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

Type or Print Clearly			
Full Name Mark H. Tay	Work Address	PO Box 391, Exeter, NH 03	833
Primary Occupation Attorney	e-mail mtay@tayandtay.com	n Work Phone	603-772-7676
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Chairman, Board of Manufactur	red Housing	
List below the name, address, and type of any profession or employee, or served in any other profession lendar year. Sources of retirement benefits other than federal	hal or advisory capacity, and from which	any income in excess of \$10,000 w	as dorived during the presenting
Tagro Homes, Inc., PO Box 301, Exete	er, NH 03833; 3. Suburban MHP	same address; 4.Three-Ponds	s Homes, Inc. same addre
Evergreen Terrace, LLC, same address		4	
you have no qualifying income indicate by writing your ini	itials next to the following statement.	My income does not qualify	
Indicate below whether you or a family member has a special interest in an item on this list if a change scipline a licensee or permittee, or other decision by governancial effect on you or a family member than it would on 1. Any profession, occupation, or business licens profession, occupation, or category of business:	In law, a change in administrative rule, a cernment affecting the listed business, proforthe general public:	decision whether or not to award a cor ession, occupation, group, or matter w hire. List each such	stract grant a licence or normit
		anking or financial 6. Star	te of New Hampshire, county, or
7. N.H. Retirement System 8. Current use and assessment program	9. Restaurants/	10. Sale and distribution of alcohologous	
Utilities Commission	Horse or dog racing, or other legal for f gambling	ms 14. Education 15. V	Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and Dividends Ta	18. Optional: Specify any ot special interest	her area in which you have a
ave read RSA 15-A and hereby swear or affirm that the fore rson who knowingly fails to comply with the provisions of	egoing information is true and complete t f this chapter or knowingly files a false star	o the best of my knowledge and believed the state of my knowledge and believed the state of the	f. RSA 15-A:9 Penalty. Any
		1/1/	RECEIVED
Tuly 15, 2022	Signature of Filer	ph while	JUL 18 2022
Return to: Office of Secretary of S	State 107 North Main Street State House	Poom 204 Concord NU 02201	NEW HAMPSHIRE