

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

Type or Print Clearly

Full Name **Frank H. Lemay**

Work Address

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Primary Occupation **President**

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Work Phone

**603-226-3877**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  
NO ACRONYMS

**BIA Representative to the Lakes Management Advisory Committee**

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)*

1.

2.

If you have no qualifying income indicate by writing your initials next to the following statement.

My income does not qualify **FHL**

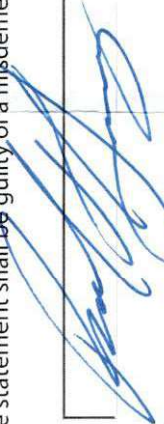
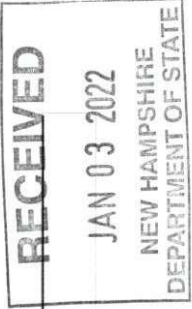
B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

|                                     |   |   |   |                          |   |                          |  |                          |  |                          |  |                          |                     |
|-------------------------------------|---|---|---|--------------------------|---|--------------------------|--|--------------------------|--|--------------------------|--|--------------------------|---------------------|
| <input checked="" type="checkbox"/> | 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: | <b>President of Milestone Engineering &amp; Construction/Licensed Professional Engineer</b> |   |                          |   |                          |  |                          |  |                          |  |                          |                     |
| <input type="checkbox"/>            | 2. Health Care  | <input type="checkbox"/>  | 3. Insurance  | <input type="checkbox"/> | 4. Real Estate, including brokers, agent, developers, and landlords | <input type="checkbox"/> | 5. Banking or financial services                 | <input type="checkbox"/> | 6. State of New Hampshire, county, or municipal employment | <input type="checkbox"/> | 11. Practice of law  | <input type="checkbox"/> | 15. Water Resources |
| <input type="checkbox"/>            | 7. N.H. Retirement System   | <input type="checkbox"/>  | 8. Current use land assessment program                    | <input type="checkbox"/> | 9. Restaurants/lodging  | <input type="checkbox"/> | 10. Sale and distribution of alcoholic beverages | <input type="checkbox"/> | 14. Education  | <input type="checkbox"/> | 18. Optional: Specify any other area in which you have a special interest ---- |                          |                     |
| <input type="checkbox"/>            | 12. Any business regulated by the Public Utilities Commission   | <input type="checkbox"/>  | 13. Horse or dog racing, or other legal forms of gambling | <input type="checkbox"/> | 17. N.H. Business Profits Tax                                       | <input type="checkbox"/> | 19. Business Enterprise Tax                      | <input type="checkbox"/> | 20. Interest and Dividends Tax                             |                          |  |                          |                     |
| <input type="checkbox"/>            | 16. Agriculture   |   |   |                          |   |                          |  |                          |  |                          |  |                          |                     |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **12-30-2021**

Signature of Filer

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