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

Type or Print Clearly	STATEMENT OF TRANCIAL INTER		
Full Name Michael York.	Work Address	20 Park St. Con	cord, NH
Primary Occupation Librarian	e-mail Michael. York	Educir. Nhga Work Phone	6032712397
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federa	al or advisory capacity, and from which a	ny income in excess of \$10,000 was de	rived during the precedin
1. Elliot Hospital.			
2.			
If you have no qualifying income indicate by writing your init	ials next to the following statement.	My income does not qualify	mcy
 B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change i discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on Any profession, occupation, or business license profession, occupation, or category of business: 	n law, a change in administrative rule, a dec rnment affecting the listed business, profes the general public:	cision whether or not to award a contract sion, occupation, group, or matter would	t, grant a license or permit,
	state, including brokers, 5. Ban evelopers, and landlords service	, , , , , , , , , , , , , , , , , , ,	New Hampshire, county, o employment
7. N.H. Retirement System 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution of alcoholic beverages	11. Practice of law
12. Any business regulated by the Public	13. Horse or dog racing, or other legal form f gambling		er Resources
16. Agriculture 17. N.H. Business Taxes: Profits Tax	Business Interest and Enterprise Tax Dividends Tax	18. Optional: Specify any other special interest	area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of	egoing information is true and complete to f this chapter or knowingly files a false state	the best of my knowledge and belief. ment shall be guilty of a misdemeanor	RECEVED

Date

May 23, 2022

Signature of Filer

Michae 10 CK

NEW HAMPSHIRE DEPARTMENT OF STATE

MAY 24

2022

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