

2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Clearly

Richard W. Mozier Jr Work Address ONE ELLIOT DR Manchester NH

Occupation Resp Therapist e-mail RMOZIER@ELLIOTHS.ORG Work Phone

Position, board or commission, board of or employment with state or county NO.ACRONYMS Governing Board For Respiratory Care Practitioners

Name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, 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 year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included. (Use additional sheets as necessary.)

relocate VNA Concord NH -> wife works as a Physical Therapist

Qualifying income indicate by writing your initials next to the following statement. My income does not qualify

Now 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 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, license or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater effect on you or a family member than it would on the general public:

Why profession, occupation, or business licensed or certified by the State of New Hampshire List each such profession, occupation, or category of business: wife => Physical Therapist

<input type="checkbox"/> Health Care	<input type="checkbox"/> 3. Insurance	<input type="checkbox"/> 4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/> 5. Banking or financial services	<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/> Retirement	<input type="checkbox"/> 8. Current use land assessment program	<input type="checkbox"/> 9. Restaurants/ lodging	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages	<input type="checkbox"/> 11. Practice of law
<input type="checkbox"/> Business regulated by the Public Commission	<input type="checkbox"/> 13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/> 14. Education	<input type="checkbox"/> 15. Water Resources	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> 17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Business Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 18. Optional: Specify any other area in which you have a special interest ---		

A 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 knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

1/6/22

Signature of Filer

*[Handwritten Signature]*

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

