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

