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

Type or	Print Clearly	<u> </u>		_			
Full Nan	ne Scott	Lagios	Work Address	8 State St Nashua, NH 03063			
Primary	Occupation	coo	e-mail slagios	@morganrm.c	om	Work Phone	603-792-2373
directors		tion, board or commission, board of mployment with state or county you. NO ACRONYMS	State Rehabilitation	on Council			
propriet	or, or emplo	me, address, and type of any profession yee, or served in any other profession wess of retirement benefits other than feder	nal or advisory capacity	y, and from which	n any income in ex	cess of \$10,000 w	as derived during the preceding
1.	Morgan F	Records Management, LLC					
2.	Lowell Co	ommunity Charter Public School	ol				
lf you ha	ve no qualify	ing income indicate by writing your ini	tials next to the following	ng statement.	My income	e does not qualify	
reporta disciplir	ble special in ne a licensee I effect on yo 	nether you or a family member has a sp terest in an item on this list if a change or permittee, or other decision by gove ou or a family member than it would on ofession, occupation, or business licens occupation, or category of business:	in law, a change in adm ernment affecting the lis the general public:	ninistrative rule, a o sted business, prof	decision whether or fession, occupation,	not to award a co group, or matter v	ntract, grant a license or permit,
2.	Health Care		state, including brokers developers, and landlor		lanking or financial ces		ite of New Hampshire, county, or ipal employment
l l	N.H. Retire	ment 8. Current use land assessment program	9. Restau lodging	urants/	10. Sale and dis	stribution of alcoh	olic 11. Practice of law
	Any busines ties Commis		13. Horse or dog racing of gambling	g, or other legal fo	rms 14. Educa	ation 15.	Water Resources
10	5. Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T	d 18. Optio	nal: Specify any o special interest	ther area in which you have a
I have re person w Date	ad RSA 15-A a ho knowing	and hereby swear or affirm that the fore by fails to comply with the provisions of	egoing information is tr f this chapter or knowin Signature	ngly files a false sta	to the best of my knot tement shall be guil	owledge and belie ty of a misdemear	AUG 0.20 NAMANA NAMANAN
	*	Return to: Office of Secretary of S	State, 107 North Main S	treet, State House	Room 204, Concord	I, NH 0330T	Z Z