

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

Type or Print Clearly

Full Name **Julianne Carbin**

Work Address

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Primary Occupation **Director, BMHS**

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Work Phone

603-271-8378

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

Director, Bureau of Mental Health Services; member Governor's Advisory Commission on Criminal Justice & Mental Illness; Suicide Prevention Council

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. **NH Dept. of Health and Human Services, 129 Pleasant Street, Concord, NH 03301**

2.

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 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"/> |
| <input type="checkbox"/> | 3. Insurance | <input type="checkbox"/> |
| <input type="checkbox"/> | 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | 5. Banking or financial services | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | 6. State of New Hampshire, county, or municipal employment | <input type="checkbox"/> |
| <input type="checkbox"/> | 7. N.H. Retirement System | <input type="checkbox"/> |
| <input type="checkbox"/> | 8. Current use land assessment program | <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"/> | 12. Any business regulated by the Public Utilities Commission | <input type="checkbox"/> |
| <input type="checkbox"/> | 13. Horse or dog racing, or other legal forms of gambling | <input type="checkbox"/> |
| <input type="checkbox"/> | 14. Education | <input type="checkbox"/> |
| <input type="checkbox"/> | 15. Water Resources | <input type="checkbox"/> |
| <input type="checkbox"/> | 16. Agriculture | <input type="checkbox"/> |
| <input type="checkbox"/> | 17. N.H. taxes: Business Profits Tax | <input type="checkbox"/> |
| <input type="checkbox"/> | 18. Optional: Specify any other area in which you have a special interest --- | <input type="checkbox"/> |
| <input type="checkbox"/> | 19. Interest and Dividends Tax | <input type="checkbox"/> |

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

1/3/2022

Signature of Filer

