2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A
Type or Print Clearly
Full Name CLHFFORD LEVY MD Work Address 264 PLEASANT ST. CONCORD NU 03301
Primary Occupation ORTHOPPEDIC SURLEON e-mail CLAFFORDLENYND@GMAIL.COM Work Phone 603224-3368
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS
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, partne 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 precedin calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
1. CONCORD ORTHOPAEDICS, 264 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:
1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:

$\checkmark$	2. Health Care 🏳 3. Ir	isurance	,	4. Real Estate, including brokers, agent, developers, and landlords			5. Banking or financial services			6. State of New Hampshire, county, or municipal employment	
<b>,</b> , , , , , , , , , , , , , , , , , ,	7. N.H. Retirement System		ent use la ent progra		9. Restau lodging	irants/		10. S bever	ale and distribưti ages	on of alcoholic	11. Practice of law
12. Any business regulated by the Public Utilities Commission				13. Horse or dog racing, or other lega of gambling			her legal forn	ns 🖵	14. Education	15. Water Resources	
	16. Agriculture	17. N.H. taxes:	Busine Profits		Business nterprise Tax		Interest and Dividends Tax	x Г	18. Optional: Sp specia	pecify any other are I interest	a 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.

AUGUST 21, 2021 Date

Signature of Filer

RECED AUG 2 5 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE