2021 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Pri	int Clearly									
Full Name	Michelle	Clark			Work	Address	204 Maple Stre	et-Contoocook	NH 03229	
Primary Oc	cupation	Business Administrator		e-mail	mclark@hopkinto	onschools.	org	Work Ph	one 603-	746-5186
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS			Board Member - HealthTrust, Inc.							
proprietor,	or employ		ther professio	nal or adviso	ory capacity, and	from whic	th any income in	excess of \$10	,000 was deri	director, associate, partner ived during the preceding sary.)
1. SA	AU #66									
2.			· · · · · · · · · · · · · · · · · · ·							
If you have	no qualifyi	ng income indicate by	writing your in	itials next to	the following state	ement.	My inc	come does not o	qualify	
reportable : discipline a	special inte licensee o		ist if a change cision by gove	in law, a char ernment affec	nge in administrat ting the listed bus	ve rule, a	decision whether	or not to award	d a contract, g	natters. A person has a prant a license or permit, otentially have a greater
		ession, occupation, or l eccupation, or category		ed or certifie	d by the State of N	ew Hamp	shire. List each si	uch		
┌ 2. He	ealth Care	3. Insurance	11	Estate, included developers, a	ding brokers, and landlords	14	Banking or finand	cial	6. State of N municipal en	lew Hampshire, county, o nployment
⊼ 7. N. Syste	.H. Retirei em	11	rrent use land ment program	i I	9. Restaurants/ lodging		. 10. Sale an beverages	d distribution o	f alcoholic	11. Practice of law
	ny busines: es Commis	regulated by the Publision		13. Horse of gambling	r dog racing, or ot	ner legal fo	orms 14. E	ducation	15. Water	Resources
T 16. A	Agriculture	17. N.H. taxes:	Business Profits Tax			nterest ar Divide n ds		Optional: Specifi special inte	y any other ar erest	ea in which you have a
I have read person who	RSA 15-A a knowingl	and hereby swear or aff y fails to comply with t	irm that the fo	regoing infor	mation is true and	complete s a false st	to the best of m tatement shall be	y knowledge ar guilty of a miso	nd belief. RS lemeanor.	A 15-A:9 Penalty. Any
Date	7(1)	2021		JUL 06 2	021	Sig	nature of Report	ing Individual		and

NEW HAMPSHIRE

DEPARTMENT OF SMENTO PROSENT AND Street, State House Room 204, Concord, NH 03301