2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	int Clearly						
Full Name	Stephanie Johnson		Work Address 33 Capitol		33 Capitol St., Conc	ol St., Concord, NH 03301	
Primary Oc	ccupation attorney		e-mail stephanie	.johnson@doj.nh.	gov	Work Phone	603-271-1248
directors, etc. or employment with state or county _I			Department of Justice - Office of the Attorney General; Medicaid Fraud Control Unit Attorney Rockingham County Attorney's Office; Assistant County Attorney				
- A. List belo proprietor,	ow the name, addre or employee, or se	ı ss, and type of any professio	on, business, or other onal or advisory capacity	rganization in wh y, and from which	ich you or a family n n any income in exc	nember was an o	officer, director, associate, partner was derived during the preceding as necessary.)
1. Er	Frik R. Johnson CPA PLLC; 43 Demeritt Ave., Lee, NH 03861; accounting firm; husband is owner						
2. R	ockingham County Attorney's Office, P.O. Box 1209, Kingston, NH 03848; attorney						
f you have	no qualifying incom	e indicate by writing your in	tials next to the following	ng statement.	My income	does not qualify	,
inancial efi	fect on you or a fami . Any profession, oc	e, or other decision by gove ly member than it would on cupation, or business license , or category of business:	the general public:			roup, or matter v	vould potentially have a greater
∑ 2. He	ealth Care 3. Ir		Estate, including broker developers, and landlor		anking or financial ces		ate of New Hampshire, county, or cipal employment
7. N Syste	.H. Retirement em	8. Current use land assessment program	9. Restau lodging	urants/	10. Sale and dis beverages	tribution of alcoh	nolic In 11. Practice of law
	ny business regulate es Commission		13. Horse or dog racing of gambling	g, or other legal fo	rms 14. Educa	tion 15.	. Water Resources
16. <i>F</i>	Agriculture	17. N.H. Business taxes: Profits Tax	Business Enterprise Tax	Interest and Dividends T		nal: Specify any o special interest	other area in which you have a
		y swear or affirm that the for omply with the provisions					ef. RSA 15-A:9 Penalty. Any anor.
Date De	ecember 18, 2019			Muri 1	1	-	RECEIVE
<u> </u>	_		U	,	ature of Reporting In		JAN 17 2020

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

NEW HAMPSHIRE DEPARTMENT OF STATE