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

Signature of Filer   Word Hand	Date 347
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. <b>RSA 15-A:9 Penalty.</b> 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.	I have read RSA 15-A and hereby swear or affirm person who knowingly fails to comply with the I
Business Business Business Interest and Profits Tax Enterprise Tax Dividends Tax Interest and Profits Tax Special interest—	16. Agriculture taxes:
13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	Utilities Commission
10. Sale and distribution of beverages	7. N.H. Retirement 8. Curre assessme
4. Real Estate, including brokers,  5. Banking or financial  agent, developers, and landlords  5. Banking or financial  municipal employment	2. Health Care 3. Insurance
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such	Any profession, occupation, or business lice profession, occupation, or category of business:
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 maller would potentially have a greater financial effect on you or a family member than it would on the general public:	B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public.
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify $\mathcal{M}$	If you have no qualifying income indicate by wi
	2.
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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.)	A. List below the name, address, and type of proprietor, or employee, or served in any oth calendar year. Sources of retirement benefits ot
10	Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS
e-mail NMemille Win	Primary Occupation   TOWN Cleric
Work Address 3 North Lowell Rd, Windham NH	Full Name N1001E Merrill
	. The continue recently

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