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

Type or Print Clearly		# <u>C</u>		
Full Name Lindsey B Courtney	Work Address	OPLC, 7 Eagle Squ	are, Concord,	NH 03301
Primary Occupation Attorney/Executive Director	e-mail lindsey.b.courtney@	oplc.nh.gov Wo	rk Phone 603	32716985
directors, etc. or employment with state or county-	Executive Director, Office of Pr Member, IT Council	ofessional Licensure	& Certification	
A. List below the name, address, and type of any profession proprietor, or employee, or served in any other profession calendar year. Sources of retirement benefits other than federal	al or advisory capacity, and from which	h any income in excess of	\$10,000 was deri	ved during the preceding
1. State of New Hampshire				
Upton & Hatfield, LLP, 10 Centre Street,	, Concord, NH 03301			
If you have no qualifying income indicate by writing your init	tials next to the following statement.	My income does	not qualify	
B. Indicate below whether you or a family member has a spereportable special interest in an item on this list if a change is discipline a licensee or permittee, or other decision by gover financial effect on you or a family member than it would on 1. Any profession, occupation, or business license profession, occupation, or category of business:	in law, a change in administrative rule, a rnment affecting the listed business, pro the general public:	decision whether or not to fession, occupation, group	award a contract, g	grant a license or permit,
I I / HOSITA I STATE II IS INCITIZATE II I		Banking or financial ices	6. State of Normanicipal em	ew Hampshire, county, or ployment
7. N.H. Retirement 8. Current use land assessment program	9. Restaurants/	10. Sale and distribut beverages	on of alcoholic	11. Practice of law
	13. Horse or dog racing, or other legal fo f gambling	rms 14. Education	15. Water F	Resources
16. Agriculture 17. N.H. taxes: Business Enterprise Tax Business Business Business Business Business Business Business Business Busines				
I have read RSA 15-A and hereby swear or affirm that the fore person who knowingly fails to comply with the provisions of				A 15-A:9 Penalty. Any
Date 1/4/22	Signature of Filer	ZHAMMU		RECEIVED
Return to: Office of Secretary of S	State, 107 North Main Street, State Hous	Room 204 Concord NH 0	3301	JAN 05 2022
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