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

Type or Print Clearly	-0-7/
FUILNAME - ANNE- LEE-HOWE _ Work Address 818 New Hampton Rd	SAWBORUTON NH
Primary Occupation RN some family emetrocast, net 603-381	7-0497
Name the office, position, board or commission, board of NH BOARD OF NURSING HONE ADMINISTRY government held by you. NO ACRONYMS	4TORS
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, associal proprietor, or employee, priserved in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)	
New Hampshire Retirement System	
1.	
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	
8. 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 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 discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a 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	permit,
profession, occupation, or category of business: Registered Nurse	
2. Health Care 3. Insurance 4. Real Estate, including brokers. agent, developers, and landlords services 6. State of New Hampshire, of municipal employment	county, or
7. N.H. Retirement B. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic 11. Pro	ectice of
12. Any business regulated by the Public 13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources	
Taxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify any other area in which you	have a
Thave 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-At9 Penals person who knowingly falls to comply with the provisions of this chapter or knowingly falls a false statement shall be gualty of a misdemeanor.	ty. Any
Date 12-19-2021 Signature of Filer Chine Llowe	
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	RECEIVED
The state of the s	DEC 2.2.2021

NEW HAMPSHIRE DEPARTMENT OF STATE