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

Type or Print Clearly					
Full Name   Matthew	Connors	Work Address	8 Priscilla Lane, A	uburn, NH	03032
Primary Occupation Ele	ectrician	e-mail mcc@geminielectric	nc.com W	ork Phone	(603) 644-7170
Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you.  NO ACRONYMS		State of NH Electricians Board			
proprietor, or employee,	or served in any other profession	ion, business, or other organization in words or advisory capacity, and from which are trement and/or disability benefits shows the contract of the contract o	ch any income in excess	of \$10,000 wa	as derived during the preceding
1.					
2.					
f you have no qualifying	income indicate by writing your i	nitials next to the following statement.	My income do	es not qualify	
reportable special intere discipline a licensee or p financial effect on you o	st in an item on this list if a chang ermittee, or other decision by go r a family member than it would o		decision whether or not to ofession, occupation, grou	o award a con	tract, grant a license or permit,
	sion, occupation, or business licer upation, or category of business:	nsed or certified by the State of New Ham Journeyman Electrician, Mast	0	orporate FI	ectrical License
2. Health Care	IX Incurance II I	l Estate, including brokers, 5.	Banking or financial vices	6. Sta	e of New Hampshire, county, or pal employment
7. N.H. Retireme System		9. Restaurants/	10. Sale and distribition beverages	ution of alcoho	olic 11. Practice of law
12. Any business re Utilities Commissio	gulated by the Public	13. Horse or dog racing, or other legal f of gambling	orms 14. Education	15.\	Water Resources
16. Agriculture	17. N.H. Business taxes: Profits Ta	r 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon	Specify any orical interest —	her area in which you have a
I have read RSA 15-A and person who knowingly fa	hereby swear or affirm that the foils to comply with the provisions	oregoing information is true and complete of this chapter or knowingly files a false s	e to the best of my knowle tatement shall be guilty o	dge and belie a misdemear	f. RSA 15-A:9 Penalty. Any or.
Date 6/23/22		Signature of Filer	MA		RECEIVED
	Return to: Office of Secretary o	of State, 107 North Main Street, State Hous	se Room 204, Concord, NH	03301	JUN 2 7 2022 NEW HAMPSHIRE DEPARTMENT OF STA