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

| Type or Print Clearly | | | |
|--|--|--|---|
| Full Name Elizabeth D. McCormack | Work Address S4 I | Regional Drive, #5, Concord, NH(| 03301 |
| Primary Occupation Manager of Employee Relations | e-mail elizabeth.mccormack@das.nh.gc | ov Work Phone | 603-848-1851 |
| Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS | Manager of Employee Relations | | |
| A. List below the name, address, and type of any profession or profession or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal | onal or advisory capacity, and from which any | income in excess of \$10,000 w | as derived during the preceding |
| | · · · · · · · · · · · · · · · · · · · | | |
| 2. | | | |
| f you have no qualifying income indicate by writing your in | nitials next to the following statement. | My income does not qualify | EDM |
| eportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove inancial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business: | ernment affecting the listed business, profession the general public: | n, occupation, group, or matter w | tract, grant a license or permit, ould potentially have a greater |
| | Estate, including brokers, 5. Banking developers, and landlords services | | ite of New Hampshire, county, or ipal employment |
| 7. N.H. Retirement 8. Current use land assessment program | | Sale and distribution of alcohoreverages | olic 11. Practice of law |
| 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. Business taxes: Profits Tax | Business Interest and Enterprise Tax Dividends Tax | 18. Optional: Specify any o special interest | ther area in which you have a |
| have read RSA 15-A and hereby swear or affirm that the for berson who knowingly fails to comply with the provisions | regoing information is true and complete to the of this chapter or knowingly files a false stateme | e best of my knowledge and belie ent shall be guilty of a misdemear | ef. RSA 15-A:9 Penalty. Any nor. |
| Date 1/14/2021 | Signature of Filer Elizabeti | h D. McCormack | JAN 1 9 2021 |
| Return to: Office of Secretary of | f State, 107 North Main Street, State House Roor | m 204, Concord, NH 03301 | NEW nationaline DEPARTMENT OF STATE |