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

Type or Pri	nt Clearly							
Full Name	Hobert Dee Ch	anton		Work Ad	dress	21 South Fr	ruit Street, Suite	20, Concord, NH 03301
Primary Occ	cupation State Co	oordinator	e-mail	hobert.d.clantor	n@doe	e.nh.gov	Work Phone	603-463-0728 (VP)
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS		N/A						
proprietor,	or employee, or sen	s, and type of any professioned in any other professionent benefits other than federated	nal or adviso	ory capacity, and from	m which	any income in	excess of \$10,000 to	officer, director, associate, partner, was derived during the preceding as necessary.)
1. N	I/A							
2.								
If you have	no qualifying income	indicate by writing your in	itials next to	the following statem	ent.	My inc	come does not qualif	N/A
reportable discipline a	special interest in an a licensee or permitte	item on this list if a change	e in law, a cha ernment affe	inge in administrative cting the listed busin	rule, a c	decision whethe	r or not to award a co	ups, or matters. A person has a ontract, grant a license or permit, would potentially have a greater
		cupation, or business licen n, or category of business:	sed or certifie	ed by the State of Nev	w Hamps	shire. List each s	such	
2. He	ealth Care 3. In		Estate, included developers, a	ding brokers, and landlords	5. B servi	anking or finances		tate of New Hampshire, county, or icipal employment
7. N. Syste	.H. Retirement em	8. Current use land assessment program		9. Restaurants/ odging		10. Sale and beverages	d distribution of alco	holic 11. Practice of law
	ny business regulated s Commission		13. Horse o	r dog racing, or other	legal for	ms 14. E	ducation 15	. Water Resources
16. A	Agriculture	17. N.H. Business taxes: Profits Ta			erest and dends T		Optional: Specify any special interest -	other area in which you have a
I have read person who	RSA 15-A and hereby knowingly fails to co	swear or affirm that the fo omply with the provisions	regoing infor of this chapte	mation is true and co er or knowingly files a	mplete (false sta	to the best of m stement shall be	y knowledge and bel guilty of a misdeme	ief. RSA 15-A:9 Penalty. Any anor.
Date 1/	19/2022			Signature of Filer	1	Albara	2001	