

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

**Type or Print Clearly**

Full Name **Meghan Shea** Work Address **122 Market Street, Manchester NH 03101**

Primary Occupation **Chief Programs Officer** e-mail **mshea@fitnh.org** Work Phone **603.641.9441**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **New Hampshire Citizens Advisory Board for Women's State Prison**  
 NO ACRONYMS

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. **Families in Transition- 122 Market Street, Manchester NH 03101- Self**
2. **Elliot Hospital - 1 Elliot Way, Manchester NH 03103 - Spouse**

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 reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, 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 checked="" 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: <b>LICSW, MLADC</b>
<input checked="" type="checkbox"/>	2. Health Care <input type="checkbox"/> 3. Insurance <input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords <input type="checkbox"/> 5. Banking or financial services <input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment <input type="checkbox"/>
<input type="checkbox"/>	7. N.H. Retirement System <input type="checkbox"/> 8. Current use land assessment program <input type="checkbox"/> 9. Restaurants/lodging <input type="checkbox"/> 10. Sale and distribution of alcoholic beverages <input type="checkbox"/> 11. Practice of law <input type="checkbox"/>
<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"/> 14. Education <input type="checkbox"/> 15. Water Resources <input type="checkbox"/>
<input type="checkbox"/>	16. Agriculture taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax <input type="checkbox"/> 18. <i>Optional:</i> Specify any other area in which you have a special interest --- <input type="checkbox"/>

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 **1/5/2022**

Signature of Filer **Meghan Shea, LICSW, MLADC**