preceding<br>.) |
|  |   |  |  |   |   |  |  |   |   |                    |   |
| 2.   |   |  |  |   |   |  |  |   |   |                    |   |
| If you have no qualifying income indicate by writing your initials next to the following statement.  My income does not qualify                  |   |  |  |   |   |  |  | LMM   |   |                    |   |
| discip   | line a licensee of<br>ial effect on you<br>1. Any pro | or permitte<br>u or a famil<br>fession, oc | e, or other dec<br>y member tha<br>cupation, or b    | islon by gove<br>n it would or<br>usiness licens  | ernment affect<br>the general<br>sed or certified   | ting the listed bus<br>public:<br>I by the State of N  | iness, prof                              | lecision whether or no<br>ession, occupation, gro<br>hire, List each such | oup, or matter w                          | ould poten         | tially have a greater                                   |
| profession, occupation, or category of business: County Conservation District Program Coordinator. Not a county employee but paid via county     |   |  |  |   |   |  |  | 3.50  |   |                    |   |
| Γ  |   |  | Estate, including brokers, developers, and landlords |   |   |  |  |   | f New Hampshire, county, or<br>employment |                    |   |
| ×  | 7. N.H. Retire<br>System                              | ment                                       |  | rent use land<br>ent program                      |   | 9. Restaurants/<br>lodging   |  | 10. Sale and distribeverages  | ibution of alcoh                          | olic               | 11. Practice of law                                     |
| 12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources    |   |  |  |   |   |  |  |   |   |                    |   |
| г  | 16. Agriculture                                       | 1  | 17. N.H.<br>taxes:                                   | <ul> <li>Business</li> <li>Profits Tax</li> </ul> | x F Busin   | Control of the contro | nterest an<br>Dividends T                |   | al: Specify any o<br>pecial Interest      | ther area in       | which you have a  |
| l have<br>persor   | read RSA 15-A an who knowing                          | and hereby<br>ly fails to co               | swear or affir<br>omply with the                     | m that the fo                                     | regoing inform<br>of this chapte  | mation is true and<br>r or knowingly file  | complete                                 | to the best of my know<br>stement shall be guilty                         | wledge and beli<br>of a misdemea          | ef. RSA 15<br>nor. | i-A:9 Penalty. Any                                      |
| Date   | 12/28/2020  |  |  |   |   | Du   | Sign                                     | Moru-   | lividual                                  |                    |   |

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



## Lisa Morin 2021 NH Statement of Financial Interests – RSA 15-A

Full listing of Boards and/or Commissions Lisa Morin participates in:

- Belknap County Conservation District, Program Coordinator; paid position
- Laconia Conservation Commission, Member; non-paid volunteer
- NH Association of Conservation Commissions, Member Board of Directors; non-paid volunteer
- Belknap Range Conservation Coalition, Member Board of Directors; non-paid volunteer
- Winnisquam Watershed Network, Member Board of Directors; non-paid volunteer
- Lezama Family Happy Tails Dog Park, Member Board of Directors; non-paid volunteer

Jum Moni 12/28/2020