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

| Type or Print Clearly   |  |  |  |
|---|--|--|--|
| Full Name Morissa Henn  | Work Address   | 9 Dwinell Dr.                          | The state of the s |
| Primary Occupation Associat Commissioner  | e-mail morissa, s. henne                             | ahhrah.ga Work Phon                    | e 603-340-6627   |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS                                      | Governor overnish                                    | n Commission on m                      | nental Healt wonefore  |
| 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 feder | nal or advisory capacity, and from which             | h any income in excess of \$10,00      | 00 was derived during the preceding  |
| 1. E su attached  |  |  |  |
| 2.  |  |  |  |
| If you have no qualifying income indicate by writing your init  | tials next to the following statement.               | My income does not qu                  | alify mt   |
| Any profession, occupation, or business licens profession, occupation, or category of business:      A Real F   |  |  | 5. State of New Hampshire, county, or  |
| 2. Health Care 3. Insurance agent, c  | developers, and landlords serv                       |  | nunicipal employment alcoholic 11. Practice of   |
| 7. N.H. Retirement System 8. Current use land assessment program  | 9. Restaurants/                                      | 10. Sale and distribution of beverages | law  |
| 12. Any business regulated by the Public  | 13. Horse or dog racing, or other legal for gambling | 14. Education                          | 15. Water Resources  |
| 16. Agriculture 17. N.H. Business Profits Tax   |  | Tax special inter                      |  |
| I have read RSA 15-A and hereby swear or affirm that the for person who knowingly fails to comply with the provisions   | regoing information is true and complete             | to the best of my knowledge and        | belief. RSA 15-A:9 Penalty. Any  |
| person who knowingly falls to comply with the provisions of   | it this chapter of knowingly files a faise s         | deciment shall be going or             | RECEIVED   |
| Date $6/6/23$   | Signature of Filer                                   | Chron Hn.                              | JUN 07 2022  |
| Poture to Office of Secretary of  | State 107 North Main Street, State House             | se Room 204, Concord, NH 03301         | NEW HAMPSHIRE<br>DEPARTMENT OF STAT  |

Addendum to 2022 New Hampshire Statement of Financial Interests - RSA 15

## Question 1:

Morissa Henn: Intermountain Healthcare, Salt Lake City, UT (prior to NH DHHS employment)

Jameson Henn (husband): Amplify Climate, LLC, Salt Lake City, UT; Henn House Media, Concord, NH

Carol Sobelson (mother): Capital Valley Counseling Associates, Concord, NH

Gary Sobelson (father): Concord Family Medicine, Concord, NH; Genesis Corp., Kennett Square, PA

## Question 2:

Carol Sobelson, MS, ACSW, serves on the boards of Riverbend Community Mental Health and the National Association of Social Workers, NH Chapter. Gary Sobelson, MD, serves on the NH Medical Society Council and the ACLU-NH Board of Trustees. All of these volunteer activities are uncompensated and decisions relating to them will have no financial effects on Carol or Gary as individuals.

Note: Regarding NH RSA 15-A, neither Carol nor Gary Sobelson reside in the same domicile as Morissa or Jameson Henn.