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

Type or Print Clearly	
	10 BASS Duire Ryo, NH 03070
	ma.1. Com Work Phone 603-545-4995
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS Commission of Department Commission, board of Commission of Commis	of Health Hummservices 2007-2016 for mental Health Worldove Current
A. List below the name, address, and type of any profession, business, or other organization in which you proprietor, or employee, or served in any other professional or advisory capacity, and from which any calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be in	income in excess of \$10,000 was derived during the preceding
1.	
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	My Income does not qualify
reportable special interest in an item on this list if a change in law, a change in administrative rule, a decisio discipline a licensee or permittee, or other decision by government affecting the listed business, profession financial effect on you or a family member than it would on the general public: 1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. I profession, occupation, or category of business:	n, occupation, group, or matter would potentially have a greater
	ng or financial 6. State of New Hampshire, county, or municipal employment
	0. Sale and distribution of alcoholic
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling	14. Education 15. Water Resources
16. Agriculture 17. N.H. taxes: Business Business Enterprise Tax Dividends Tax	18. Optional: Specify any other area in which you have a special interest
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement	
Date October 30, 3021 Signature of Filer	007 8 8 2021
Return to: Office of Secretary of State, 107 North Main Street, State House Room	n 204. Concord. NH 03301 DEPARTMENT OF STATE

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