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

Type or Print Clearly				
Full Name Maria J. Vanderwoode	Work Address	NHDAMF, PO	Box 2042, Co	ncord, NH 03306
Primary Occupation Executive Director, FFA	e-mail Vanderwoodenh	fa@gmail.com wo	ork Phone 27	'- 2832 '-
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	Informational Represe	intative, Dept. of	Agriculture, M	arkells + Food
A. List below the name, address, and type of any profession, be proprietor, or employee, or served in any other professional of calendar year. Sources of retirement benefits other than federal re	r advisory capacity, and from wh	ch any income in excess of	f \$10,000 was derived	during the preceding
1. NH mutual Bancorp, 16 7	Foundry St, Conc	ord NH 0330		
If you have no qualifying income Indicate by writing your initials	next to the following statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a special reportable special interest in an item on this list if a change in law discipline a licensee or permittee, or other decision by governme financial effect on you or a family member than it would on the government of the special spec	 a change in administrative rule, a nt affecting the listed business, progeneral public: 	decision whether or not to fession, occupation, group, shire. List each such	award a contract, grant	a license or permit, tially have a greater
2 Health Care 3 Insurance 4. Real Estate	e, including brokers, 5.	Banking or financial vices	and the second s	lampshire, county, or
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	- 10. Sale and distribut beverages	ion of alcoholic	11. Practice of law
	Horse or dog racing, or other legal f nbling	orms 14. Education	15. Water Reso	urces
16. Agriculture 17. N.H. Business taxes: Profits Tax	Business Interest at Enterprise Tax Dividends	11	oecify any other area in I interest	which you have a
I have read RSA 15-A and hereby swear or affirm that the foregoin person who knowingly fails to comply with the provisions of this	ng information is true and complete chapter or knowingly files a false s	e to the best of my knowled tatement shall be guilty of a	ge and belief. RSA 15 misdemeano	-A:9 Penalty. Any
Date 9/9/21	Signature of Filer	Mars 1 Vi	SEP	1 3 2021
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