## 2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly					
Full Name Michell	e Davis	Work Address	17 Chenell	Dr Suite 1	Concord NH0330
Primary Occupation Police	and the second s	e-mail mdavis@nhl	akes.org 1	Work Phone	03 276 0799
Name the office, position, boa directors, etc. or employme government held by you.	ard or commission, board of cent with state or county  NO ACRONYMS	Nater Council	womani wa waka		
A. List below the name, addr proprietor, or employee, or s	ess, and type of any profession, l erved in any other professional	business, or other organization in vor advisory capacity, and from whetirement and/or disability benefits s	ich any income in excess	of \$10,000 was de	erived during the preceding
1. NHLAKE	S 17 Chenell D	r Suite 1 Concord	NH 03301		
2.					
If you have no qualifying incor	me indicate by writing your initial:	s next to the following statement.	My income do	es not qualify	i .
discipline a licensee or permitted financial effect on you or a fam.  1. Any profession, control of the control	ee, or other decision by governm nily member than it would on the	w, a change in administrative rule, a ent affecting the listed business, pr general public: r certified by the State of New Ham	ofession, occupation, grou	o award a contract, p, or matter would	grant a license or permit, potentially have a greater
2. Health Care 3.	insurance II :		. Banking or financial rvices		New Hampshire, county, or mployment
7. N.H. Retirement System	8. Current use land assessment program	9. Restaurants/	<ul> <li>10. Sale and distrib beverages</li> </ul>	ution of alcoholic	11. Practice of law
12. Any business regulate Utilities Commission		Horse or dog racing, or other legal ambling	forms 14. Education	15. Wate	r Resources
16. Agriculture	17. N.H. Business profits Tax	Business Interest a Enterprise Tax	11	Specify any other a cial interest	area in which you have a
	by swear or affirm that the forego	ing information is true and complet is chapter or knowingly files a false :			SA 15-A:9 Penalty. Any
Date 11/9/21		Signature of Filer	MAQ		*ECEIVED
•				`	NOV 1 6 7021

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

NEW HAMPSHIRE