

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

Type or Print Clearly

Full Name **Michelle McConaghy**

Work Address

**56 Old Suncook Road, Suite 6, Concord, NH 03301**

Primary Occupation **Executive Director**

e-mail **michelle@ndhhs.org**

Work Phone

**603**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  
**Northeast Deaf and Hard of Hearing Services, INC**  
 NO ACRONYMS

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. \_\_\_\_\_
2. \_\_\_\_\_

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

My income does not qualify **MMM**

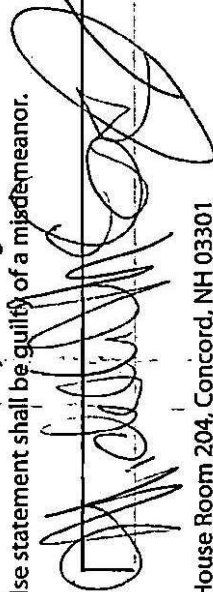
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to 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:

- |                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: |   |
| <input type="checkbox"/> | 2. Health Care  | <input type="checkbox"/> 3. Insurance   |
| <input type="checkbox"/> | 7. N.H. Retirement System   | <input type="checkbox"/> 8. Current-use land assessment program   |
| <input type="checkbox"/> | 12. Any business regulated by the Public Utilities Commission   | <input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling  |
| <input type="checkbox"/> | 16. Agriculture   | <input type="checkbox"/> 17. N.H. taxes: Business Profits Tax <input type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax |
| <input type="checkbox"/> |   | <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords  |
| <input type="checkbox"/> |   | <input type="checkbox"/> 5. Banking or financial services   |
| <input type="checkbox"/> |   | <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment   |
| <input type="checkbox"/> |   | <input type="checkbox"/> 9. Restaurants/lodging   |
| <input type="checkbox"/> |   | <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages   |
| <input type="checkbox"/> |   | <input type="checkbox"/> 11. Practice of law  |
| <input type="checkbox"/> |   | <input type="checkbox"/> 14. Education  |
| <input type="checkbox"/> |   | <input type="checkbox"/> 15. Water Resources  |
| <input type="checkbox"/> |   | <input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest --   |

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 **12/23/2021**

Signature of Filer



**RECEIVED**

**JAN 24 2022**

**NEW HAMPSHIRE  
DEPARTMENT OF STATE**

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