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

Type or Print Clearly			
Full Name Joanne M. Randall	Work Address	18 Towle Pastun	e Dr. EpsomNH
		narketing. LMW ork Phone	603.344.8843
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS	irectors Volu	nteer NH	
A. List below the name, address, and type of any profession, business, or oth proprietor, or employee, or served in any other professional or advisory cap calendar year. Sources of retirement benefits other than federal retirement and/or	acity, and from which an	y income in excess of \$10,000	was derived during the preceding
1.			
2.			
If you have no qualifying income indicate by writing your initials next to the foll	owing statement.	My income does not quali	fy GMR
B. Indicate below whether you or a family member has a special interest in any reportable special interest in an item on this list if a change in law, a change in discipline a licensee or permittee, or other decision by government affecting the financial 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 profession, occupation, or category of business:	administrative rule, a deci ne listed business, professi	sion whether or not to award a con, occupation, group, or matte	contract, grant a license or permit,
2. Health Care 3. Insurance 4. Real Estate, including broadens, and lan			State of New Hampshire, county, or nicipal employment
System assessment programlodgi		10. Sale and distribution of alco beverages	oholic 11. Practice of law
12. Any business regulated by the Public 13. Horse or dog result of gambling	acing, or other legal forms	14. Education	5. Water Resources
16. Agriculture 17. N.H. taxes: Business Enterprise	Interest and Dividends Tax	18. Optional: Specify any special interest	y other area in which you have a 
I have read RSA 15-A and hereby swear or affirm that the foregoing information person who knowingly fails to comply with the provisions of this chapter or kn			
Date 6 17122 Sign	ature of Filer	Jounne Randal	// RECEIVED JUN. 2 8 2022

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

JUN, 2 8 2022 NEW HAMPSHIRE DEPARTMENT OF STATE