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

lype or f	Print Clearly										
Full Nam	ame John Leslie Williams				Work	DHHS 1	DHHS 129 Pleasant Street, Concord, NH 03301				
Primary (Occupation G	overnme	ent employee	<u></u>	e-mail john.williams@dl	.hhs.nh.gov	,	Worl	rk Phone -	(603) 2	271-9395
directors,	ne office, positions, etc. or emp nent held by you	ployment		e or county	Director of Legislative Affairs						
proprieto	or, or employed	e, or sen	rved in any of	other profession	ion, business, or other organiza onal or advisory capacity, and leral retirement and/or disability b	from which	ch any inc	come in excess of	f \$10,0 <mark>0</mark> 0 w	was derive	ed during the preceding
1.	State of New h	łampshir	re, 25 Capitol	Street, Concor	ord, NH 03301 (Government Age	ency - Self)					
2.	Home Instead Senior Care, 100-A Middle Street, Manchester, NH 03101 (Personal Care - Spouse)										
if you ha	ive no qualifyin	ig incom	ie indicate by	writing your in	nitials next to the following state	tement.		My income does r	not qualify	,	
区	1. Any profes	ession, occ cupation,	ccupation, or b	business license of business:	n the general public: sed or certified by the State of N Inactive member in good sta I Estate, including brokers,	tanding with	th NH Bar A			ate of No	w Hampshire, county, or
	. Health Care	m Care 3. insurance agent,			, developers, and landlords	vices	ices ¹ municipal e			ployment	
	7. N.H. Retirem ystem	ent	11	urrent use land sment program	₹1			Sale and distribution erages	on of alcoh	ıolic	11. Practice of law
	. Any business r lities Commissi		d by the Publi		13. Horse or dog racing, or oth of gambling	her legal fo	orms _	14. Education	T 15.	. Water Re	sources
<u> </u>	6. Agriculture		17. N.H. taxes:	Business Profits Tax		Interest an Dividends 1	- 11		pecify any c il interest —		a in which you have a
I have rea	ad RSA 15-A ar	id hereb	y swear or affi	irm that the for	pregoing information is true and	d complete	to the be	est of my knowledg	ge and beli	ef. RSA	15-A:9 Penalty. Any
ſ		———	omply with the	le provisions o	of this chapter or knowingly file	a raise su	atements	hall be guitty or a i	misdemea	nor.	RECEIVE
Date	01/02/2021					Sig	nature of	Reporting Individu	ual	-+	JAN 1 1 2021
···········		Ret	turn-to: Office	of-Secretary of	\ of-State,-107-North-Main-Street,-S	State-Hous	æ Room-2∕	04: Concord: NH-0	3301		NEW HAMPSHIRE
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