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

Type or P	rint Clearly						7						· · · · · · · · · · · · · · · · · · ·	—
Full Name	Heat	her 1	n Mognin				Work Addres	ss	325 OH. H	HIG KH	my Busca	uca N	4 033.3	]
Primary O	ccupation	Nursing	HONE AG	Minister	e-mail	hmog	nin Amon				k Phone	603-	796-3213	
directors, governme	etc. or eent held by	mployment you.	or commissio t with state NO ACRON	or county E YMS			Administ			1				
proprieto	r, or emplo	vee, or sen	ved in any oth	ner professiona	al or advisor	y capacit	y, and from w	/hich a	you or a famil iny income in e e included. (Use	excess of	\$10,000 wa	s derived	ctor, associate, part I during the preced y.)	ner, ling
1.	Mer	rimacl	c County	Nursing	Hone	325	DN High	JAy	Boscania	ин (	3303			
2.														
If you hav	e no qualify	ing income	e indicate by w	riting your init	ials next to th	he followi	ing statement.	6	My inco	me does	not qualify			`
reportab disciplin	ole special ir e a licensee	or permitte	n item on this li ee, or other de	ist if a change i	n law, a chan rnment affec	ige in adn ting the li	ninistrative rul	le, a de	cision whether	or not to	award a con	tract, gran	ters. A person has a nt a license or perm entially have a great	it,
	1. Any pr profession,	ofession, o	ccupation, or b n, or category	ousiness license of business:	ed or certified	i by the S	tate of New Ha	ampsh	ire. Tist each su	ch		7 s <sub>y</sub>		: 
2.	Health Care	3. In	isurance		state, includi evelopers, ar			5. Bar service	nking or financia	al	11		Hampshire, county, syment	, or
A 100 300	N.H. Retire	ement	9 I	rent use land nent program		9. Resta lodging	urants/		10. Sale and beverages	distribut	ion of alcoho	lic	11. Practice of law	of
	Any busine		d by the Public		13. Horse or f gambling	dog racin	g, or other leg	al form	14. Ed	ucation	15. V	Vater Res	ources	
16	. Agricultur	e	17. N.H. taxes:	Business Profits Tax	Busin Enter	ness prise Tax	Interes Divider		8 1 *		pecify any ot al interest —	her area i	n which you have a	
I have rea person w	ad RSA 15-A tho knowing	and hereb	y swear or affir comply with th	m that the fore e provisions of	egoing inforn f this chapter	nation is t or knowi	true and comp ingly files a fals	olete to se state	the best of my ement shall be o	knowled juilty of a	ge and belief misdemean	f. RSA 1 or.	5-A:9 Penalty. Any	•
Date	7	11/202	<b>~</b>			Signatur	re of Filer		Verson a	n U	9	,	, ,	