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

Type or Pr	int Clearly							
Full Name	Brian Sweeney			Work Address	172 Kinsley S	treet, Nashua, NH 0311(	D	
Primary Oc	cupation Physician		e-mail	brsweeney@sjhnh.org		Work Phone	603-884-433	 }4
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Emergency Medical Services Medical Control Board						
proprietor,	or employee, or ser	ved in any other professio	nal or advise	or other organization in w bry capacity, and from whi t and/or disability benefits sh	ch any income	in excess of \$10,000 w	as derived du	
1. S1	t Joseph Hospital							
2.								
lf you have	no qualifying income	e indicate by writing your in	itials next to	the following statement.	My i	ncome does not qualify		
reportable discipline a	special interest in an licensee or permittee	item on this list if a change	in law, a char ernment affec	in any of the following businge in administrative rule, a tring the listed business, propublic:	decision wheth	er or not to award a con	itract, grant a li	cense or permit,
		cupation, or business licens , or category of business:	ed <u>or certifie</u> Physician	d by the State of New Hamp	<u>shire. List each</u>	such		
Ø 2.H				state, including brokers, 5. Banking or fina evelopers, and landlords services		cial 6. State of New Hampshire, county, or municipal employment		
□ 7. N Syst	.H. Retirement em	8. Current use land assessment program		9. Restaurants/	10. Sale a beverages	nd distribution of alcoh	olic	11. Practice of law
	ny business regulated s Commission		13. Horse o of gambling	r dog racing, or other legal f	orms [ 14.	Education 15.	Water Resourc	es
Г <sup>т</sup> 16. /	Agriculture	17. N.H. Business taxes: Profits Ta:		ness Interest a rprise Tax Dividends		Optional: Specify any c special interest	other area in wh	nich you have a
				mation is true and completers or knowingly files a false s	tatement shall <b>l</b>	be guilty of a misdemea	nor -	Penalty. Any
Date 01	1/07/21				uan Swe	ency DO	IAN	+ <del>1 - 1 - 2021</del>

Signature of Reporting Individual

JAN 1 1 2021

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

NEW HAMPSHIRE DEPARTMENT OF STATE