

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

Type or Print Clearly

Full Name **Deborah J Warner**

Work Address

135 Rock Strain Drive, Littleton, NH 03561

Primary Occupation **Clinical Psychologist**

e-mail

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Work Phone

603-444-1512

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.
NO ACRONYMS

Board of Psychologists

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. **Bright Day Psychology PLLC, same address, psychology practice**

2. **Husband retired from NH Dept Employment Security, April of 2021. Son works as teller at Woodsville Guaranty Bank.**

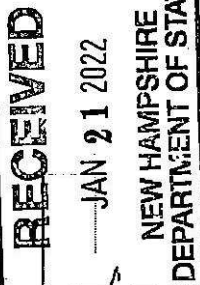
If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

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 checked="" 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:	Psychology
<input checked="" type="checkbox"/>	2. Health Care	<input type="checkbox"/> 3. Insurance
<input checked="" type="checkbox"/>	7. N.H. Retirement System	<input checked="" type="checkbox"/> 8. Current use land assessment program by the Public
<input type="checkbox"/>	12. Any business regulated by the Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling
<input checked="" type="checkbox"/>	16. Agriculture taxes:	<input checked="" type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax
<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 ---
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 5. Banking or financial services
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment

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.



Deborah J Warner

Date **December 21, 2021**

Signature of Filer

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