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

Type or Print Clearly	
Full Name Shawn M Fitzgerald Work Address 40 Avon St. Ke	eve NH 03431
Primary Occupation (EO- Antioch NE e-mail stitzgerald & Cantiochedu Work Phoi	ne 603-283-2354
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you. NO ACRONYMS	
A. List below the name, address, and type of any profession, business, or other organization is proprietor, or employee, or served in any other professional or advisory capacity, and from calendar year. Sources of retirement benefits other than federal retirement and/or disability benefit. 1.	rector, associate, partner, ed during the preceding ary.)
1. N/A	5510
2.	
If you have no qualifying income indicate by writing your initials next to the following statement.	JM-
B. Indicate below whether you or a family member has a special interest in any of the following bus reportable special interest in an item on this list if a change in law, a change in administrative rule, a discipline a licensee or permittee, or other decision by government affecting the listed business, profinancial effect on you or a family member than it would on the general public:	s. A person has a 3 license or permit, ally have a greater
Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business:	
I Hoalth (aro I) Kingiiranco II	State of New Hampshire, county, or nunicipal employment
7. N.H. Retirement System 8. Current use land assessment program 9. Restaurants/ lodging 10. Sale and distribution of a beverages	Icoholic 11. Practice of law
12. Any business regulated by the Public Utilities Commission 13. Horse or dog racing, or other legal forms of gambling 14. Education	15. Water Resources
16. Agriculture 17. N.H. Business Business Interest and Laxes: Profits Tax Enterprise Tax Dividends Tax 18. Optional: Specify a special interest and Laxes S	ny other area in which you have a st
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 I person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misder	
Date 12/2/21 Signature of Filer L. 11	DEC 0 3 2021
Return to: Office of Secretary of State, 107 North Main Street, State House Room 204, Concord, NH 03301	NEW HAMPSHIRE DEPARTMENT OF STATE