2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A (Preview)

Type or Print Clearly Full Name Mary Du	luette		Work Address 7	Eagle Square,	2nd Floor, Concord, NI	H, 03301, USA	
Primary Occupation Dental Hygienist			e-mail Mcduquette3@icloud.com		Work Phone N/A		
Name the office, posit	ion, board or commiss	on, board of dir	ectors, etc. or employme	nt with state	or county government l	held by you. N	IO ACRONYMS
Name of the Board Position#		Position#	Office Address		Mailing Address		Contact Email
Dental Hygienists Committee		N/A	7 Eagle Square, 2nd Floor, Concord, NH, 03301, USA		7 Eagle Square, 2nd Floor, Concord, NH, 03301, USA		па@па.па
proprietor, or employee	or served in any other	professional or ac	ess, or other organization in dvisory capacity, and from v rement and/or disability bea	which any inco	me in excess of \$10,000	was derived duri	ng the preceding
Name of the Profession, Busi			ess or Other Organization			Business Address	
		0.000	No Sources of Incom	e.	*		
If you have no qualifyi	ng income indicate by	writing your initi	ials next to the following	statement.	My income does not go	ualify	md
1. Any profession, business: Dental I		ss licensed or ce	ertified by the State of Ne	w Hampshire	. List each such profess	68	Va.
7 Hoolth Coro 3 Incurance			Estate, including brokers, 5. Badevelopers, and fandlords services		nking or financial county.		lew Hampshire, or municipal t
7. N.H. Retirement 8. Current use System assessment program			d 9. Restaurants/lodging		10. Sale and distribut of alcoholic beverage	ama (41,0	Practice of law
			se or dog racing, or other legal f gambling		14. Education	15. Water Resources	
16. Agriculture	re 17. N.H. Business taxes: Profits Tax		Business Interest and Enterprise Tax Dividends Tax		18. Optional: Specify any other are you have a special interest		area in which
			g information is true and c apter or knowingly files a fa				-A:9 Penalty. Any
Date : 47/47/202			Mary Du	quette			- 96
Date: 12/17/202	L	Signature of Reporting Individual					

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NEW HAMPSHIRE
DEPARTMENT OF STATE