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

Type or Print Clearly			
Full Name MUHENAD SAMAAN	Work Address 182	ROCKINGHAM RD LONDONI	DERRY NH 03053
Primary Occupation DENTIST	e-mail SAMAAN1976@YAHOO.COM	Work Phone	603-437-8204
Name the office, position, board or commission, board or directors, etc. or employment with state or county government held by you.  NO ACRONYMS	f y MEMBER OF THE BOARD OF DENTAL EX	AMINERS	
A. List below the name, address, and type of any profess proprietor, or employee, or served in any other profess calendar year. Sources of retirement benefits other than fe	sion, business, or other organization in which you sional or advisory capacity, and from which any i deral retirement and/or disability benefits shall be inc	a or a family member was an of ncome in excess of \$10,000 wa cluded. (Use additional sheets as	ficer, director, associate, partne as derived during the precedin necessary.)
MILES OF SMILES PLLC 182 ROCKINGHAI	M RD LONDONDERRY NH 03053		
2. MANCHESTER DENTAL PLLC 36 BAY ST N	MANCHESTER NH 03104		
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 sreportable special interest in an item on this list if a chang discipline a licensee or permittee, or other decision by gor financial effect on you or a family member than it would on the following of the following special sp	ternment offerting the list of the	occupation, group, or matter wo	, or matters. A person has a ract, grant a license or permit, uld potentially have a greater
the state of the s			e of New Hampshire, county, or
7. N.H. Retirement 8. Current use land	, developers, and landlords services	municip	pal employment
System assessment program  12. Any business regulated by the Public	n lodging bev	Sale and distribution of alcohol reages	ic 11. Practice of law
Utilities Commission	13. Horse or dog racing, or other legal forms of gambling	14. Education	ater Resources
taxes: Profits Ta	x Enterprise Tax Dividends Tax	18. Optional: Specify any oth special interest	
I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions	varain i f	est of my knowledge and belief. shall be guilty of a misdemeano	RSA 15-A:9 Penalty. Any
Date 01/15/2021	Signature of Filer MUHENAL	D SAMAAN, DMD	

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