

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

Type or Print Clearly

Full Name MAX E McConkey Work Address 110 Clover Ln. #1 Freedom NH 03836
 Primary Occupation Contractor e-mail max.mccmkey@gmail.com Work Phone 520-8275

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.
NH STATE Rep Carroll Dist. 3
 NO ACRONYMS

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.)

- McConkey Construction LLC
- M+U Convenience + Video LLC

If you have no qualifying income indicate by writing your initials next to the following statement. My income does not qualify NA

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:	<u>NH. Permitted Septic Designer/Installer/Water Operator</u>		<u>NH License S.S. Evaluator</u>
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/>	5. Banking or financial services	<input checked="" type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>	7. N.H. Retirement System	<input checked="" type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>
<input type="checkbox"/>	9. Restaurants/lodging	<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/>
<input type="checkbox"/>	10. Education	<input type="checkbox"/>	11. Practice of law	<input type="checkbox"/>
<input type="checkbox"/>	11. Water Resources	<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>	14. Dividends Tax	<input type="checkbox"/>
<input type="checkbox"/>	14. Interest and Dividends Tax	<input type="checkbox"/>	15. Business Enterprise Tax	<input type="checkbox"/>
<input type="checkbox"/>	15. Business Profits Tax	<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>
<input type="checkbox"/>	16. Interest and Dividends Tax	<input type="checkbox"/>	17. N.H. taxes:	<input type="checkbox"/>
<input type="checkbox"/>	17. Business Profits Tax	<input type="checkbox"/>	18. Optional: Specify any other area in which you have a special interest ---	<input type="checkbox"/>

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 1/12/2021 Signature of Reporting Individual 

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