

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

Type or Print Clearly

Full Name Jennifer A. Lemire

Primary Occupation Circuit Court Judge

Work Address

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e-mail jlemire@courts.state.nh.us

Work Phone

855-212-1234

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**

Board of Certified Family Mediators

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, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)*

1. State of New Hampshire (NH Judicial Branch: Circuit Court Judge)
2. _____

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify

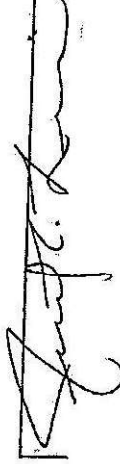
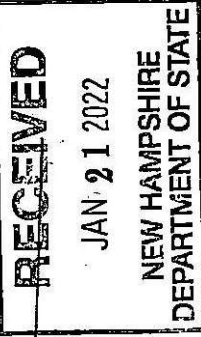
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	_____
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/> 3. Insurance
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/> 17. N.H. Business Profits Tax
<input type="checkbox"/>	5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law
<input type="checkbox"/>	14. Education	<input type="checkbox"/> 15. Water Resources
<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest _____	

I have 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-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date January 6, 2022

Signature of Filer

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