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

Type or Pri	nt Clearly /				<u>!</u>	
Full Name	Andrea Kohler	·	Work Address	10 Front St.	:	<u></u>
Primary Occ	cupation Town Clerk	e-mail akohler@	@exeternh.go	OV	Work Phone	603-773-6105:
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		ty James and the second	Vital Records Improvement Advisory Committee Member			
proprietor.	ow the name, address, and type of any profe or employee, or served in any other profe ar. Sources of retirement benefits other than	ssional or advisory capacity,	and from which	h any income in ex	cess of \$10,000 v	as derived during the preceding
1.						
2.			un manutan dan pilipin pina samun ma	annamentalista (n. 1846). Esta esta esta esta esta esta esta esta e	periodicina and come periodicina solutions.	num mannastiallisillisikkatsiajapaassa misjaganna – iläk tekis. 1920 passikironas as-tottee
If you have	no qualifying income indicate by writing you	r initials next to the followin	g statement.	My incom	e does not qualify	6.5
discipline a	special interest in an item on this list if a cha a licensee or permittee, or other decision by ffect on you or a family member than it woul 1. Any profession, occupation, or business, li rofession, occupation, or category of busines	government affecting the list d on the general public: censed or certified by the Sta	ted business, pro	ofession, occupation,	group, or matter	would potentially have a greater
2. He		leal Estate, including brokers, ent, developers, and landlord		Banking or financial vices		ate of New Hampshire, county, or cipal employment
7. N. Syste	.H. Retirement 8. Current use la assessment prog	And the second s	rants/	10. Sale and di beverages	stribution of alcol	nolic 11. Practice of law
	ny business regulated by the Public s Commission	13. Horse or dog racing of gambling	, or other legal f		i	Water Resources
16. A	Agriculture 17. N.H. Busin taxes: Profits		Interest ar Dividends		onal: Specify any special interest	other area in which you have a
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. PSA 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. 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 03	3-03-2022	Signature	of Filer	Andra	Lohle	MAR U.4 2022 NEW HAMPSHIRE DEPARTMENT OF STATE
	Return to: Office of Secreta	ry of State, 107 North Main S	treet, State Hous	se Room 204, Concor	d,NH 03301	208 JO 18