2020 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

ype or Print Clearly
ull Name Deborah Elizabeth Meuse Work Address 20 Depot St, Ste 20-230, Peterborough, NH 03458
Primary Occupation Augunotures e-mail debneuseacupuncture Egmail. com Work Phone 603-562-5813
Name the office, position, board or commission, board of NH Board of Acupuncture Licensing Jovernment held by you. 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 or properties, 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 alendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)
Debarah Meuse Acupunchie, 20 Depot St, Suite 20-230, Peterborough, NHO3458 (Self-employed, Sole-proprieter)
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 eportable 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, nancial 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. List each such Acopurative Acopurative
2. Health Care 3. Insurance 4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial services 6. State of New Hampshire, county, or municipal employment
System assessment program 9. Restaurants/ lodging 10. Sale and distribution of alcoholic beverages
Otilities Commission of gambling of other legal forms 14. Education 15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax Special interest
nave 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. RECENT TAN 17-20 Signature of Reporting Individual
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301 MEW HAMPSI DEPARTMENT OF