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

Type or Print Clearly	
Full Name Eller Marie Legg	Work Address 7 Eagle Square, 2nd Flr. Concord, NH.
Primary Occupation Dental Hygienist	e-mail 109900 8488 @ gmail.com Work Phone 603-271-2576
Name the office, position, board or commission, board of directors, etc. or employment with state or county	New Humpshire Board of Pentel Examiners
government held by you. NO ACRONYMS	Office of Professional Licensure

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.)

1. 1/ore 2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

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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:

1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:										
2. Health Care	[_] 3. In	surance			cluding brokers, rs, and landlords		5. Banki services	ing or financial	6. State of Ne municipal em	w Hampshire, county, or ployment
7. N.H. Retirem System	ent		ment pro		9. Restaurant lodging	ts/		10. Sale and distributi beverages	ion of alcoholic	11. Practice of law
12. Any business i Utilities Commissi	-	by the Publ	ic	13. Hors of gambli	e or dog racing, or ng	other leg	jal forms	14. Education	📋 15. Water R	esources
16. Agriculture		17. N.H. taxes:			Business nterprise Tax	Interes Divider		18. Optional: Specia	pecify any other are il interest	a in which you have a

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date	Man M Kenn	RECEIVED
Duic	Signature of Reporting Individual	JAN 15 2021
	Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE