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

| l'ype or Pri | int Clearly | | | | | | | | |
|---|--|--|-------------------------------|---|---------------------|-----------------------------------|--------------------------------|--|--|
| ull Name | Sherry A. Stevens | | | Work Addr | ess 12 | 4 Winona Rd. Meredit | h, NH 03253 | | |
| rimary Oc | cupation ~ NH Certifie | ed Midwife | e-mail | newlifemidwifery@gm | ail.com | w | ork Phone | 603-455-8102 | |
| Name the office, position, board or commission, board of lirectors, etc. or employment with state or county povernment held by you. NO ACRONYMS | | | New Hamsp | lew Hamsphire Midwifery Council Chair | | | | | |
| roprietor, | or employee, or sen | s, and type of any professi ved in any other professio nent benefits other than fede | onal or advis | ory capacity, and from | which ar | ny income in excess | of \$10,000 v | officer, director, associate, pa vas derived during the prec as necessary.) | |
| · • | ew Life Midwifery Ser | vice 124 Winona Rd Mered | ith, NH 0325 | 3 | | | | | |
| 2. Eg | gravings Awards and | Gifts 42 Franklin St. Laconia | NH 03246 | | | | | | |
| f you have | no qualifying income | e indicate by writing your ir | nitials next to | the following statemer | t. | My income do | es not qualify | , <u> </u> | |
| eportable discipline a | special interest in an licensee or permitte | item on this list if a change | in law, a cha ernment affe | ange in administrative ru acting the listed business | le, a deci: | sion whether or not to | o award a cor | ps, or matters. A person has ntract, grant a license or pern would potentially have a grea | |
| | | cupation, or business licens , or category of business: | | ed by the State of New H opshire Certified Midwife | | e. List each such | | | |
| 🗵 2. н | ealth Care 🦵 3. In | | | iding brokers, and landlords | 5. Ban services | king or financial | | ate of New Hampshire, coun icipal employment | |
| - 7. N Syst | I.H. Retirement iem | 8. Current use land assessment program | 11 | 9. Restaurants/ lodging | | 10. Sale and distrib beverages | ution of alcol | holic - 11. Practice law | |
| | ny business regulated es Commission | by the Public | 13. Horse of gambling | or dog racing, or other le J | gal form: | 14. Education | 1 5 | . Water Resources | |
| F 16. | Agriculture | 17. N.H. Business taxes: Profits Ta | | | est and ends Tax | 18. Optional: spec | Specify any tial interest – | other area in which you have | |
| | | y swear or affirm that the fo omply with the provisions | pregoing info | prmation is true and com | | | | ief. RSA 15-A:9 Penalty. A anor. | |

01/11/2021

Date

Signature of Filer

Sherry A Stevens

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

