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

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Type or Print Clearly			
Full Name Heather M Moquin	Work Address	325 DW Highway, Boscawer	n, NH 03303
Primary Occupation Nursing Home Administrator	e-mail hmoquin@mcnhome	.net Work Phone	603-796-3213
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Board of Nursing Home Admin	strators	
A. List below the name, address, and type of any professio proprietor, or employee, or served in any other profession calendar year. <i>Sources of retirement benefits other than feder</i>	nal or advisory capacity, and from whic	h any income in excess of \$10,000 w	vas derived during the preceding
1:			
2.			•••••••
If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does not qualify	НМ
<ul> <li>B. Indicate below whether you or a family member has a spreportable special interest in an item on this list if a change discipline a licensee or permittee, or other decision by gove financial effect on you or a family member than it would on</li> <li>1. Any profession, occupation, or business license</li> </ul>	in law, a change in administrative rule, a rnment affecting the listed business, pro the general public:	decision whether or not to award a co fession, occupation, group, or matter y	ntract, grant a license or permit,
profession, occupation, or category of business:	Farm Dog Farm LLC (farming		lting)
	to the second	Banking or financial 6. Sta	ite of New Hampshire, county, or ipal employment
7. N.H. Retirement       8. Current use land assessment program         System       3. System	9. Restaurants/	10. Sale and distribution of alcoh beverages	olic 11. Practice of law
	13. Horse or dog racing, or other legal fo f gambling	prms 14. Education 15.	Water Resources
16. Agriculture   17. N.H. taxes:   Business	Business Enterprise Tax Dividends		ther area in which you have a
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of			
		atement shar be gainy of a misuemea	RECEIVED
Date 014.11, 2022	Signature of Filer	Mathe a leve	
Return to: Office of Secretary of Secretary	State, 107 North Main Street, State Hous	e Room 204, Concord, NH 03301	NEW .: GMPSHIRE DEPARTMENT OF STAT