FEB 0.5 2021 NEW RAMPSHIRE			
	Й	<u></u>	NEW RAMPSHIRE
	О	9.0	DEPARTMENT OF STATE

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

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Туре	or Print Clear	у			-			
Full I	Name Joan M	arcoux			Work Address	97 Pleasant Si	t, Concord, NH	•
Prim	ary Occupation	Hearing,	Speech, and Vision SPecilia	list e-mail joan.mar	coux@dhhs.nh.gc	v	Work Phone	603-271-9097
direc	Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS							
prop	rietor, or emple	oyee, or se		onal or advisory capaci	ty, and from whi	h any income i	n excess of \$10,000 w	officer, director, associate, partner, ras derived during the preceding is necessary.)
1.								
2.							<u> </u>	,
lf you	i have no qualif	ying Incom	e indicate by writing your i	nitials next to the follow	ing statement.	My in	come does not qualify	m
repoi discip	rtable special in pline a licensee	terest in an or permitte	item on this list if a change	in law, a change in adm ernment affecting the lis	ninistrative rule, a	ecision whethe	r or not to award a con	os, or matters. A person has a stract, grant a license or permit, rould potentially have a greater
Ū			cupation, or business licen a, or category of business;	sed or certified by the St	tate of New Hamp	shire. List each s	uch	]
	2. Health Care	e 📑 3. Ir		l Estate, including broke , developers, and landlo	· .	Banking or flnan rices		ate of New Hampshire, county, or cipal employment
R)	7. N.H. Retire System	ement	<ul> <li>8. Current use land assessment program</li> </ul>		iurants/	10, Sale ar beverages	nd distribution of alcoh	olic 11. Practice of law
	12. Any busine Utilities Comm	-	d by the Public	13. Horse or dog racin of gambling	ig, or other legal fo	orms 🔲 14. E	ducation 📋 15.	Water Resources .
	16. Agricultur	e	17. N.H. Business taxes: Profits Ta	( 1 · · · · · · · · · · · · · · · · · ·	Interest an Dividends		Optional: Specify any o special interest	ther area in which you have a

I have 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 faise statement shall be guilty of a misdemeanor.

21 nnn Date Sig ure of Beporting Individual

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

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