2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA-15-A	
Type or Print Clearly	
Full Name Meghan Wells	Work Address 110 Smokey Bear Blvd, Concord, NH 03301
Primary Occupation State Hazard Mitigation O	fficer e-mail meghan. K. Wells @ dos nh. gov Work Phone 603-406-1292
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Rivers Management Advisory Committee
proprietor, or employee, or served in any other profession	ion, business, or other organization in which you or a family member was an officer, director, associate, partne onal or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding and and or disability benefits shall be included. (Use additional sheets as necessary.)
1. Meghan Wells, State Hozard Mit	gation Officer, 110 Smokey Bear Blvd, Concord, NH 03301 NH DOS HSEM
2.	
If you have no qualifying income indicate by writing your i	nitials next to the following statement. My income does not qualify
discipline a licensee or permittee, or other decision by gov financial effect on you or a family member than it would o	
1. Any profession, occupation, or business licen profession, occupation, or category of business:	sed or certified by the State of New Hampshire. List each such
	I Estate, including brokers, developers, and landlords services 5. Banking or financial municipal employment
7. N.H. Retirement System 8. Current use land assessment program	11 5
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms of gambling 14. Education 5. Water Resources
16. Agriculture 17. N.H. Busines taxes: Profits T	Business — Interest and — 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 person who knowingly fails to comply with the provisions	oregoing information is true and complete to the best of my knowledge and belief. REA 15 A 9 Penalty. Any of this chapter or knowlngly files a false statement shall be guilty of a misdemeanor. RECEIVED
Date 1 13 2021	Megha Well JAN 13 2021
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signature of Reporting Individual NEW HAMPSHIRE DEPARTMENT OF STATE

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