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

Type or	Print Clearly											
Full Nam	ne Michelle	L. McEwer	1			Work A	Address	16 Hospit	tal Rd, Plymouth	, NH		
Primary	Occupation	Hospital A	dministration	1	e-mail	mmcewen@speare	ehospital	.com	Wo	rk Phone	603-238	-2230
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS				Stakeholder Advisory Board of Governor's Office for Emergency Relief and Recovery								
propriet	or, or employ	ee, or sen	ved in any of	ther professio	nal or adviso	or other organizations	om whic	h any inco	me in excess of	\$10,000 w	vas derived	ctor, associate, partner, during the preceding (.)
1.	Speare Mem	peare Memorial Hospital, 16 Hospital Rd, Plymouth, NH										
2.	Meredith Village Savings Bank, 24 NH Rte 25, Meredith, NH & NH Mutual Bancorp, Foundry Ave, Concord, NH											
lf you ha	ve no qualify	ing income	indicate by	writing your ir	nitials next to	the following stater	ment.	i	My income does	not qualify	, [	
reportab disciplin	ole special into e a licensee o	erest in an or permittee	item on this li e, or other de	ist if a change	in law, a char ernment affec	cting the listed busir	e rule, a d	decision wh	ether or not to	award a cor	ntract, grant	ers. A person has a ta license or permit, ntially have a greater
_			cupation, or b or category		sed <u>or certifie</u>	d by the State of Ne	w Hamp	shire. List e	ach such			
<b>⋉</b> 2.	. Health Care	☐ 3. In	surance		Estate, includ	ding brokers, and landlords	1	Banking or vices	financial		ate of New cipal emplo	Hampshire, county, or yment
1	. N.H. Retire /stem	ment	11	rrent use land ment program	- 11	9. Restaurants/ lodging	Г	10. Sa bever	ale and distribut ages	ion of alcol	nolic	11. Practice of law
	. Any busines ities Commi		by the Publi		13. Horse o of gambling	r dog racing, or oth	er legal fo	orms _	14. Education	┌ 15.	. Water Reso	ources
T 1	6. Agriculture	!	17. N.H. taxes:	Business Profits Ta			nterest an		18. Optional: S specia	pecify any o I interest –	other area ii	n which you have a
l have re person v	ad RSA 15-A who knowing	and hereby ly fails to co	swear or affi omply with th	rm that the fo	oregoing info of this chapte	rmation is true and der er or knowingly files	complete a false st	to the best atement sh	t of my knowled nall be guilty of a	ge and beli misdemea	ief. RSA 1 nor.	5-A:9 Penalty. Any RECEIVE
Date	05/08/2020					Tick	Sig	nature of R	eporting Individ	ual		MAY 1 1 2020

NH 03301 DEPARTME

NEW HAMPSHIKE DEPARTMENT OF STATE