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

Type or P	rint Clearly				
Full Name	Lawrence D. Best	Work Address	152 Main Street Salem, NH 03079		
Primary C	occupation Fire Chief	e-mail Lbest@salemnh.gov	Work	Phone 60	3-890-2215
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		Line-Of-Duty Death Benefit Appeal Panel			
proprieto	low the name, address, and type of any profession, or employee, or served in any other profession rear. Sources of retirement benefits other than feder	nal or advisory capacity, and from which	h any income in excess of \$	10,000 was de	rived during the preceding
1.	Town of Salem Fire Department, 33 Ge	eremonty Drive, Salem NH 0307	9		
2.					
If you have	e no qualifying income indicate by writing your in	itials next to the following statement.	My income does no	ot qualify	
financial	e a licensee or permittee, or other decision by gove effect on you or a family member than it would or 1. Any profession, occupation, or business licens profession, occupation, or category of business:	the general public:		T matter would	potentially have a greater
2. H		- 1	Banking or financial rices	6. State of I municipal e	New Hampshire, county, or mployment
1 1	N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribution beverages	n of alcoholic	11. Practice of law
		13. Horse or dog racing, or other legal for gambling	14. Education	15. Water	Resources
16.	Agriculture 17. N.H. taxes: Business Profits Tax	Business Interest an Dividends	11 1	ecify any other a nterest	rea in which you have a
	d RSA 15-A and hereby swear or affirm that the form on knowingly fails to comply with the provisions of				SA 15-A:9 Penalty. Any
Date J	uly 19, 2022	Signature of Filer	1 0 Bi	# # 16	RECEIVED
					1111 2 1 2022

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

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