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

Type or Print Clearly		· · ·	<u>—</u>			
Full Name Donn	a M. Se	hoenfeld	Work Address	107 North Ma	in St. Co	ncord, NH U3301
Primary Occupation Sta	ff Assist	ant e-mail Don	nna. M. S	choenfeld v	Vork Phone	03.271.4500
Name the office, position, boar directors, etc. or employme government held by you.	rd or commission, boar nt with state or co NO ACRONYMS	d of State	of N	lew Hamp	shires-	- Governor
A. List below the name, addre proprietor, or employee, or se calendar year. Sources of retire	erved in any other pro	fessional or advisory capa-	city, and from whic	h any income in excess	of \$10,000 was de	erived during the preceding
1.						
2.					<del>.</del>	
If you have no qualifying incom	ne indicate by writing y	our initials next to the follo	wing statement.	My income do	oes not qualify	
B. Indicate below whether you reportable special interest in as discipline a licensee or permitt financial effect on you or a fam	n item on this list if a ch ee, or other decision by	ange in law, a change in ac government affecting the	lministrative rule, a	decision whether or not i	to award a contract,	grant a license or permit,
	ccupation, or business n, or category of busine	licensed or certified by the ess:	State of New Hamp	shire. List each such		
2. Health Care 3.	INCHTANCE II	. Real Estate, including bro gent, developers, and land		Banking or financial vices		New Hampshire, county, or employment
7. N.H. Retirement System	8. Current use assessment pro	11 1	staurants/	10. Sale and distrib beverages	oution of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission	ed by the Public	13. Horse or dog rad of gambling	cing, or other legal fo	orms 14. Educatio	n 🗍 15. Wate	er Resources
16. Agriculture	I	iness Business its Tax Enterprise Ta	Interest ar Dividends		: Specify any other ecial interest	area in which you have a
I have read RSA 15-A and here person who knowingly fails to	by swear or affirm that comply with the provis	the or of this chapter or kno	is true and complete wingly files a false s	e to the best of my know tatement shall be guilty	ledge and belief. I of a misdemeanor.	RSA 15-A:9 Penalty. Any
Date 1/12/20	02   08	JAN 1 5 2021 Signal NEW HAMPSHIRE PARTMENT OF STATE	ture of Filer	Demra,	M. Deh	oenfeld

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