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

Type or Print Clearly	
Full Name Melissa Ann White Work Address 25 Hall Street	Section 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Primary Occupation Division Director-mail Melissa. A. White adopte probegar	271-3855
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Director of Division of Learner S NLW Hampshire Pepartment of E	apport ducation
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, or proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derical calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary)	director, associate, partner, ived during the preceding
Nuthan White-spouse Contract Director NH Dept. Health	n Human Sev
	w MA AMA TO ANTINO
If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify	mw
	ew Hampshire, county, or
agent, developers, and landlords services municipal em 7. N.H. Retirement 8. Current use land 9. Restaurants/ 10. Sale and distribution of alcoholic	11. Practice of
System assessment program lodging beverages	law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms 14. Education 15. Water F	Resources
16. Agriculture 17. N.H. taxes: Business Business Business Interest and Dividends Tax Business Enterprise Tax Business Dividends Tax Business Dividends Tax 18. Optional: Specify any other are special interest—	ea in which you have a
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. RS.	A 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.	RECEIVED
Date 4-20-22 Signature of Filer	APR 2 8 2022
Return to: Office of Secretary of State 107 North Main Street State House Room 204 Concord NH 03201	NEW HAMPSHIRE