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NEW HAWPSHIRE DEPARTMENT OF STATE

2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Cl Full Name	LEARLY	ARA K.	QUIRD	5A	_ Work Add	ress: 145	Hollis St.	Manches	ster, NH 03101 003)661-2090	
Primary Occupati				<u>atives</u> E-mai	1 Iguir	oga@ar	noskeaghealth	Work Phone	<u>003)661-209</u> 0	
Name the office, directors, etc. or e by you. NO ACR	employment v	for Ch d or commission, with state or coun	committee, boa	eld Council	for 1	niving	Children	ī		
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. Ah	1. Amoskeag Health, 145 Hollist St., Monchester, NH 03101, federally qualified health center									
2							<u> </u>			
If you have no qu	alifying incor	ne indicate by wi	iting your initia	ls next to the following	statement.		My incon	ne 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 any 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:										
/ Ottoballoss, of ottoballoss										
2. Health	Care	3. Insurance		state, including brokers, evelopers, and landlords		5. Banking of services	or financial	6. State of Ne municipal em	ew Hampshire, county, or aployment	
7. N.H. R System	Retirement	1	rrent use land nent program	9. Resta	urants/		. Sale and distribution verages	of alcoholic	11. Practice of law	
	siness regulate ommission	d by the Public		13. Horse or dog racing, ambling	or other legal fo	orms of	14. Education	15. Water R	Resources	
16. Agric	culture	17. N.H. taxes:	Business Profits Tax	Business Enterprise Tax	Interes Dividen			ecify any other area i interest	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 5	18/202	0			-Ga	rak, L Signatui	Curvy re of Reporting Indiv	vidual		

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