2021 NEW HAMPSHII	RE STATEMENT OF FINANCIAL INTERESTS - RSA-	5-A	
Type or Print Clearly			
Full Name Michele J. Roberge	Work Address NH DHHS 29 Haze	n Drive, Concord, I	NH 03302
Primary Occupation Bureau Administrator	e-mail michele.roberge@dhhs.nh.gov	Work Phone	603-271-4549
Name the office, position, board or commission, board of directors, etc. or employment with state or county	NH.Drinking.Water and Groundwater-Advisory Commission		
government held by you. NO ACRONYMS		<u> </u>	
	on, business, or other organization in which you or a family nal or advisory capacity, and from which any income in extra retirement and/or disability benefits shall be included. (Use		
1.			
2.			
lf you have no qualifying income indicate by writing your in	tials next to the following statement. My incom	e does not qualify	MJR
discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on	ecial interest in any of the following businesses, professions, on law, a change in administrative rule, a decision whether or runment affecting the listed business, profession, occupation, othe general public: dor certified by the State of New Hampshire. List each such	not to award a cont group, or matter wo	tract, grant a license or permit, puld potentially have a greater
7. Health Care 7. 3. Insurance 7. 4. Real E	state, including brokers, 5. Banking or financial services	反 6. Stat	e of New Hampshire, county, or
7. N.H. Retirement System 8. Current use land assessment program		tribution of alcoho	[] :
12. Any business regulated by the Public Utilities Commission	13. Horse or dog racing, or other legal forms [14. Educa	tion 15. V	' law Vater Resources
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest and 18. Optio	nal: Specify any ot special interest —	her area in which you have a
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 the best of my kno this chapter or knowingly files a false statement shall be guil		O
Date 1/11/2021	Signature of Filer Muchung.	Rober	JAN 12 2021
Return to: Office of Secretary of S	State, 107 North Main Street, State House Room 204, Concord	NH 03301	NEW HAMPSHIRE DEPARTMENT OF STA