2018 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or	Print Clearly					
Full Na	me Joshua P. Morrison	·	- Work Address	80 Highland St.	Laconia, NH	
Primary	Occupation Physician	e-mail*optional	joshuapmorrison	@gmail.com	— Work Phone	603-524-3211
director	he office, position, board or commission, boar 's, etc. or employment with state or cou ment held by you. NO ACRONYMS		Medical Services M	ledical Control Boo	ard	
proprie	below the name, address, and type of any protor, or employee, or served in any other protoryear. Sources of retirement benefits other than	fessional or advisory capaci	ty, and from whic	h any income in	excess of \$10,000 w	as derived during the preceding
1.	LRGHealthcare, Laconia, NH					
2.						
If you ha	ave no qualifying income indicate by writing y	our initials next to the follow	ing statement.	My inco	me does not qualify	
reportal disciplir	ate below whether you or a family member hat ble special interest in an item on this list if a character a licensee or permittee, or other decision by I effect on you or a family member than it wou	ange in law, a change in adn government affecting the li Ild on the general public: icensed or certified by the S	ninistrative rule, a o sted business, prof	decision whether of ession, occupation	or not to award a cor n, group, or matter w	ntract, grant a license or permit,
	profession, occupation, or category of busine	ji nysician, rtaise i ta				
	Health Care II 3 Insurance II	. Real Estate, including broke gent, developers, and landlo		Banking or financi ices		ate of New Hampshire, county, or cipal employment
	7. N.H. Retirement 8. Current use assessment pro	11	aurants/	10. Sale and beverages	distribution of alcoh	nolic 11. Practice of law
	. Any business regulated by the Public lities Commission	13. Horse or dog racir of gambling	ng, or other legal fo	orms T 14. Ed	ucation	Water Resources
Γ 1		ness Business ts Tax Enterprise Tax	Interest an Dividends		ntional: Specify any conspecial interest	other area in which you have a -
l have re person	ead RSA 15-A and hereby swear or affirm that t who knowingly fails to comply with the provisi	he foregoing information is ions of this chapter or know	true and complete ingly files a false st	to the best of my atement shall be o	knowledge and beli Juilty of a misdemea	ef. RSA 15-A:9 Penalty. Any nor. RECEIVED
Date	4/5/2018			2620	2>	APR 1 1 2018
	,		Sig	nature of Reportin	g Individual	NEW HAMPSHIRE DEPARTMENT OF STATE

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