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

Type or Fills Creally	
Full Name Steve Kropper	Work Address PO Box 6338, Lincoln, MA 01773
Primary Occupation Management	e-mail kropper@skunkworksfund.com Work Phone 6173069312
Name the office, position, board or commission, board of N directors, etc. or employment with state or county dovernment held by you. NO ACRONYMS	New Hampshire Statewide Interoperability Executive Committee
A. List below the name, address, and type of any profession, business, or other organization in which you or a proprietor, or employee, or served in any other professional or advisory capacity, and from which any incom calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included	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.)
1. Skunk Works Fund, PO Box 6338, Lincoln, MA 01773	Skunk Works Fund, PO Box 6338, Lincoln, MA 01773 investment and management entity in early stage wireless and other ventures.
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	itials 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 reportable special interest in an item on this list if a change in law, a change in a discipline a licensee or permittee, or other decision by government affecting the financial effect on you or a family member than it would on the general public:	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:
Any profession, occupation, or business licensed profession, occupation, or category of business:	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such rofession, occupation, or category of business: $NoNe$
2. Health Care 3. Insurance 4. Real E	4. Real Estate, including brokers, agent, developers, and landlords 5. Banking or financial 6. State of New Hampshire, county, or municipal employment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/
susiness regulated by the Public	13. Horse or dog racing, or other legal forms 14. Education 15. Water Resources of gambling
☐ 16. Agriculture 17. N.H. ☐ Business taxes: ☐ Profits Tax	Business Interest and Enterprise Tax Dividends Tax 18. Optional: Special interest— 18. Optional: Special interest— special interest—
I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best o person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shal	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 January 19, 2021	Signature of Filer