

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

**Type or Print Clearly**

Full Name **Jada Winter Lindblom** Work Address **64 Court St., Laconia, NH 03246**

Primary Occupation **Extension Field Specialist** e-mail **jada.lindblom@unh.edu** Work Phone **(603) 527-5475**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. **NO ACRONYMS**  
**Committee member, NH Historic Agricultural Structures Advisory Committee (a.k.a. NH Barn Committee)**

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

- University of New Hampshire Cooperative Extension, 59 College Road, Durham, NH 03824 (educational institution)**
- Marble Trail Financial, 5 Court St, Middlebury, VT 05753 (financial advisor)**

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 interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable 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, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
<input type="checkbox"/>	2. Health Care	<input type="checkbox"/> 3. Insurance
<input type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/> 8. Current use land assessment program
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/> 9. Restaurants/ lodging
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/> 10. Sale and distribution of alcoholic beverages
<input type="checkbox"/>	17. N.H. taxes: <input type="checkbox"/> Business Profits Tax <input type="checkbox"/> Enterprise Tax <input type="checkbox"/> Interest and Dividends Tax	<input type="checkbox"/> 11. Practice of law
<input type="checkbox"/>		<input type="checkbox"/> 14. Education <input type="checkbox"/> 15. Water Resources
<input type="checkbox"/>		<input type="checkbox"/> 6. State of New Hampshire, county, or municipal employment
<input type="checkbox"/>		<input type="checkbox"/> 18. <i>Optional:</i> Specify any other area in which you have a special interest ---

I have read RSA 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 person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **12/29/21** Signature of Filer 